



New Hampshire Health Alert Network

Health.Alert@nh.gov

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitive: Not Sensitive
Message Identifier: NH-HAN # TB20130123 TB Product Shortage
Delivery Time: 12 hours
Acknowledgement: No
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: January 23, 2013

TIME: 1500 EST

TO: Physicians, Physician Assistants, Nurses, Infection Control Practitioners, Infectious Disease Specialists, Hospital Emergency Departments, Hospital CEOs, Laboratory Response Network, Manchester Health Department, Nashua Health Department, NHHHA, NH School Nurses and Administrators, Community Health Centers, DHHS Outbreak Team, DPHS Investigation Team, Public Health Network, Pharmacists and DPHS Management Team

FROM: Elizabeth A. Talbot, MD, Deputy State Epidemiologist

SUBJECT: Tuberculosis Screening and Treatment Products Shortage

New Hampshire Department of Health and Human Services (NH DHHS) Division of Public Health Services (DPHS) advises awareness to the following:

- There is a national shortage of isoniazid (INH), and supplies of ethambutol (EMB) and one PPD product (Tubersol) may also be limited. This situation is dynamic, and the information below is subject to change.
- There is reduced availability of INH in some NH settings.
- There are strategies to manage these shortages. Consultation is available at DPHS at 603-271-4496 (after hours 800-852-3345, x5300).

Shortage of Products for Tuberculosis (TB) Treatment:

Isoniazid (INH) is a medication used almost exclusively for the treatment of active and latent tuberculosis (TB), and occasionally for other nontuberculous mycobacterial infections (e.g., *M. kansasii*).

- For updated details of the shortage of 300 mg tabs, see the FDA website (<http://www.fda.gov/drugs/drugsafety/drugshortages/ucm050792.htm>)
- NH hospitals and large pharmacies also report some shortages

INH For the treatment of Latent TB Infection (LTBI): If you encounter INH shortage:

- 100 mg INH tablets are currently available and may be used, but shortages may develop and problems with distribution already exist
- You should consider using alternate regimens (<http://www.cdc.gov/mmwr/pdf/rr/rr4906.pdf>) including:

- 4RMP: 4 months of daily rifampin
- 3HP: the 12-weekly dose regimen of INH and rifapentine by DOT
- If these alternate regimens are not available or feasible, clinicians should restrict the initiation of LTBI treatment using INH to high-risk patients:
 - Recent close contacts to persons with TB disease
 - Children <5 years old
 - Persons with medical conditions that increase their risk of progression to TB disease (e.g. HIV infection, immunosuppression, diabetes)
 - Persons with a documented conversion from negative to positive on tuberculin skin test or IGRA within the last 2 years
 - Persons with radiographic findings consistent with prior TB disease (e.g. scarring, fibrosis)
 - Persons born in high TB incidence countries who arrived in the US within the last year

INH for the treatment of active TB: If INH is not locally available consider using the fixed-dose combination medications including:

- Rifamate (Marion Merrell Dow): Each capsule contains 300 mg rifampin and 150 mg isoniazid
- Rifater (Aventis): Each tablet contains 120 mg rifampin, 50 mg isoniazid and 300 mg pyrazinamide
- Note that an approved regimen for the treatment of Class IV TB (fibrosis on CXR, sputum negative by smear and culture) includes 4 months daily of INH+RMP or the fixed dose combination equivalent, Rifamate.

Ethambutol (EMB) is used for treatment of active TB until drug sensitivities confirm INH sensitivity. EMB is also used for the treatment of *Mycobacterium avium* complex (MAC) disease.

- If ethambutol is not available AND a suspect or verified TB patient is at high risk for drug resistance (e.g., the patient is a contact to an INH-resistant case or comes from a country with a high rate of INH resistance), please consult with NH DHHS to:
 - Arrange immediate rapid molecular drug resistance diagnosis and
 - Determine best use of an alternate regimen such as one that includes a fluoroquinolone in place of EMB.

Shortage of Product for TB screening

Tubersol is used for screening for LTBI using the Mantoux method.

- 50-test vials of Tubersol (sanofi pasteur) are in short supply.
- 10-test vials are currently available but may be more expensive.

- If your distributor cannot obtain Tubersol try another distributor.
- Interferon gamma release assays (IGRAs), including QuantiFERON Gold and T-SPOT TB, can be used for the diagnosis of LTBI (<http://www.cdc.gov/mmwr/pdf/rr/rr5905.pdf>). If your facility does not offer IGRAs, call DPHS for current information on availability at other NH facilities.
- Limit screening to persons with the highest likelihood of progressing to active TB (e.g., HIV-infected patients and other comorbidities)

PLEASE VISIT OUR WEBSITE AT <http://www.dhhs.nh.gov/dphs/cdcs/alerts/han.htm>

For any questions regarding this message, please contact NH DHHS Division of Public Health Services Bureau of Infectious Disease Control at 603-271-4496. After hours or toll free (In NH) at 800-852-3345, ext. 4496 or 603-271-5300 and ask for the public health professional on call.

DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type

Alert: Original alert
Update: Prior alert has been updated and superseded
Cancel: Prior alert has been cancelled
Error: Prior alert has been retracted

Status

Actual: Refers to a live event
Exercise: Designated recipients must respond to the communication or alert
Test: Related to a technical and/or system test

Severity

Extreme: Extraordinary threat to life or property
Severe: Significant threat to life or property
Moderate: Possible threat to life or property
Minor: Minimal threat to life or property
Unknown: Unknown threat to life or property

Sensitive

Sensitive: Indicates the alert contains sensitive content
Not Sensitive: Indicates non-sensitive content

Message Identifier

A unique alert identifier that is generated upon alert activation

Delivery Time

Indicates the time frame for the delivery of the alert

Acknowledgement

Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the time frame in which a response is required.

Originating Agency

A guaranteed unique identifier for the agency originating the alert.

Alerting Program

The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

You have received this message based upon the information contained within our emergency notification database.

If you have a different or additional e-mail or fax address that you would prefer to be used, please contact:

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