

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Commissioner



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TO: Health care providers/Health Departments
FROM: Lynn Sosa, MD
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DATE: January 22, 2013
SUBJECT: Information regarding current isoniazid drug shortage and changes to the Department of Public Health TB Control Program medication program

In December 2012, the Connecticut Department of Public Health (DPH) Tuberculosis (TB) Control Program was informed of a shortage of isoniazid (INH) 300 mg tablets in the United States. At this time, the shortage is expected to last for the next few months, but could last longer. As a result of this shortage, the DPH TB Control Program has instituted the changes outlined below to our TB medication program.

Effective 1/28/2013 and until further notice, INH will only be provided for high priority patients that meet the following criteria:

--Persons with suspected or confirmed active TB disease

--High risk persons with latent TB infection (LTBI) including:

- 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, substance abuse)
- Persons with a documented conversion from negative to positive on skin test or blood test within the last 2 years
- Persons with radiographic findings consistent with prior TB disease (e.g. scarring, fibrosis)
- Persons born in high risk TB countries who arrived in the US within the last year
- Persons already on LTBI therapy
- Persons being prescribed a 12 week regimen of INH and Rifapentine

When requesting INH for LTBI patients, include the reason for the medication request (from the above list) in the "Comments" section of the Latent Infection Surveillance Report form (<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=431294>). INH requests received for patients that do not meet any of the criteria above will be held until the INH shortage is resolved. These restrictions apply to all providers that request medication from the DPH TB Control Program.

Treatment with rifampin for 4 months for adult patients (6 months for children) might be an appropriate alternative for some patients who wish to be treated now but do not meet any of the outlined criteria. Rifampin side effects and interactions with other drugs the patient might be taking (e.g. oral contraceptives, anticoagulants, others) should be reviewed for each individual patient. Rifampin is available through the TB Control Program.

Report forms and other TB information can be found at <http://www.ct.gov/dph/tb>. Please contact the TB Control Program at (860) 509-7722 with any questions.

Resources

CDC. Notes from the field: national shortage of isoniazid 300mg tablets. MMWR 2011;61:1029. Available at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6150a4.htm?s_cid=mm6150a4

CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. MMWR 2000;49(No. RR-6). Available at: <http://www.cdc.gov/mmwr/pdf/wk/mm6150.pdf>