



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

February 5, 2013

MEDICAL ADVISORY: ISONIAZID (INH) SHORTAGE

Dear Hawaii Healthcare Provider,

There is a nationwide shortage of isoniazid (INH), as reported in the December 21, 2012 Morbidity and Mortality Weekly Report.<sup>1</sup> INH is a potent and highly effective drug for treatment of latent tuberculosis infection (LTBI) and TB disease. This alert describes what is known about the INH shortage, provides steps to follow if your supply is limited, describes LTBI treatment options, and includes resources for questions or updates.

**What is known about the INH shortage?**

Since December 2012, reports of difficulty obtaining INH across the United States have increased and are believed to be caused by a shortage of the active ingredient in INH as well as shipping delays. According to sources at the U.S. Food and Drug Administration and suppliers of INH, there is uncertainty about whether the supply over the next several months will meet the demand needed to treat patients.

**Steps to follow now:**

Work with your pharmacy partners to quantify and track your INH inventory as well as forecast short and long term needs.

**Steps to follow if your INH supply is limited:**

- Prioritize INH for LTBI treatment to patient groups that have higher risk for progression of TB disease (e.g. HIV-infected, TB case contacts, young children, immune-compromised).
- Select LTBI regimens that do not use INH (e.g. rifampin x 4 months) or use regimens with lower quantities of INH (e.g. 12-dose INH/rifapentine by directly observed therapy, INH x 6 months). Refer to CDC LTBI Treatment Guidelines and LTBI treatment options at these websites: <http://www.cdc.gov/mmwr/pdf/rr/rr4906.pdf> and [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6048a3.htm?s\\_cid=mm6048a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6048a3.htm?s_cid=mm6048a3_w).

**If your INH supply is severely restricted or depleted:**

- Prioritize INH use for treatment of active or suspected TB disease over LTBI treatment.
- Select alternative, effective treatment regimens that do not utilize INH for suspected or active TB disease. Alternative regimens should be selected in accordance with national treatment guidelines and in consultation with the Hawaii TB Control Program. See CDC Treatment

<sup>1</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6150a4.htm>

Guidelines at: <http://www.cdc.gov/mmwr/pdf/rr/rr5211.pdf>.

- Please note that specific medications are recommended under special circumstances (e.g. HIV infection, suspected drug resistance, pregnancy, or treatment of children). See CDC LTBI Treatment Guidelines referenced above.
- With rifampin-based regimens, consideration of drug interactions and side effects are important factors in treatment decisions and for patient education.
- If INH is not available for a patient who is currently on LTBI treatment with INH, you may contact the Hawaii TB Control Program (information below) for information on changing the patient to another regimen.

**LTBI Treatment options** (See CDC LTBI Treatment Guidelines referenced above)

DRUGS	DURATION	INTERVAL	MINIMUM DOSES
Isoniazid	6 months	Daily	180
Isoniazid	6 months	Twice weekly by DOT	52
Isoniazid & Rifapentine	3 months	Once weekly by DOT	12
Rifampin	4 months	Daily	120

DOT: directly observed therapy.

**Additional Resources:**

- Hawaii Department of Health, TB Control Branch, Nurse Consultant or Medical Officer: (808) 832-5731
- FDA Drug Shortage Website: <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm>

Thank you very much for your assistance and support for TB prevention and control in Hawaii.

Sincerely,



Richard J. Brostrom, MD, MSPH  
Hawaii TB Control Branch Chief



Sarah Y. Park, MD, FAAP  
State Epidemiologist  
Chief, Disease Outbreak Control Division



Glenn M. Wasserman, MD, MPH  
Chief, Communicable Disease Division

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