



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

February 6, 2013

TO: Hawaii Medical Providers
Hawaii Medical Clinics

FROM: Richard J. Brostrom, MD-MSPH
Chief, Tuberculosis Control Branch

A handwritten signature in black ink, appearing to read "R. Brostrom".

SUBJECT: DOH asking Hawaii Medical Providers' Assistance in Response to Critical National Isoniazid (INH) Shortage

This memo serves to guide all medical providers who are treating latent or active tuberculosis in the State of Hawaii, including providers at all state, federal, and private clinics who depend upon the Hawaii TB Control program for medications.

Summary:

- At present there is a nation-wide shortage of INH.
- State of Hawaii TB Program pharmacy stock of INH is critically low, presently only 6 to 8 weeks supply under normal usage conditions.
- Prioritizing INH use for Hawaii's active TB cases will extend critical supplies beyond the next four months.
- The use of INH for preventive tuberculosis treatment (IPT), particularly for low risk individuals, must be immediately curtailed.
- This memo includes specific recommendations for all providers caring for patients with latent TB and active TB.
- The recommendations also apply to all DOH TB Branch clinics.

Adequate treatment with isoniazid (INH) is essential for curing most patients with tuberculosis (TB). Preventive treatment with INH remains the most common approach for latent TB infection. At present there is a nation-wide shortage of INH. While we are confident that INH tablets will be available soon, there is no reliable time-table for new orders of this important TB medication.

The Hawaii TB Control program pharmacy stock is critically low, presently only 6 to 8 weeks supply under normal usage conditions. The State is currently requesting inventory among private pharmacies across the state, but at present there is no FDA-approved manufacturing of this medication. Prioritizing INH use for Hawaii's active TB cases will extend critical supplies beyond the next four months.

The Hawaii TB Control program recognizes our valuable partners in the medical community who test and treat latent TB patients across the state. This memorandum is prepared to guide all Hawaii clinicians to preserve the remaining stocks of INH while continuing effective treatment of infectious TB cases in our state. In order to prioritize the use of INH for Hawaii's TB cases, the use of INH for preventive tuberculosis treatment (IPT) must be immediately curtailed.

There are many appropriate options available to treat latent TB for most patients. Immediate treatment of longstanding or newly diagnosed latent TB infection is rarely necessary. For most patients, it is appropriate to delay initiation of preventive treatment until INH production and distribution is normalized. For high-risk patients, and patients already undergoing IPT, use the guidelines below to assist you with LTBI management decisions.

For clinicians, keep in mind that this plan is not based upon the risk for a patient to have a positive TST or IGRA. Instead, this plan is based upon the estimated patient risk for progressing from latent TB to active TB.

1. Treatment of LTBI in Low Risk Groups

- a. Ex: > 5 years old, healthy adults, healthcare workers
- b. Delay INH prophylaxis
 - i. If necessary, consider preventive treatment with an alternative regimen
 1. Consider treating for four months of rifampin¹
- c. Discontinue current INH treatment if less than 60 days
 - i. Restart when INH supply is assured, or consider preventive treatment an alternative regimen
 1. Consider treating for four months of rifampin¹
- d. For low-risk adults who have completed 6 months of INH, discontinue IPT. A nine month course is not required for most adult patients, only those with HIV and severe immune compromise.²
- e. For all patients with delayed treatment of latent TB, utilize a recall system to re-initiate treatment after INH supplies have been assured.

2. Treatment of LTBI in Moderate Risk Groups

- a. Ex: incarcerated, care home operators and residents, adults with diabetes
- b. Delay INH prophylaxis
 - i. If necessary, consider preventive treatment with an alternative regimen
 1. Consider treating with four months of rifampin¹

2. Consider treating with four months of weekly INH/Rifapentine³
(Weekly dosing uses rifapentine 900 mg and INH 900 mg for 12 weeks – just 1/5th of the INH required for 6 months of IPT.)
- c. Discontinue current INH treatment if less than 60 days
 - i. Restart when INH supply is assured, or consider preventive treatment an alternative regimen
 1. Consider treating with four months of rifampin¹
 2. Consider treating with four months of weekly INH/Rifapentine³
- d. If an adult has completed 6 months of INH, discontinue IPT (the 9 month course is not required for most adult patients)
- e. For all patients with delayed treatment of latent TB, utilize a recall system to re-initiate treatment after INH supplies have been assured.

3. Treatment of LTBI in High Risk Groups

- a. Ex: all TST positive individuals < 5 yrs old, recent contacts to infectious TB cases, PLWHIV, individuals requiring TNF-alpha medications, organ transplant recipients on immune-suppressive medications
- b. Do not delay initiation of preventive TB treatment.
 - i. Consider treating with four months of rifampin¹
 - ii. Consider treating with four months of weekly INH/Rifapentine³
 - iii. It is appropriate to choose 6 months of INH for high risk prevention.
- c. For all TB preventive therapy, do not extend preventive treatment beyond CDC-ATS guidelines

4. Treatment of Active Tuberculosis

- a. For all clinicians who are treating active TB in the community, please call TB Control Branch (808-832-5731) to review individualized treatment options for all new and on-going active TB cases.
- b. For most TB cases, we do not anticipate the need to alter the current INH-containing treatment regimen. Contact the TB Branch to discuss the potential for effective INH-sparing TB regimens.
 - i. Patients may be appropriate for intermittent continuation-phase therapy. As always, we very strongly encourage the use of directly observed therapy (DOT) for successful treatment of all TB cases. Please allow the State TB Control Branch to assist you with medication supply and DOT distribution for your on-going cases.

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- ii. Active TB patients on DOT may receive INH on weekdays only.
- iii. Several cured TB cases are currently undergoing TB treatment that extends well beyond CDC-ATS guidelines. Some of these cases may be appropriate for treatment discontinuation.

References:

1. <http://www.cdc.gov/tb/topic/treatment/ltbi.htm>
2. <http://www.cdc.gov/tb/publications/ltbi/treatment.htm>
3. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6048a3.htm?s_cid=mm6048a3_w