
Public Health Advisory

Nationwide Shortage of Isoniazid

January 31, 2013

County of Riverside Department of Public Health (DOPH) provides this guidance based on current information. Recommendations may change.

SITUATION UPDATE:

There is currently a nationwide shortage of Isoniazid (INH). INH is one of the most important drugs to treat tuberculosis (TB) disease and latent TB infection (LTBI). The causes of the low inventory are a shortage of the active ingredient for making INH and shipping delays. Increased access to INH is anticipated by the end of January per FDA and supplier sources, but there is uncertainty about whether further delays in INH manufacturing will occur and whether the supply over the next several months will meet the quantity needed to treat the patients diagnosed with TB disease and infection.

ACTIONS REQUESTED OF CLINICIANS:

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

If your INH supply is limited (3-6 week supply):

- Select LTBI regimens that do not use INH or use lower quantities of INH (e.g., rifampin x 4 mos, INH/rif x 4 mos, INH x 6 mos). Care should be taken to evaluate contraindications to the alternative regimens, (e.g., drug-drug interactions between rifampin and other medications).
- Prioritize INH for patient groups for LTBI treatment that have higher risk for disease progression and who cannot receive an alternative INH sparing regimen (HIV-infected, converters, contacts, young children, immune-compromised).

If INH supply is severely restricted or exhausted (< 3 week supply), the following additional actions should be taken:

- Prioritize INH use for treatment of active TB disease over treatment of LTBI.
- Select alternative, effective treatment regimens for active TB disease that do not utilize INH.
- Alternative regimens should be selected in accordance with national and state treatment guidelines.
- Expert guidance is encouraged in the selection of alternative regimens.

Additional questions may be directed to DOPH Disease Control (951) 358-5107.

REFERENCES: MMWR, December 21, 2012 / 61(50);1029-1029

Located at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6150a4.htm>