

Updated Guidelines for Use of Isoniazid During the Current National Drug Shortage

I. For all TB cases and TB suspects

- a. INH should be included in the initial 4-drug regimen, unless drug susceptibility results or an adverse reaction requires a change in regimen.

II. For those currently on INH therapy for latent TB infection (LTBI)

- a. Complete a 6 month course of isoniazid, with the following **exceptions**:

TNF antagonists:

Remicade/infliximab,
Enbrel/etanercept,
Humira/adalimumab,
Cimzia/certolizumab,
Simponi/golimumab

Biologic disease modifying drugs:

Rituxan/rituximab
Kineret/anakinra,
Actemra/tocilizumab,
Stelara/ustekinumab,
Orencia/abatacept

- i. **HIV + persons** – complete 9 months INH daily
- ii. **Persons currently on or with a plan to start the TNF antagonist or biologic disease modifying drugs** – complete 9 months of INH therapy or if early in treatment (1st three months) consider switch to rifampin for 4 months
- iii. **All children less than age 18 years currently on INH therapy** – should complete 9 months therapy
- iv. **Individuals over the age of 12 years and on the INH/rifampentine (3HP) treatment regimen** – should complete the regimen

III. For those not currently on therapy for latent TB infection (LTBI)

- a. For **CONTACTS** of current cases, offer therapy for LTBI after complete evaluation for TB disease as follows:

- i. Treat with either rifampin daily for 4 months or isoniazid/rifampentine (3HP) 12 week regimen (DOT required for 3HP regimen)
- ii. Exceptions to above recommendation:
 1. **HIV + persons**
 - a. **ON anti-retroviral therapy** – treat with 9 months INH
 - b. **NOT ON anti-retroviral therapy** – treat with INH/rifampentine (3HP) weekly regimen with DOT
 2. **Children age 12 years and over with newly positive TST or IGRA** (i.e. not with a history of a previous positive TST or IGRA at time of contact investigation) – isoniazid/rifampentine (3HP) 12 week regimen (DOT required for 3HP regimen)
 3. **Children less than age 12 years with newly positive TST or IGRA** (i.e. not with a history of a previous positive TST or IGRA at time of contact investigation) – 9 months of INH
 4. **Children less than age 5 years with NEGATIVE TST or IGRA on first round of contact investigation i.e. “window therapy”** – daily INH; discontinue if second TST/IGRA is negative and contact is broken.

5. Contacts with a history of a previous positive TST/IGRA from the past are not being offered treatment at this time. Track and recall for evaluation for LTBI treatment at the end of the shortage.
 - a. **Exception** – Persons who are **HIV+** or taking the above **immune modulating drugs** and have not previously been treated for LTBI should be re-evaluated (symptom review, CXR and sputum if indicated) and offered treatment according to the recommendations listed below.
- b. **For those who are NOT CONTACTS of current TB cases or suspects with LTBI**
 - i. **HIV + persons**
 1. **ON anti-retroviral therapy** – treat with 9 months INH
 2. **NOT ON anti-retroviral therapy** – treat with INH/rifapentine (3HP) weekly regimen with DOT
 - ii. **Persons with a plan to start the TNF antagonist or biologic disease modifying drugs** – treat with rifampin for 4 months
 - iii. **Infants and children less than age 5 years with a positive TST or IGRA** – treat with 9 months of INH; if INH is unavailable, call the VDH TB Program for consultation at (804) 864-7906
 - iv. All other persons with LTBI should be tracked and recalled for evaluation for LTBI treatment at the end of the shortage. Provide education on the symptoms of TB disease and advise these persons to contact the health department or their primary care physician if symptoms develop.