



# COMMONWEALTH of VIRGINIA

Department of Health

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Dear Colleague,

The Centers for Disease Control and Prevention (CDC) recently published an official [Health Advisory](#) concerning the ongoing shortage of isoniazid (INH), a cornerstone drug used for treating tuberculosis disease (TB) and latent tuberculosis infection (LTBI). CDC's key recommendations are to prioritize treatment with INH for 1) those with active TB disease; 2) recently diagnosed contacts to current infectious TB cases; and 3) those individuals with LTBI who are at the greatest risk for progression to active TB disease (i.e. HIV-infected individuals) or face the hazard of severe illness (i.e. children <5 years old). The CDC recommends coordination of treatment for TB and LTBI patients with state and local public health officials.

In order to assist you, I am providing you with information and guidance on the response to the INH shortage in Virginia. The Virginia Department of Health (VDH) has been tracking the shortage of INH since the fall and implemented priority allocation for the use of INH in treating LTBI in mid-December 2012. Highlights of the VDH recommendations for clinicians and local health departments include:

1. Defer treatment of non-high risk LTBI until the supply of INH has returned to normal. For those that you choose not to defer, rifampin for 4 months is an alternate regimen (6 months for children).
2. For those currently undergoing treatment for LTBI with INH, stop the drug at the completion of 6 months of therapy. While 9 months is considered the preferred treatment for LTBI in the United States, 6 months is considered an acceptable regimen according to [guidelines](#) published by the CDC and the American Thoracic Society.
3. In December 2011, the CDC published [guidelines](#) for the use of a 12-week short course treatment for LTBI using isoniazid and rifapentine. This regimen is currently available for use in Virginia as only 36 tablets of INH are required to complete the regimen. This regimen is not recommended for self-administration, but rather by weekly directly observed therapy (DOT). Consult with your local health department for assistance with drug availability and DOT.
4. In some instances, INH may be the only appropriate regimen for the treatment of individuals who cannot be deferred until later. Consult with the local health department for assistance with drug availability.

Recommendations for the treatment of active TB disease remain unchanged at this time. A full copy of the current VDH guidelines for use of INH during this national shortage is provided with this letter.

As always, the management of active TB disease should be in consultation with local health district TB Control programs across Virginia, which also is a resource for consultation on the evaluation and treatment of patients with LTBI. Contact information for local health districts throughout Virginia can be found by visiting, [www.vdh.virginia.gov/LHD/index.htm](http://www.vdh.virginia.gov/LHD/index.htm). Assistance is also available through the state TB Control program at 804-864-7906.

Thank you for your ongoing efforts to diagnose and report suspected active TB and to evaluate and treat your patients with LTBI. Your efforts to prioritize the use of INH during this shortage will help us preserve the INH supply in Virginia for treating patients with active TB and for patients with LTBI at the highest risk for progression to active disease.

Sincerely,

Maureen E. Dempsey, MD, FAAP  
Acting State Health Commissioner