

Health Update:

Missouri Recommendations for the Use of Tuberculin During the Nationwide Shortage

September 11, 2013

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

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September 11, 2013

FROM: GAIL VASTERLING
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SUBJECT: Missouri Recommendations for the Use of Tuberculin During the Nationwide Shortage

On April 12, 2013, the Missouri Department of Health and Senior Services (DHSS) distributed information from the Centers for Disease Control and Prevention (CDC) that provided patient care and public health recommendations in the context of the nationwide shortage of tuberculosis skin test (TST) antigens.¹ Then, on September 4, DHSS sent out a CDC Health Update² which provided updated guidance (see <http://health.mo.gov/emergencies/ert/alertsadvisorios/pdf/cdcHU90413.pdf>). The recommendations below provide additional guidance to Missouri medical providers and local public health agencies (LPHAs).

CDC has notified state tuberculosis (TB) programs that the nationwide shortage of tuberculin (both TUBERSOL[®] and APLISOL[®]) is expected to continue for several more months. Earlier reports were that the shortage would lessen in June 2013, when TUBERSOL[®] production was expected to resume. According to CDC, "The current projection for restoration of normal production of Tubersol is sometime in the fall, perhaps October."

Providers may be able to obtain 10-test vials of TUBERSOL[®] directly from the company by ordering online at VaccineShope.com, or contacting Sanofi Pasteur at 1-800-VACCINE (1-800-822-2463).

Recommendations for the Use of Tuberculin During the Nationwide Shortage

General Principles:

During the shortage, DHSS recommends that providers, LPHAs, correctional facilities, and health care settings:

1. Do **NOT** administer TSTs to persons who have no risk factors for TB or to persons with a documented previous history of a positive TST or TB disease.
2. Substitute interferon gamma release assays (IGRAs) for TSTs when feasible. IGRAs can be used in most situations in which the TST is indicated, and are preferred for people who have received BCG vaccine.^{3,4} QuantiFERON[®]-TB Gold In-Tube and T-SPOT[®].TB have FDA approval for TB testing. IGRAs may not be available in all practice settings. The Missouri State Public Health Laboratory does not perform IGRA testing. DHSS does not maintain a list of IGRA providers; please contact your local hospital laboratory or laboratory vendor.
3. Temporarily defer TSTs for certain persons if tuberculin supply is low. The **highest priorities for tuberculin use are:**
 - a. Evaluating persons with suspected active TB disease,
 - b. TB contact investigations,
 - c. Persons at high risk of progressing to active TB, if infected (e.g., HIV+, age <5).
 - d. Evaluating "Class B" immigrants and refugees; however, IGRAs are preferred for BCG-vaccinated persons.

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4. Continue to ensure that persons with symptoms of active TB disease receive immediate medical evaluation.
5. Follow the recommendations in the table below for institutional/provider TB testing required by law. DHSS notes that these recommendations will be taken into account when inspecting and conducting complaint investigations of facilities and providers during this nationwide shortage.
6. Tuberculin may become available from some suppliers or in some areas sooner than others. Facilities should continue to periodically check with their suppliers so that they can obtain tuberculin and resume testing as soon as possible.

Recommendations for Prioritizing Tuberculin Use in Specific Settings		
Setting	Group	Recommendations
Correctional Facilities	Offenders	<p>At time of admission: Conduct TB symptom screen. Use IGRA if available. If IGRA not available, administer one TST (county jails should postpone TST until day 11 or 12 of confinement). If tuberculin supply is low, defer second step TST until shortage resolves. If not able to obtain any tuberculin, defer both TSTs until shortage resolves.</p> <p>Annual re-testing: Conduct TB symptom screen. Use IGRA if available. If IGRA not available, defer annual TST until shortage resolves.</p> <p>Testing offenders is a higher priority than testing employees. If necessary, use limited supplies for testing offenders and defer employee testing until shortage resolves.</p>
Correctional Facilities	Employees	<p>At time of hire: Conduct TB symptom screen. Use IGRA if available. If IGRA not available, administer one TST and defer second step TST until tuberculin shortage resolves. If not able to obtain any tuberculin, defer both TSTs until shortage resolves.</p> <p>Annual re-testing: Conduct TB symptom screen. Use IGRA if available. If IGRA not available, defer annual TST until shortage resolves.</p> <p>Testing offenders is a higher priority than testing employees. If necessary, use tuberculin for testing offenders and defer employee testing until shortage resolves.</p>

Setting	Group	Recommendations
Health Care Settings	Employees	<p>At time of hire: Conduct TB symptom screen. Use IGRA if available. If IGRA not available, administer one TST and defer second step TST until shortage resolves. If not able to obtain any tuberculin, defer both TSTs until shortage resolves.</p> <p>Annual re-testing: Conduct TB symptom screen. Use IGRA if available. If IGRA not available, defer annual TST until tuberculin shortage resolves.</p>
All Settings	Contact investigation	Continue to use TST or IGRA to evaluate close contacts of persons with infectious (i.e., pulmonary or laryngeal) TB disease. Consult DHSS or the LPHA for guidance in identifying who should be included in contact testing.
Public Health	Class B and refugee health assessments	IGRA preferred. If not available, do one TST. Two-step TST testing is not indicated. Conduct TB symptom screen and other testing as medically indicated.

Questions should be directed to DHSS' Bureau of Communicable Disease Control and Prevention, TB Program at 573/751-6113.

References

1. CDC Info Service. Nationwide Shortage of Tuberculin Skin Test Antigens: CDC Recommendations for Patient Care and Public Health Practice. April 12, 2013. <http://emergency.cdc.gov/HAN/han00345.asp>
2. CDC Health Update: Recurrent Nationwide Shortage of Tuberculin Skin Test Antigen Solutions: CDC Recommendations for Patient Care and Public Health Practice. September 4, 2013. <http://health.mo.gov/emergencies/ert/alertsadvisories/pdf/cdcHU90413.pdf>
3. CDC. Updated Guidelines for using interferon gamma release assays to detect *Mycobacterium tuberculosis* infection — United States, 2010. *MMWR* 2010;59 (RR-5). http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5905a1.htm?s_cid=rr5905a1_w
4. CDC. Interferon-Gamma Release Assays (IGRAs) - Blood Tests for TB Infection (fact sheet). <http://www.cdc.gov/tb/publications/factsheets/testing/IGRA.htm>