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**January 18, 2013**

**To:** Local Health Department TB Programs  
**From:** Jason Stout, MD, MHS, TB Controller/Medical Director  
**Re:** Isoniazid Shortage

As you may be aware, there is a shortage of isoniazid tablets that is expected to last until approximately March. Pending resolution of this shortage, the NC TB program recommends the following measures:

- Consider using rifampin for treatment of latent TB as a first-line option. Use of rifampin for this indication and appropriate monitoring are discussed in the NC TB Manual (<http://epi.publichealth.nc.gov/cd/lhds/manuals/tb/toc.html>). Note that rifampin for 4 months (6 months in children) has been studied and found to be safer and better tolerated than the standard 9 months of isoniazid for latent TB.
- If rifampin is not an option, strongly consider deferring new starts of isoniazid for latent TB treatment. This would include new starts of isoniazid/rifapentine.
- Patients with active TB should have first priority to get any isoniazid available. Combination tablets such as Rifater (isoniazid, rifampin and pyrazinamide) and Rifamate (isoniazid and rifampin) are alternative formulations that may be considered.
- If 100 mg isoniazid tablets are available (but 300 mg are not), 100 mg tablets may always be substituted to provide the patient with the equivalent isoniazid dose (e.g. 3-100 mg tablets instead of 1-300 mg tablet).
- Patients who are on isoniazid for latent TB have 12 months to complete a 9-month course. If supplies of isoniazid are depleted, it may be necessary to temporarily interrupt latent TB treatment so that patients with active TB may be appropriately treated. For immunocompetent adults, 6 months of isoniazid is an acceptable alternative to 9 months of therapy.
- If your program cannot obtain isoniazid for a patient with active TB, please contact your state TB medical consultant for advice on an alternative regimen

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