Georgia Department of Public Health

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Guidance to Health Providers for Tuberculosis (TB) screening during Tubersol® shortage

On April 12, 2013, the Centers for Disease and Control released recommendations for health providers and public health practice in the wake of the national shortage of *Tubersol*, a purified protein derivative (PPD) solution used for TB screening. Georgia public health clinics may not have been initially impacted by the *Tubersol* shortage because the Georgia Department of Public Health's (GDPH) Office of Pharmacy has been purchasing *Aplisol*, another PPD product, for use by county health departments for TB screening. However, because of the *Tubersol* shortage, orders for *Aplisol* may be occasionally backlogged. The GDPH TB Program issues these guidelines for county health departments and other health providers for the duration of the national shortage of *Tubersol*, to provide local guidance in addition to CDC's recommendations. The GDPH TB Program will provide notification when the shortage is over and deferred screening can resume as required.

County Health Departments:

1. Continue evaluation of contacts of persons with pulmonary or laryngeal TB using *Aplisol*
2. Continue routine risk assessments and screening for new and continuing employees using *Aplisol*
3. Use interferon gamma release assays (IGRA, e.g., QuantiFERON Gold TB In-Tube® or TSpot *TB*®) to screen recently arrived (< 1 year) immigrants and refugees from highly endemic countries if >= 5 years old and resources are available for IGRA testing; use *Aplisol* if < 5 years old or if resources are not available for IGRA testing
4. When orders for *Aplisol* are backlogged, prioritize existing *Aplisol* supply for the following individuals until *Aplisol* becomes readily available:
    a. Persons with signs and symptoms suggestive of TB disease
    b. Contacts to a person with sputum smear *positive* pulmonary or laryngeal TB
    c. Persons infected with HIV

    Keep track of asymptomatic contacts to persons with sputum smear negative pulmonary or laryngeal TB for testing when *Aplisol* becomes readily available
5. Defer TB skin testing of low risk individuals, e.g., individuals with no characteristics or medical conditions that increase their risk for developing TB disease but who request a TB skin test because of employer or school requirements.

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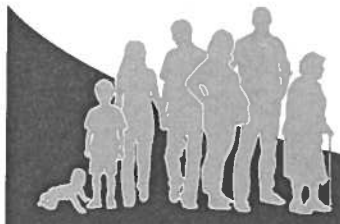

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Congregate settings (correctional, alcohol and drug treatment, and mental health facilities, etc.).

1. Continue routine TB risk assessment and symptom screening using a standard interview tool. All persons with symptoms suggestive of active TB disease should be removed from the general population immediately and referred for further medical evaluation.
2. Congregate settings which currently use *Aplisol* and have adequate supplies may continue to place the TST with *Aplisol* and evaluate individuals with positive results for latent TB infection
3. Congregate settings which routinely use *Tubersol* for administration of the TST are advised. to not switch to the alternative solution, *Aplisol*; rather, prioritize existing *Tubersol* stock for TB suspects and persons found to be at high risk for TB infection through risk assessment, and defer administration of the TST with *Tubersol* for all others until further notice; maintain a database to plan for future TST administration with *Tubersol* when supplies are adequate.
4. Substitute IGRA blood tests for *Tubersol* for TB suspects >= 5 years old if resources are available. The costs associated with using the blood tests can be greater than the cost of TSTs. The blood tests require phlebotomy, preparation of blood specimens, and specific laboratory services for analysis. Thus, these tests are not available in all practice settings. Clinicians who use the IGRA blood tests should be aware that the criteria for test interpretation are different than the criteria for interpreting TSTs.

Hospitals and other Clinical Service Providers:

1. Substitute IGRA blood tests for *Tubersol* for TB suspects >=5 years old if resources are available. The costs associated with using the blood tests can be greater than the cost of TSTs. The blood tests require phlebotomy, preparation of blood specimens, and specific laboratory services for analysis. Thus, these tests are not available in all practice settings. Clinicians who use the IGRA blood tests should be aware that the criteria for test interpretation are different than the criteria for interpreting TSTs.
2. Reserve existing stock of *Tubersol* as a diagnostic tool to assess TB suspects, particularly for children age <5 years.
3. Continue routine risk assessment and symptom screening for new and continuing health care workers; prioritize existing *Tubersol* stock for TB suspects and persons found to be at high risk for TB infection through risk assessment, prioritize existing *Tubersol* stock for TB suspects and persons found to be at high risk for TB infection through risk assessment and defer administration of the TST with *Tubersol* for all others until further notice; maintain a database of employees to plan for future TST administration with *Tubersol* when supplies are adequate.
4. Baseline and routine testing of healthcare workers with an IGRA is not recommended.

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