

Subject: Expiring INH Inventory

Date: Tuesday, October 11, 2022 at 9:56:26 PM Eastern Daylight Time

From: Boisseau, Martha (CDC/DDID/NCHHSTP/DTE)

To: CDC DDID NCHHSTP DTE TB Control Officers, CDC DDID NCHHSTP DTE TB Project Directors, CDC DDID NCHHSTP DTE TB Nurse Consultants, CDC DDID NCHHSTP DTE Medical Consultants, CDC DDID NCHHSTP DTE FSEB *All

CC: McClure, Susan (CDC/DDID/NCHHSTP/DTE), Moore, Selma (CDC/DDID/NCHHSTP/DTE), Wolff, Marilyn (CDC/DDID/NCHHSTP/DTE)

Hello everyone.

In addition to the INH that expires on October 31, 2022, we also have a lot of INH that expires in February 2023.

<u>LOT NO.</u>	<u>DRUG</u>	<u>DESCRIPTION</u>	<u>EXPIRATION</u>	<u>CURRENT INVENTORY</u>
CFHGC	Isoniazid	300mg, 60s	2/28/2023	9,984 bottles

PRIORITIZATION:

Priority for expiring TB drugs will be given to programs with high TB disease burden [those with sufficient patient volume to use drugs by their expiration date].

HOW TO SUBMIT YOUR REQUEST:

If you are interested, please:

- a) Submit a DA request that addresses the items below.
- b) [The DA request should be uploaded into GMM as an amendment - type "Administrative Action."](#)
- c) DA request letters should be addressed to the *Grants Management Specialist in the Office of Grants Services*, and signed by *both the PI/PD and Authorized Official*.

DA REQUESTS MUST ADDRESS:

1. **TB DISEASE BURDEN** – Number of TB cases as reported through the National TB Surveillance System [[2019](#) report date].
 - Again, CDC will give priority to jurisdictions with the highest TB burdens.
 - Jurisdictions requesting TB drugs must also provide assurance that drugs will be used in treating TB patients and that it has sufficient patient volume for the drugs to be used by their expiration date.
2. **PROGRAM PERFORMANCE** – Please provide Completion of Treatment [COT] percentage as reported through the National TB Surveillance System [[2018](#) report date].
 - Programs with at least 85% completion of therapy for patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated will be given priority for expiring TB drugs as Direct Assistance.
 - After meeting the prioritization requirement, programs will receive DA on a first come, first served basis.
3. **INFORMATION** – to ensure secure receipt and storage of TB drugs -

- Provide Point of Contact information [Name, Telephone number, E-mail] and shipping address.
4. **QUANTITY REQUESTED –**
- Request amounts in unit of issue stated above [i.e., PKGs or BTLs].

CONTACT:

Please contact your DTBE Project Officer/Consultant if you have questions.

Thanks. 😊

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FSB Mission Statement: To provide direct technical assistance and expertise to optimize TB control efforts of State and local TB control program's for prevention, control and elimination of TB in the United States.