



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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July 11, 2019

To: Local Health Department TB Programs, Hospital Infection Control Practitioners
From: Jason Stout, MD, MHS, TB Controller/Medical Director
Re: Tuberculin Shortage

As you may be aware, there is an ongoing shortage of Aplisol® (PPD), as well as of the other purified protein derivative (Tubersol®). It is unclear when this shortage will resolve. Pending resolution of this shortage, the NC TB program recommends the following measures (summarized in a table at the end of this memo):

- Use interferon gamma release assays (IGRAs, T-SPOT.TB® or QuantiFERON Gold Plus) if possible for testing of the following persons:
 - Contacts to a person with pulmonary or laryngeal tuberculosis
 - Persons arrived from countries with medium or high tuberculosis incidence (i.e. countries in Latin America, Asia, Eastern Europe, or Africa)
 - Persons suspected of having active tuberculosis
- If resources to perform IGRAs are not available, contacts to active tuberculosis take first priority for testing with available tuberculin. Testing of persons from medium/high incidence countries and of persons suspected of having active tuberculosis take second priority.
- Defer routine annual tuberculin skin testing performed as part of an infection control program (i.e. employee screening). We do not recommend substituting an IGRA for annual testing if the employee has previously received tuberculin skin testing; deferring testing until tuberculin is available is the preferred strategy in this case. Note that recent CDC guidance does not recommend annual tuberculin testing of healthcare workers in most settings
- Per recent CDC guidance, defer required tuberculin skin testing or use an IGRA for the following groups for whom it is required:
 - Staff with direct inmate contact upon employment
 - Inmates in the custody of the Department of Corrections (both testing upon incarceration and yearly thereafter)
 - Staff of licensed nursing care homes upon employment
 - Residents upon admission to licensed nursing homes or adult care homes
 - Staff in adult day care centers providing care to persons with HIV/AIDS upon employment
- Agencies should have a plan to track persons for whom testing is deferred and to test such persons when tuberculin is available.
- Per CDC and NC TB Control guidelines, do not perform administrative tuberculin skin testing for low-risk persons (e.g. child care employees, teachers, food service employees)

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It is unclear when supplies of tuberculin will return to normal. The NC TB Program will provide notification when the shortage is over and deferred screening can resume as required. Please contact your regional TB nurse consultant or state medical TB consultant with any questions or concerns.

Table. Recommendations for Tuberculosis Screening During the Tuberculin Shortage

Group	Recommendation
Contacts to infectious tuberculosis	<p>Screen with IGRA if available</p> <p>These groups take precedence for available tuberculin</p>
<p>Persons from medium/high incidence countries</p> <p>Persons suspected of TB disease</p>	<p>IGRA strongly preferred</p> <p>These groups take second priority for available tuberculin</p>
Persons being screened annually as part of an employee infection control program	Defer screening until tuberculin becomes available
<p>Persons for whom screening is required by NC regulations:</p> <ul style="list-style-type: none"> • Staff with direct inmate contact upon employment • Inmates in the custody of the Department of Corrections (both testing upon incarceration and yearly thereafter) • Staff of licensed nursing care homes upon employment • Residents upon admission to licensed nursing homes or adult care homes • Staff in adult day care centers providing care to persons with HIV/AIDS upon employment • Persons with HIV/AIDS 	<p>Use an IGRA if resources are available</p> <p>Otherwise defer screening until tuberculin becomes available</p>
Low-risk persons being tested for administrative purposes	Do not screen