

ONTARIO RIFAMPIN SHORTAGE ENDS

Alternative Treatment Resources Available

Update to York Region health care providers as of August 30, 2019

On July 03, 2019 York Region Public Health (YRPH) provided notification advising of a Rifampin supply disruption in Ontario. We appreciate your cooperation during this time, and we are happy to advise that the Rifampin shortage has ended.

Public Health Ontario (PHO) recently released a resource to help health care providers (HCP) identify and prioritize preventative treatment for clients with latent tuberculosis infections (LTBI). This resource will be helpful in the event of future Rifampin shortages. *Considerations for preventive treatment of LTBI during a rifampin shortage* provides background for when preventative LTBI treatment is appropriate and details priority-based considerations for treatment, based on the risk of progression from LTBI to active TB. A copy of the PHO resource follows this message.

York Region's incidence of TB is among the highest in Ontario. Many York Region residents immigrated from or have spent time in countries where TB is endemic. One in every three people around the world has LTBI and up to 10 per cent of people with LTBI may go on to develop active TB disease in their lifetime. With appropriate treatment, the risk for developing active TB disease is greatly reduced.

What should you do?

- Testing for latent TB is recommended if your patient has an increased risk of developing active TB (e.g., people born in a TB endemic country, patients with immune-compromising conditions, patients that have been in correctional institutions, Indigenous people).
- Report *both* LTBI and active TB cases to YRPH:
 - Complete the *Notification of New Active or Reactivated Tuberculosis Case* form located on york.ca/tb and fax to 1-844-209-4389.
- Family physicians are able to treat LTBI, once active TB has been ruled out (i.e., using chest x-rays, sputum collection and/or infectious disease specialist consultation).
- Many other treatment regimens (other than nine months of INH) exist to treat TB and are simpler and sometimes safer. Refer to the PHO document for further info and see chart below for a brief summary.
 - If you and your patient decide to treat LTBI with 3HP (Isoniazid and Rifapentine weekly for 12 weeks) which is good for high risk clients who may have trouble with daily therapy, please contact YRPH for further details. We can assist in facilitating referrals to a TB clinic and arrange for Directly Observed Prophylactic Therapy (DOPT) by YRPH staff.
- TB medications for clients with active or latent TB infections are provided for free at the following pharmacies:
 - **Health + Pharmacy (located at Mackenzie Richmond Hill Hospital)**
Phone: 905-883-7500, Fax: 905-883-7502
 - **Dales Pharmacy (located at Markham-Stouffville Hospital)**
Phone: 905-471-1234, Fax 905-471-3732
 - **Centric Health Pharmacy (located at Southlake Regional Health Centre)**
Phone: 905-830-5988, Fax 905-830-5994

YRPH can support you and your practice regarding TB. Our TB program staff can provide you with information and resources to help you identify, treat and follow-up with LTBI, active TB cases, assessment of close contacts of an infectious TB case, and individuals on immigration medical surveillance for TB.

Contact the TB program at 1-877-464-9675 ext. 76000 or visit york.ca/tb for more information.

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LATENT TB INFECTION TREATMENT REGIMENS



| Drug(s) | Duration | Frequency | Total Doses | Considerations |
|---------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Isoniazid (INH) | 9 months | Daily OR twice weekly | Daily: 270 Twice weekly: 76 | Standard regimen INH is very effective and is the preferred regimen for HIV infected people taking antiretroviral therapy and children aged 2-11 years of age. INH can have side effects for patients. Intolerance can be an issue, as can the long duration of this therapy, along with risk of hepatotoxicity. INH may interact with alcohol, acetaminophen, and other drugs. |
| | 6 months | Note: twice weekly is considered for patients that may have adherence issues and requires a higher per kg dose regime | Daily: 180 Twice weekly: 52 | |
| Rifampin (RIF) | 4 months | Daily | 120 | For contacts of active TB cases with INH resistance For individuals with INH intolerance An alternative shorter regimen for HIV infected individuals with INH intolerance, or for whom shorter duration of therapy is perceived as critical to achieving treatment completion as long as it is compatible with HIV antiretroviral treatment. Consider consulting a TB specialist. |
| Isoniazid (INH) and Rifapentine (RPT) | 3 months | Once weekly | 12 | May be considered during a Rifampin shortage. Consult with Public Health. Consider 3HP for individuals for whom shorter/less frequent and/or less hepatotoxic regimen may be critical for achieving treatment completion (e.g., those who are homeless/under housed/transient, etc.). Where there is a local capacity for providing directly observed preventative treatment in close collaboration with a writing prescriber. Not recommended for people who are: <ul style="list-style-type: none"> - Under 2 years of age - HIV/AIDS who are on antiretroviral treatment regimens that interact. - People presumed to have been infected with INH or RIF resistant TB. - Pregnant women or women expecting to be pregnant within the 12 week regimen. |

For more information, refer to the *Canadian TB Standards: Chapter 5 – Treatment of Tuberculosis Disease*:

<https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition/edition-17.html>

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