STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Epidemiology and Prevention Services
Division of Tuberculosis Elimination
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Earl Ray Tomblin
Governor

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Dear Colleague,

Many of you may have recently received a Health Advisory Notice from the Centers for Disease Control and Prevention (CDC) concerning the **nationwide shortages of tuberculin skin test (TST) antigen solutions.** Two brands of TST solution are distributed in the United States: Tubersol and Aplisol. Tubersol is in short supply for the second time this year, which is creating an increased demand for Aplisol and, in some areas, resulting in difficulty obtaining either product.

There are currently two methods available to determine the presence of tuberculosis (TB) infection: traditional Mantoux TST using one of the TST antigens and an interferon gamma release assay (IGRA) blood test. The two FDA-approved IGRAs available for use in the United States are QuantiFERON Gold IN-Tube and T-SPOT-TB. Additional information on the use of IGRAs for determining the presence of TB infection can be found on the CDC web site at http://www.cdc.gov/mmwr/PDF/rr/rr5905.pdf.

Currently, the West Virginia Division of TB Elimination (WV-DTBE) recommendations for clinicians and local health departments include:

Carefully screen individuals for their risk factors to determine if testing for TB infection is indicated. Individuals entering the public school system require testing as part of WV law. These individuals include: first entering personnel or volunteer, or a student, personnel or volunteer who transfers to a WV school from outside the state border and does not have a documented TST or IGRA within the previous four months. (At this time, WV is deferring those school volunteers who do not meet the criteria for high risk from skin testing until PPD supplies are replenished).

- WV-DTBE's standard of practice is to assess each individual to determine if risk factors are present for acquiring TB infection or progressing to active TB disease, once infected.

    - Individuals identified as high risk are tested with a TST or IGRA.

    - **Other individuals are provided a provisional clearance letter stating that the individual has been evaluated and will be called back for testing when TST supplies return.**

This practice is consistent with published CDC guidance, which can be found online. Clinicians and facilities may adapt the following WV-DTBE documents for their own use. The TB Testing Criteria, TB Risk Assessment, and the sample Clearance Letter can be found online.

- **For health care-related settings with an annual serial testing program, carefully evaluate current TB transmission risk and infection control policies and practices to determine if annual serial testing continues to be warranted.** CDC guidelines www.cdc.gov/mmwr/pdf/rr/rr5417.pdf recommend that all health care settings conduct an initial and ongoing evaluation of the potential risk for transmission within their settings. This risk assessment determines the types of administrative, environmental, and respiratory protection controls needed, including the frequency of testing for TB infection. For settings identified as low risk, only baseline testing is required; subsequent testing is only required in the event of a known exposure.

- **Continue to perform baseline testing in health care settings and correctional facilities for new hires and for new admissions to long-term residence.** Use of an IGRA for this purpose is recommended. If TST antigen is used, 2-step **baseline** testing is required.

- **For facilities (such as health care settings and correctional facilities) with risk factors that necessitate continued serial testing, defer annual serial testing by TST until supplies of TST antigens return to normal.** For those programs utilizing IGRA tests as their test of choice, testing should continue as normal.

- **Reserve TST antigens for priority activities such as the investigation of individuals suspected to have active TB, the evaluation of those exposed to an active TB case, and children under 5 years of age who require testing.**

CDC's key recommendations during this TST antigen shortage are as follows:

- Substitute an IGRA blood test for a TST.
- Substitute Aplisol for Tubersol, if available.
- Allocate use of TST antigens to priority uses such as TB contact investigations.
- Defer serial testing by TST for infection control in settings with a low likelihood of TB exposure. The CDC recommends consultation with public health and occupational health authorities prior to implementing this approach.

As always, local health department TB Programs across WV are a resource for consultation on the evaluation and treatment of patients with TB diagnoses as well as infection control policies and practices. You may find the information regarding your local health department at www.dhhr.wv.gov/localhealth/Pages/default.aspx. Assistance also is available through WV-DTBE at 800-330-8126 or on our website.

Thank you for your ongoing efforts to diagnose and report suspected TB, both infection and active disease. In 2012, WV reported eight active TB cases, a decrease from the 13 cases reported in 2011. In 2012, two or 25% of WV's TB cases were reported among foreign-born persons. WV's case rate of 0.43 cases of active TB per 100,000 population was below the national rate of 3.2 cases per 100,000, and was the lowest rate in the nation. Approximately 250 to 400 cases of TB infection, those that have not yet progressed to active disease, are reported in WV annually.

TB remains a public health challenge in West Virginia and your efforts to prioritize the use of TST antigens during this shortage will help us preserve the supply for evaluating those at highest risk for TB infection and progression to active disease.

Sincerely,

D Gaziano M.D.

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