Alaska Public Health Alert

Shortage of Iodinated Contrast Media

June 9, 2022

Summary

A global shortage of iodinated contrast media appears to be worsening and has the potential to meaningfully impact patient care. Some facilities in Alaska are currently experiencing supply shortages but they are not reporting adverse impacts to patient care. Clinicians should discuss with radiologists whether non-contrasted imaging or equivalent alternative studies that do not use iodinated contrast might be appropriate. Hospitals and outpatient diagnostic centers should consider creating a mitigation plan and establishing guidelines for prioritizing contrast should the supply shortage reach a critical level. The shortage is anticipated to last at least through the month of June.

Key points

- A global shortage of iodinated contrast media has a potential to impact patient care soon
- Some facilities in Alaska are currently experiencing supply shortages
- The shortage is expected to last at least to the end June but likely into July
- Thoughtful imaging choices and the early initiation of mitigation strategies can help minimize the impact on patient care and reduce the need for delaying necessary studies and procedures

Background

Iodinated contrast is a chemical compound used to enhance the ability to visualize the blood vessels during a CT (computed tomography) scan, cardiac catheterization, arterial embolization, and similar procedures. Some of these procedures are performed in an emergent fashion, such as for diagnosing life-threatening vascular injuries or opening a clogged blood vessel of the heart during a heart attack. Some studies are less emergent (e.g., cancer screening).

Beginning in March 2022, the most recent surge of COVID-19 cases in China resulted in a lockdown for much of Shanghai, which resulted in major disruption of GE Healthcare’s ability to produce iodinated contrast media with estimates of a ≥75% reduction in volume during April and May 2022. GE Healthcare supplies approximately 50% of all iodinated contrast media in the United States, and other vendors have not been able to increase production to substantially impact the deficit created by the shortage. While the lockdown has eased and the plant is reportedly back to full capacity, the bottleneck is expected to continue to create shortages throughout the country for at least the remainder of June, though extension into July (and possibly August) is possible.

Some Alaska facilities that are currently experiencing constraints related to the availability of iodinated contrast media have implemented FDA-approved strategies for dilution, allocations of single-use vials, and regular radiology department review to identify imaging studies that could safely be done without contrast. At present, no Alaska facilities have indicated that they are currently delaying or rescheduling contrasted studies due to the shortage.

Recommendations
• Clinicians should consider if contrast is necessary for a desired imaging study and consider if an alternative test of equal clinical utility could be used. If in doubt, consult your radiologist.
• Clinicians should NOT delay a patient’s diagnostic testing or procedures secondary to the current shortage at this time.
• Hospitals and outpatient diagnostic centers should consider establishing an internal incident command to regularly monitor the amount of iodinated contrast media and compare that to historical usage rates to accurately understand the available supply.
• Hospital and outpatient diagnostic centers should develop community-specific allocation strategies and guidelines.
• Hospitals and outpatient diagnostic centers should identify mitigation strategies that can be tailored to the amount of iodinated contrast media that is currently available, such as:
  o work with facility pharmacies to optimize the utilization of single-use and multi-use vials;
  o employ weight-based contrast protocols;
  o regularly review the schedule and review possible changes to the exam, in concert with the ordering provider; and
  o delay outpatient studies, as appropriate or necessary, if supplies drop below a pre-defined threshold.
• Hospitals and outpatient radiology clinics should review contracts with their vendors to determine their ability to share any surplus iodinated contrast with other facilities that are in greater need.
• Further information is available at the following weblinks:
  o American College of Radiology (ACR): Statement from the ACR Committee on Drugs and Contrast Media
  o American Society of Health-System Pharmacist (ASHP): Considerations for Imaging Contrast Shortage Management and Conservation