



17 May 2022

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Director, Regulation and Compliance Unit

Action required by:

- Chief Executives
- Directors of Clinical Governance

We recommend you also inform:

- Drug and Therapeutics Committees
- Directors of Medical Services
- Directors of Pharmacy
- Directors of Nursing
- Directors and Managers of Medical Imaging
- Directors of Cardiology, Emergency Departments, Intensive Care, Neurology and Surgical Services

Deadline for completion of actions – see below.

Expert Reference Group

Content reviewed by:

- Chief Pharmacist Unit
- ACI Radiology, Cardiac and Stroke Networks
- HealthShare NSW
- State Preparedness and Response Branch

Clinical Excellence Commission

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Internet Website:
<http://health.nsw.gov.au/sabs>

Intranet Website:
<http://internal.health.nsw.gov.au/quality/sabs>

Review date
November 2022

Safety Alert 003/22

Critical disruption to supply – non-ionic iodinated contrast media agents

Background

- A [Medication Safety Communication](#) was released on 10 May 2022 informing of the disruption to the supply of non-ionic iodinated contrast media; GE Omnipaque™ (iohexol injection).
- The disruption to supply is due to the COVID-19 lockdown in Shanghai, China impacting on the operational capacity of the production facility and the shutdown of normal shipping and airfreight routes out of the city. The estimated resolution date of this disruption to supply is unclear and contingent on the easing of COVID-19 lockdown restrictions in Shanghai. GE Healthcare have advised of a delay until **at least mid-June**.
- NSW Health are also aware of limited supplies of other non-ionic iodinated contrast media agents including iodixanol (Visipaque), iopromide (Ultravist) and ioversol (Optiray).
- NSW Health is continuing to explore options for sourcing alternative supply of contrast agents from local and international suppliers.

Conserving supply and consideration of alternatives

Stock preservation strategies must be instituted immediately to ensure optimal usage of the limited available stock. This advice must be considered by Medical Imaging and other clinical departments that utilise contrast or radiology services. RANZCR have released a statement which can be found [here](#). The American College of Radiology position statement can be found [here](#).

Remaining supply of non-ionic iodinated contrast media agents should be conserved for cases where there is no suitable alternative (for example, interventional neuroradiologists and cardiologists depend on non-ionic iodinated contrast media agents to perform time-critical treatment of acute stroke and myocardial infarction). Factors such as clinical acuity and the nature of the imaging procedure (i.e. interventional versus diagnostic) should be considered.

In the absence of the desired non-ionic iodinated contrast media agent(s), and based on the clinical needs of individual patients, the following actions may be considered:

- use of alternative contrast agents (iodinated and non-iodinated) after consideration of the patient's adverse drug reaction history, renal function and allergies
- use of alternative imaging modalities and/or performing scans without the use of contrast wherever appropriate. Alternative studies may include non-contrast CT, MRI with or without gadolinium-based contrast media, ultrasound with or without contrast agents, nuclear medicine, or PET/CT. For example, use non-contrast imaging for patients presenting to Emergency Departments with shortness of breath (rather than CT angiography) and if necessary, follow up with a VQ scan if pulmonary embolism is suspected
- minimising individual doses administered to conserve stock (lower dose regimes can have comparable efficacy to higher dose regimes)
- reserving high concentration (mg iodine per mL) agents for angiographic studies and multiphase studies, which require optimal vascular visualisation
- delay of scans that are not clinically urgent.

Contact your local Clinical Product Manager to discuss availability of contrast agents within your facility.

Actions required by Local Health Districts/Networks

1. **Immediately upon receipt**, distribute this Safety Alert to all relevant staff, departments and committees.
2. **Report by midday 18 May 2022**, current stock on hand and average weekly usage of non-ionic iodinated contrast media agents via email to: CEC-MedicationSafety@health.nsw.gov.au using [this template](#). Also report weekly stock holdings via email **each Friday by midday** until further advised. **Please provide one coordinated response per facility.**
3. **Within 24 hours**, confirm distribution of the Safety Alert.
4. **Within 48 hours**, confirm that stock-conservation and prioritisation strategies have been implemented as appropriate for each discipline and clinical area (including amendment to local protocols as necessary).
5. Ensure any incidents related to this disruption to supply are notified in the local incident management system.
6. Escalate concerns that are not able to be managed locally to: CEC-MedicationSafety@health.nsw.gov.au