

**Alabama Department of Public Health (ADPH)  
Alabama Emergency Response Technology (ALERT)  
Health Alert Network (HAN)  
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**Temporary Shortage of Contrast Media**

The Alabama Department of Public Health (ADPH) has been informed of a temporary shortage of GE Healthcare's iodinated contrast media—specifically, all concentrations and formulations of its Omnipaque™ (iohexol) products that are manufactured in a single facility in Shanghai, China which has been affected by a COVID-19 lock down. Contrast media products are used in various imaging procedures, like CT scans, in both the inpatient and outpatient setting. While the facility in Shanghai has reopened and ramped up production, GE anticipates an 80% reduction in supplies for the next 6-8 weeks.

ADPH is in regular contact and coordination with the Alabama Hospital Association and hospitals in Alabama, including major trauma centers and stroke centers, and diagnostic and imaging centers, to ensure up-to-date information and potential strategies to conserve in this supply chain shortage.

Below are potential strategies that may be considered, and additional hospital specific plans may be implemented as indicated:

Evaluate your own orders for IV contrasted imaging to determine if alternatives are suitable; similarly, determine if alternate imaging modalities could be utilized.

Expect that this may impact your practice in procedural areas.

Ask radiology and procedural areas that utilize IV contrast to prioritize only essential urgent and emergent imaging/procedures and adopt mitigation strategies appropriate to the facility, given that this shortage is expected for at least eight weeks.

Evaluate the amount of on-hand inventory of Omnipaque, and review plans for obtaining additional product.

Seek other means of securing contrast media including alternate wholesalers and distributors but recognize that this is a nationwide issue and that alternative sources may not be available.

Discuss protocol options with radiology leadership, radiology staff, and ordering physicians including Emergency Department physicians, cardiologists, and outpatient imaging providers to ensure protocols are evaluated for the appropriate use of contrast media.

Transition ambulatory patients to non-contrast CT when feasible so that there will be more contrast for trauma and stroke patients presenting to emergency rooms.

Where appropriate, consider adjusting scanning protocols to scan without contrast and injector protocols to reduce the amount of contrast dose.

Communicate opportunities for conservation and awareness of wasted contrast media to CT, x-ray, interventional, and catheterization lab technologists.

Develop a communication plan for referring physicians and all imaging departments; leverage appropriate use criteria for when to utilize contrast-based CT examination.