

Medical contrast dye shortage forces delays in diagnostic and surgical procedures

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Disruptions to the global supply chain, greatly intensified since the start of the pandemic, have affected multiple industries including the health care sector, which is currently suffering from severe shortages of Omnipaque.

Omnipaque, the brand name of Iohexol, is an iodine-based dye that is used to create contrast in soft tissue scans. It is a critical tool in CT scans and diagnostic procedures, as well as in preparation for surgeries. Iohexol is crucial to diagnosing and treating strokes, aneurysms and cardiac conditions, and is an essential resource for hospitals.

Initial reports anticipated an 80 percent reduction of the supply of Omnipaque for approximately two months. Within the last month, hospitals in North America were sent scrambling for this critical resource and carefully rationing it, delaying diagnosis and treatment for medical conditions. While the shortage was originally expected to abate within the next couple of weeks as production has resumed, hospitals are preparing for sustained shortages through the summer.

The shortages of Omnipaque are a devastating exposure of the irrationality of capitalist production, and a testament to the brutality of a profit-driven health care system. Furthermore, this shortage revealed the weakness of a nationally based Zero-COVID policy, as it was used to intensify international pressure against the Shanghai lockdown.

On May 16, the American Hospital Association (AHA) wrote a letter to General Electric (GE), which manufactures half of the global supply of Omnipaque, requesting that hospitals that specialize in strokes and cardiac conditions be prioritized in distribution. In the same letter, the AHA places blame for the shortages on China and the Zero-COVID policy.

“The recent shutdown of the GE production plant in Shanghai due to COVID-19 raises significant concerns

about Omnipaque product availability. Those concerns were exacerbated by the fact that the vast majority of Omnipaque products are produced only at GE’s Shanghai plant.”

The shortage is not the fault of China or the Zero-COVID policy. Unstable supply chains have occurred throughout the pandemic, but at no point were preparations made on an international scale for potential shortages of critical medical resources.

Under pressure from GE and hospitals, the GE plant that manufactures Omnipaque was partially reopened during the lockdowns, operating with only a third of the workforce in a closed loop system. At that point, Omnipaque was being produced at 25 percent capacity. GE indicated that the plant was further reopened to operate at 50 percent capacity two days after the AHA’s May 16 letter. Production increased to 60 percent capacity on May 21.

GE also indicated that they have moved production of Omnipaque to Cork, Ireland, where that plant is operating at expanded capacity. However, the Ireland plant is only capable of producing a fraction of the supply of dye that the Shanghai plant produces.

In GE’s reply to the AHA, they wrote, “All of our customers, irrespective of contract, are able to source supply from alternative vendors if available.” Irrespective of the shortage, the health care system is so beholden to pharmaceutical monopolies that they can be bound by contracts limiting where they can acquire critical resources.

As if the shortage were not already dire, Vizient, a distributor in the hospital supply chain, wrote in their Omnipaque shortage mitigation strategy document, “Iopamidol (Isovue) [an alternative to Omnipaque], manufactured by Bracco Diagnostics, accounts for the second largest market share, but is not currently accepting new clients.”

With the reopening of Shanghai, after successfully beating back the outbreak of Omicron BA.2, production of Omnipaque has resumed at full capacity. Ultimately it was the Zero-COVID policy's effectiveness in defeating the COVID-19 outbreak that allowed production of Omnipaque to resume. However, demand continues to severely outpace supply. According to Alberta Health Services (AHS), on a weekly basis the AHS system conducts roughly 5,000 scans that require Omnipaque.

GE's June 16 update indicated that they have been operating at full capacity in Shanghai since June 8, several weeks of shortage are still anticipated and countless procedures have already been delayed and are continuing to be. Alberta Health Services estimated that roughly 2,400 procedures have been delayed as of June 18.

Regarding procedure delays, Dr. Janice Johnston of Redirect Health in Arizona told ABC, "For someone who's been undiagnosed, we want to get at the problem quickly; making sure we get these tests done as soon as possible is always the best scenario."

The medical supply chain has demonstrated its weaknesses, but the pharmaceutical industry will do nothing to prepare for the next medical supply shortage. As the WSWS wrote on the baby formula shortage, it is "not a mistake or a product of unforeseen circumstances" but the result of a society controlled by a profit-driven ruling elite.

The supply chain disruptions that have impacted critical medical resources are a testament to the necessity of an international strategy to eliminate COVID-19 and end the pandemic, and a rationally planned economy based on human need, not profit.

It also demonstrates the limits of a nationally based Zero-COVID strategy, as international pressure was brought to expand production of Omnipaque during lockdowns. What is necessary to prevent further medical supply shortages, and for the elimination of COVID-19, is a scientifically, democratically planned economy.



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