



To: Physicians and other health care providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

Alan Melnick, MD, MPH, CPH

Clark County Public Health, 564.397.8412 Skamania County Community Health, 509.427.3850 Cowlitz County Health & Human Services, 360.414.5599 Wahkiakum County Health & Human Services, 360.795.6207

Steven Krager, MD, MPH

Clark County Public Health, 564.397.8412 Skamania County Community Health, 509.427.3850 Cowlitz County Health & Human Services, 360.414.5599 Wahkiakum County Health & Human Services, 360.795.6207

Alert categories:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.





Background

The Centers for Disease Control and Prevention (CDC) and public health agencies in Washington State continue to investigate a multistate outbreak of vaping-associated lung injury. The latest information about the outbreak can be found on the CDC and Department of Health websites.

Reporting Cases to Public Health

Region IV healthcare providers and healthcare facilities are required to report vaping-associated lung injury to their local health department (see contact details below) within 3 days per an <u>emergency rule</u> passed by the State Board of Health on October 9th and, as a rare disease of public health significance, per <u>WAC 246-101-101</u> and <u>WAC 246-101-301</u>.

Please report patients who meet the following criteria by completing and submitting the enclosed reporting form to the appropriate health department listed below:

Any <u>hospitalized</u> patient who:

- Reports vaping or dabbing in the 90 days prior to symptom onset
 AND
- Has a chest X-ray with pulmonary infiltrates or a chest CT scan with ground-glass opacities

AND

Has no pulmonary infection (i.e., negative respiratory viral panel, negative flu test, and
other clinically-indicated respiratory infectious disease testing negative) or an infection
has been identified, but you feel this is not the sole cause of the lung injury or complete
infectious disease testing was not performed, but you feel an infection is not the sole
cause of the lung injury

AND

 There is no other alternative plausible diagnosis such as a cardiac, rheumatologic or neoplastic process.

For more information, see the full CDC case definition.

As indicted in the enclosed form, please collect or encourage the patient or patient's family to collect or store any available vaping products in a secure location for submission to public health.

Symptoms

Patients in this investigation have reported symptoms such as cough, shortness of breath, chest pain, nausea, vomiting, diarrhea, fatigue, fever, and/or abdominal pain. Some patients have reported that their symptoms developed over a few days, while others have reported that their symptoms developed over several weeks.

Healthcare providers should ask patients presenting with the above symptoms whether they have vaped or dabbed in the past 90 days.

Vaping History

If e-cigarette or vaping product use is suspected as a possible etiology of a patient's lung injury, healthcare providers should obtain a detailed history regarding:

- Substance(s) used
- Substance source(s)
- Device(s) used
- Where the product(s) were purchased
- Method of substance use

Clinical Considerations and Additional Resources

For additional clinical considerations and additional resources for healthcare providers, please see:

- Centers for Disease Control and Prevention, Smoking & Tobacco Use:
 https://www.cdc.gov/tobacco/basic information/e-cigarettes/severe-lung-disease/healthcare-providers/index.html
- Centers for Disease Control and Prevention: <u>Outbreak of Lung Disease Associated with E-</u> Cigarette Use, or Vaping
- MMWR: Interim Guidance for Health Care Providers Evaluating and Caring for Patients with Suspected E-cigarette, or Vaping, Product Use Associated Lung Injury – United States, October 2019: https://www.cdc.gov/mmwr/volumes/68/wr/mm6841e3.htm?scid=mm6841e3 w

Thank you for your partnership.

Local health jurisdiction	Phone	Fax
Clark County Public Health	564.397.8182	564.397.8080
Cowlitz County Health Department	360.414.5599	360.425.7531
Skamania County Community Health	509.427.3850	509.427.0188
Wahkiakum County Health and Human Services	360.795.6207	360.795.6143



Region IV Public Health

Vaping-Associated Lung Injury Evaluation Worksheet

REGION IV PUBLIC HEALTH

Clark, Cowlitz, Skamania, Wahkiakum counties and Cowlitz Tribe

Per WAC 246-80, health care providers are required to report **probable or confirmed** cases of vaping-associated lung injury to the local health department within three business days.

Patient Name: Information:				DOB:			MRN #:		#:		
Address: City:		City:			County:			State:		Zip:	
Evaluation date: (If patien		(If patient	nt is a minor) Parent/Guardian Nai			Name:	me: Phone #:				
Reporting Facility:			(Clinician name:				Clinician phone #:			
Repo	rt to	your Public I	Health d	lepartmer	nt if y	ou a	nswer	YES	to A, B, 0	C, D an	d E below
A) Has patient reported use of e-cigarette (vaping) or dabbing in the 90 days prior to			YES	NO	If case does not report use of e-cigarette or dabbing production 90 days prior to onset, consider evaluation or testing for						
symptom onset?					other causes of illness.						
B) Was patient hospitalized for this illness?			YES	NO	Facility:						
					Admit date: / / Discharge date: / /						
C) Does patient have a chest X-ray with pulmonary infiltrates or a chest CT scan with		YES	NO	Imaging type://							
ground-glass opacities?					illiaging date//						
D) Has no likely causative pulmonary infect been identified; or complete infectious disease testing was not performed, but y feel an infection is not the sole cause of lung injury?			YES	NO	*ex. negative respiratory viral panel, negative flu test, and other clinically-indicated respiratory infectious disease testi						
		testing was not performent fection is not the sole ca		l, but you			negative.				
such	as a	no alternative pla a cardiac, rheum ic process?			YES	NO					

Reporting Instructions:

- Submit this completed form to your public health department at the contact information listed below.
- Collect any available vaping products (including devices, cartridges, substances, packaging, and receipts) from the patient, or encourage patient to keep and store these products in a secure location for submission to public health.
- Provide additional clinical information and documentation, including:
 - Symptoms
 - Vitals
 - Other health conditions
 - Lab and imaging results
 - Medications and treatment

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