

HEALTH UPDATE



Public Health
Prevent. Promote. Protect.

REGION IV PUBLIC HEALTH

Clark, Cowlitz, Skamania, Wahkiakum
counties and Cowlitz Tribe

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, 564.397.7264

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.

Update: Outbreak of e-cigarette or vaping-associated lung injury



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. Vitamin E acetate has been identified as a “chemical of concern” associated with the outbreak and further research is ongoing. As of Nov. 26, 18 cases have been reported in Washington. The latest information about the outbreak can be found on the [CDC](#) and [Department of Health](#) websites.

Reporting cases to Public Health

Health care providers and health care facilities are required to report cases of vaping-associated lung injury to their local health department (see contact details below) within three days, per an [emergency rule](#) passed by the Washington State Board of Health.

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

Any hospitalized 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 indicated 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.

Clinical guidance

Patients in this investigation have reported symptoms such as cough, shortness of breath, chest pain, nausea, vomiting, diarrhea, fatigue, fever, and/or abdominal pain. Symptoms can develop over days to weeks. Health care providers should ask patients presenting with the above symptoms whether they have vaped or dabbled in the past 90 days. Further clinical guidance can be found here:

- [Evaluating and Caring for Patients with Suspected E-Cigarette, or Vaping, Product Use Associated Lung Injury \(EVALI\)](#)
- [Algorithm for Management](#)

Vaping history

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

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

Additional resources

For additional clinical considerations and 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: [Outbreak of Lung Disease Associated with E-Cigarette Use, or Vaping](#)
- [MMWR: Severe Pulmonary Disease Associated with Electronic-Cigarette–Product Use — Interim Guidance](#) Nov. 22, 2019

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

To subscribe or unsubscribe from this listserv, email: Tippy.Hartford@clark.wa.gov.



Vaping-Associated Lung Injury Evaluation Worksheet

*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 Information:	Name:	DOB:	MRN #:	
Address:	City:	County:	State:	Zip:
Evaluation date:	(If patient is a minor) Parent/Guardian Name:		Phone #:	
Reporting Facility:	Clinician name:	Clinician phone #:		

Report to your Public Health department if you answer YES to A, B, C, D and E below

A) Has patient reported use of e-cigarette (vaping) or dabbing in the 90 days prior to symptom onset?	YES	NO	If case does not report use of e-cigarette or dabbing product in 90 days prior to onset, consider evaluation or testing for other causes of illness.
	<input type="checkbox"/>	<input type="checkbox"/>	
B) Was patient hospitalized for this illness?	YES	NO	Facility: _____ Admit date: ___ / ___ / ___ Discharge date: ___ / ___ / ___
	<input type="checkbox"/>	<input type="checkbox"/>	
C) Does patient have a chest X-ray with pulmonary infiltrates or a chest CT scan with ground-glass opacities?	YES	NO	Imaging type: _____ Imaging date: ___ / ___ / ___
	<input type="checkbox"/>	<input type="checkbox"/>	
D) Has no likely causative pulmonary infection* been identified; or complete infectious disease testing was not performed, but you feel an infection is not the sole cause of the lung injury?	YES	NO	*ex. negative respiratory viral panel, negative flu test, and other clinically-indicated respiratory infectious disease testing negative.
	<input type="checkbox"/>	<input type="checkbox"/>	
E) Is there no alternative plausible diagnosis such as a cardiac, rheumatologic or neoplastic process?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	

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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