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

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**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.

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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 emergency rule passed by the State Board of Health on October 9th and, as a rare disease of public health significance, per WAC 246-101-101 and WAC 246-101-301.

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
- Has a chest X-ray with pulmonary infiltrates or a chest CT scan with ground-glass opacities
- 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
- 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.

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**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](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](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease/healthcare-providers/index.html)
- 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?s_cid=mm6841e3_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6841e3.htm?s_cid=mm6841e3_w)

**Thank you for your partnership.**

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<thead>
<tr>
<th>Local health jurisdiction</th>
<th>Phone</th>
<th>Fax</th>
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<tbody>
<tr>
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<td>564.397.8182</td>
<td>564.397.8080</td>
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Region IV Public Health
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.

<table>
<thead>
<tr>
<th>Patient Information:</th>
<th>Name:</th>
<th>DOB:</th>
<th>MRN #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>County:</td>
<td>State:</td>
</tr>
<tr>
<td>Evaluation date:</td>
<td>(If patient is a minor) Parent/Guardian Name:</td>
<td>Phone #:</td>
<td></td>
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<tr>
<td>Reporting Facility:</td>
<td>Clinician name:</td>
<td>Clinician phone #:</td>
<td></td>
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</tbody>
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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.

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 ground-glass opacities? YES NO
   Imaging type: ________________
   Imaging date: ___ / ___ / ______

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.

E) Is there no alternative plausible diagnosis such as a cardiac, rheumatologic or neoplastic 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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