



28 Executive Drive, Norwalk, OH 44857 | P: 419-668-1652 | information@huroncohealth.com | F: 419-668-0452

Public Health Notification

SUBJECT: Severe Pulmonary Disease Associated with E-Cigarettes or Vaping

DATE SENT: October 1, 2019

Update from Health Alert released August 23, 2019

URGENCY LEVEL:

☒ Health Alert

☐ Health Advisory

☐ Health Update

STATUS:

☒ Awareness

☐ Please Reply

☐ For Your Records

FOR MORE INFORMATION CONTACT:

Sydney Cmar, MPH, Epidemiologist
Huron County Public Health
28 Executive Drive
Norwalk, OH 44857
Phone: 419-668-1652, Ext. 258

SENT TO: Huron County Public Health; Huron County Family Physicians; Huron County Hospitals; Huron County Laboratories; Huron County Physician Liaisons; Huron County ICP's

DETAILS: Multiple states across the country have reported clusters of patients experiencing severe respiratory disease after using e-cigarette or vapor products. As of September 26, 2019, state and local public health officials in Ohio have confirmed 21 cases of vaping-related severe pulmonary illness and are investigating an additional 19 reports of illness among patients experiencing serious respiratory symptoms following e-cigarette or vaping product use. Multiple documents including CDC's clinician outreach and communication activity (COCA) document are attached.



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Summary and Action Items

- The Centers for Disease Control and Prevention (CDC) and multiple states are investigating the occurrence of severe pulmonary disease among people who report vaping.
- As of September 26, 2019, state and local public health officials in Ohio have confirmed 21 cases of vaping-related severe pulmonary illness and are investigating an additional 19 reports of illness among patients experiencing serious respiratory symptoms following e-cigarette or vaping product use.
- Updates on the Ohio Department of Health (ODH) investigation can be found on the Tobacco Use Prevention and Cessation program webpage under "News & Events". Link to investigation may be found [here](#).
- ODH is requesting that this alert be distributed to all health care providers in your jurisdiction.
- **ODH is requiring health care providers or any individual having knowledge, to report to their local health department (LHD) by the end of the next business day, all suspected cases of severe pulmonary disease of unclear etiology with a history of vaping in the past 90 days (see attached Director's Journal Entry).**
- CDC guidance on clinical specimen collection and storage as well as additional resources for healthcare providers are included.

Background

Multiple states across the country have reported clusters of patients experiencing severe respiratory disease after using e-cigarette or vapor products. As of September 26, 2019, 805 cases have been reported across 46 states and one U.S. territory. Twelve deaths have been confirmed in ten states. CDC's clinician outreach and communication activity (COCA) document and CDC HAN with recommendations for clinicians are attached.

Potential Exposures

Patients have reported vaping in the weeks to months prior to illness. Many patients have reported using THC and nicotine. The latest findings from the national investigation into lung injuries associated with e-cigarette use, or vaping, suggest products containing THC play a role in the outbreak. The investigation is ongoing. No specific product has been identified by all cases, nor has any product been conclusively linked to this clinical syndrome.

Symptoms and Imaging

Patients present with respiratory symptoms including cough, shortness of breath and fatigue. Symptoms worsen over a period of days or weeks before admission to the hospital. Other symptoms may include fever, anorexia, pleuritic chest pain, nausea, abdominal pain and diarrhea. Chest radiographs show bilateral opacities, typically in the lower lobes and CT imaging of the chest shows diffuse ground glass opacities, often with subpleural sparing. Evaluation for infectious etiologies were negative in all patients. Some patients had progressive respiratory compromise requiring endotracheal intubation but subsequently improved with systemic steroids.

Management

At this time, it is unknown what is causing or contributing to the symptoms. Infectious etiologies should be ruled out and all associated testing should be documented on the clinical report form (attached). Aggressive supportive care is warranted, and in severe cases, it is recommended that pulmonary and critical care specialists are consulted. If an e-cigarette or vaping product is suspected as a possible etiology of a patient's illness, it is important to inquire about the type of

product and where the product was obtained and if samples of the product are available for possible analysis.

Prevention

No specific product has been identified by all cases, nor has any product been conclusively linked to this clinical syndrome. While the investigation is ongoing, CDC recommends that individuals consider refraining from e-cigarettes or vaping products, particularly those containing THC. People who use e-cigarette products should not buy them off the street and should not modify e-cigarette products or add any substances that are not intended by the manufacturer, regardless of the ongoing investigation.

CDC Guidance for Specimen Collection and Storage

CDC can receive select clinical specimens for evaluation. Please see documents linked below for guidance on specimen types, collection, and storage. If you are interested in submitting specimens to CDC, please contact your local health department or ODH to obtain pre-approval and shipping information.

- **Laboratory Clinical Specimen Collection and Storage Guidance For Lung Injury Related to e-Cigarette Exposures** The purpose of this document is to provide general specimen collection and storage guidance for healthcare providers and public health laboratory personnel.
- **Specimen Submission Guidance for Pathologic Evaluation of Tissue Specimens from Cases of Pulmonary Disease Associated with E-Cigarette Product Use** This guidance document will assist health departments, healthcare providers, and pathologists with submission of tissue specimens.

Additional CDC Resources and Information for Healthcare Providers

- **Clinician Outreach and Communication Activity (COCA)**
On September 19, 2019, CDC experts hosted a Clinician Outreach and Communication Activity (COCA) call on the outbreak of lung injury associated with e-cigarette product use or vaping. Video and slides are now available.
- **Outbreak of Lung Injury Associated with E-cigarette Product Use or Vaping: Information for Clinicians Presentation** This PowerPoint presentation is being provided for clinicians to use to review e-cigarette and vaping terminology, clinical features reported among cases of lung injury in recent outbreaks, and CDC recommendations for clinicians.
- **E-Cigarette Use Among Young People Video (long form and short form)**
CDC expert Dr. Brian King giving a talk about e-cigarette use among young people for clinicians and public health professionals.

ODH and LHD Response

LHDs who hear about suspect cases should notify ODH for follow up information. ODH will gather information from LHDs about cases within Ohio to look for common exposures and more information on products and chemicals linked to illnesses

Contact

Report all suspected cases to the local health department in the jurisdiction in which the case resides by completing the attached draft form. Please report these suspect cases by the close of

the next business day following patient presentation. To locate a local health department, please visit <https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD>.

For additional information, clinicians can contact their local health department or the Ohio Department of Health, Tobacco Use Prevention and Cessation Program.

Kirtana Ramadugu, MPH

Tobacco Epidemiologist

Tobacco Use Prevention and Cessation Program

Ohio Department of Health

614-644-0743

Kirtana.ramadugu@odh.ohio.gov

Courtney Dewart, PhD, MPH, RN

CDC Epidemic Intelligence Service Officer

Assigned to Ohio Department of Health

614-644-8784

Courtney.dewart@odh.ohio.gov

Attachments

- Director's Journal Entry (released 9/30/2019)
- ODH Clinician Report Form– Severe Respiratory Disease Associated with Vaping (version 2.0 –dated 9/26/2019)
- CDC HAN (released 8/30/2019)
- ODH HAN (released 8/23/2019)
- CDC Clinical Outreach and Communication Activity (released 8/16/2019)

Categories of Health Alert Messages:

- **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; unlikely to require immediate action.

HEALTH ALERT

Severe Pulmonary Disease Associated with E-Cigarettes or Vaping

September 30, 2019

Update from Health Alert released August 23, 2019

Summary and Action Items

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**Department
of Health**

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

In Re: Reporting Requirements for Severe Pulmonary Disease Associated with E-Cigarette or Vaping pursuant to Revised Code 3701.14 and 3701.23

Director's Journal Entry

I, Amy Acton, MD, MPH, Director of the Ohio Department of Health, declare that severe pulmonary illness following the use of e-cigarettes, or vaping, poses a threat to the health and welfare of the residents of Ohio by creating a risk of human fatality or disability. To protect the people and address the risk, I order health care providers, as defined in section 3701.23 of the Revised Code, or any individual having knowledge, to report by the end of the next business day all suspected cases of severe pulmonary illness of unclear etiology with a history of vaping in the ninety (90) days prior to symptom onset.

Guidance on complying with this Journal Entry is set forth in the September 30, 2019 Ohio Health Alert Network (HAN) "Severe Pulmonary Disease Associated with E-Cigarette or Vaping" communication attached and incorporated herein as if fully rewritten. Providers will be notified of additional guidance as appropriate.

This Journal Entry shall be effective on date of its signing and shall remain in full force and effect until further notice.

Amy Acton, MD, MPH
Director of Health

9-30-19

Date

Clinician Report Form - Severe Pulmonary Disease Associated with Vaping

Report Date: _____

Reporter Information:

Name and Title: _____ Phone Number: _____

Facility/Hospital Name: _____

Can medical records be sent to the local health department? ☐ Yes ☐ No

Patient Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth (month/day/year): ____/____/____ Sex: ☐ Male ☐ Female ☐ Unknown

Patient Address: _____

Primary Phone No.: _____ Secondary Phone No.: _____

Race: ☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Pacific Islander

☐ American Indian/Alaskan Native ☐ Other: _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Pregnancy status: ☐ Pregnant ☐ Not pregnant ☐ Unknown ☐ Not applicable

Patient evaluated at: ☐ ED ☐ Outpatient ☐ Inpatient ☐ Other _____

Date of Admission: ____/____/____

Patient current disposition: ☐ Still inpatient
☐ Treated and discharged
☐ Died
☐ Other: _____

Date of Discharge: ____/____/____

Date of Death: ____/____/____

Working diagnosis (if still inpatient): _____

Discharge diagnosis (if discharged): _____

Patient Inhalation Use in the Past 90 Days (please ask patient or proxy, if patient is unable to answer):

Any combustible cigarette smoking (nicotine)? ☐ Yes ☐ No ☐ Unknown

Any combustible marijuana use? ☐ Yes ☐ No ☐ Unknown

Any vaping or e-cigarette use reported? ☐ Yes ☐ No ☐ Unknown

Any **THC** e-cigarette use reported? ☐ Yes ☐ No ☐ Unknown

Please list product brands: _____

Devices used for THC: _____

Date of last e-cigarette THC use: _____

Frequency of e-cigarette THC use: _____

Where were products obtained: _____

Any **nicotine** e-cigarette use reported? ☐ Yes ☐ No ☐ Unknown

Please list product brands: _____

Devices used for nicotine: _____

Date of last e-cigarette nicotine use: _____

Frequency of e-cigarette nicotine use: _____

Where were products obtained: _____

Any **kratom** e-cigarette use reported? ☐ Yes ☐ No ☐ Unknown

Please list product brands: _____

Devices used for kratom: _____

Date of last e-cigarette kratom use: _____

Frequency of e-cigarette kratom use: _____

Where were products obtained: _____

Was any product retained and is available for testing? ☐ Yes ☐ No ☐ Unknown

Health and Medical Information:

Date of Illness Onset: ____/____/____ Time: ____ : ____

GI symptoms? ☐ Yes ☐ No If yes, please describe: _____

Respiratory symptoms? ☐ Yes ☐ No If yes, please describe: _____

Constitutional symptoms? ☐ Yes ☐ No If yes, please describe: _____

Does that patient have any pre-existing conditions?

Asthma ☐ Yes ☐ No ☐ Unknown

Emphysema/bronchitis (COPD) ☐ Yes ☐ No ☐ Unknown

Bronchiectasis ☐ Yes ☐ No ☐ Unknown

Hypersensitivity pneumonitis ☐ Yes ☐ No ☐ Unknown

Cystic fibrosis ☐ Yes ☐ No ☐ Unknown

Other respiratory? _____

Heart failure ☐ Yes ☐ No ☐ Unknown

History of myocardial infarction ☐ Yes ☐ No ☐ Unknown

Other cardiac? _____

Any rheumatological illness ☐ Yes ☐ No ☐ Unknown

HIV/AIDS ☐ Yes ☐ No ☐ Unknown

Cancer ☐ Yes ☐ No ☐ Unknown

Which type of cancer? _____

Injection drug use ☐ Yes ☐ No ☐ Unknown

Depression ☐ Yes ☐ No ☐ Unknown

Anxiety ☐ Yes ☐ No ☐ Unknown

Other ☐ Yes ☐ No ☐ Unknown

Please specify: _____

Part of Ohio Medical Marijuana program ☐ Yes ☐ No ☐ Unknown

Date of most recent dispense (per OARRS): _____

Which product was dispensed? _____

Testing Information:

Test	Collection Date	Result (pos/neg/pending)	Result Date
Rapid influenza test/PCR			
Respiratory viral panel			
<i>Mycoplasma</i>			
<i>Legionella</i> , urine			
<i>Legionella</i> , PCR			
<i>S. pneumoniae</i> , urine			
Blood culture			
Sputum culture			
Urine culture			
BAL culture			
Other:			

Imaging and Procedures:

Imaging performed:	<input type="checkbox"/> Chest X-Ray	<input type="checkbox"/> CT	<input type="checkbox"/> Both
Infiltrates/opacities present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of findings:	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Impression: <i>(please copy the Summary/Impression from the CT/CXR radiologist's report or attach a copy of the report)</i>			

Did the patient have a bronchoscopy? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

Results of bronchoscopy: _____

Did the patient have a lung biopsy? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

Results of lung biopsy: _____

Treatment:

Was the patient treated with antibiotics? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

Antimicrobial name	Route	Dose	Frequency	Date started

Response to antibiotics: ☐ Improvement ☐ No change ☐ Worsening clinical status

Was the patient treated with steroids? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

Steroid medication name	Route	Dose	Frequency	Date started

Response to steroids: ☐ Improvement ☐ No change ☐ Worsening clinical status

ICU admission required? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

Intubation required? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

Ventilatory support (CPAP/BiPAP) required? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

Placed on ECMO? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

Notes:

If you are a provider filling out this form, please contact the local health department in the jurisdiction in which the patient resides to report the suspected case. If patient residence is unknown, report to the local health department in which the provider is located. To locate a local health department please visit:

<https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD>

If you have additional questions, please contact your local health department or Kirtana Ramadugu, ODH epidemiologist, at 614-644-0743 or Courtney Dewart, CDC EIS Officer assigned to ODH, at 614-644-8784.

Local Health Departments – please contact ODH using above contact information for case ID number and link to REDCap data entry form.

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
August 30, 2019, 0935 ET (9:35 AM ET)
CDCHAN-00421

Severe Pulmonary Disease Associated with Using E-Cigarette Products

Summary

The Centers for Disease Control and Prevention (CDC) is providing: 1) background information on the forms of e-cigarette products, 2) information on the multistate outbreak of severe pulmonary disease associated with using e-cigarette products (devices, liquids, refill pods, and cartridges), and 3) clinical features of patients with severe pulmonary disease. This health advisory also provides recommendations for clinicians, public health officials, and the public based on currently available information.

General Background

E-cigarettes typically contain nicotine, most also contain flavorings and other chemicals, and some may contain marijuana or other substances. They are known by many different names and come in many shapes, sizes and device types. Devices may be referred to as “e-cigs,” “vapes,” “e-hookahs,” “vape pens,” “mods,” tanks, or electronic nicotine delivery systems (ENDS). Some e-cigarette devices resemble other tobacco products such as cigarettes; some resemble ordinary household items such as USB flash drives, pens, and flashlights; and others have unique shapes. Use of e-cigarettes is sometimes referred to as “vaping” or “juuling.” E-cigarettes used for dabbing are sometimes called “dab” pens.

E-cigarettes can contain harmful or potentially harmful substances, including nicotine, heavy metals (e.g., lead), volatile organic compounds, and cancer-causing chemicals. Additionally, some e-cigarette products are used to deliver illicit substances; may be acquired from unknown or unauthorized (i.e., “street”) sources; and may be modified for uses that could increase their potential for harm to the user. For example, some e-cigarette pods or cartridges marketed for single use can be refilled with illicit or unknown substances. In addition, some e-cigarette products are used for “dripping” or “dabbing.” Dripping involves dropping e-cigarette liquid directly onto the hot coils of an e-cigarette which can result in high concentrations of compounds (e.g., tetrahydrocannabinol [THC] and cannabinoid compounds). Dabbing involves superheating substances such as “budder”, butane hash oil (BHO), and “710” that contain high concentrations of THC and other plant compounds (e.g., cannabidiol [CBD]).

Youth, young adults, pregnant women, as well as adults who do not currently use tobacco products should not use e-cigarettes. E-cigarettes containing nicotine have the potential to help some individual adult smokers reduce their use of and transition away from cigarettes. However, e-cigarettes are not currently approved by the Food and Drug Administration (FDA) as a quit smoking aid, and the available science is inconclusive on whether e-cigarettes are effective for quitting smoking.

Outbreak Background

As of August 27, 2019, 215 possible cases have been reported from 25 states and additional reports of pulmonary illness are under investigation. One patient (in Illinois) with a history of recent e-cigarette use was hospitalized on July 29, 2019 with severe pulmonary disease and died on August 20, 2019. Although the etiology of e-cigarette-associated pulmonary disease is undetermined, epidemiologic investigations in affected states are ongoing to better characterize the exposures, demographic, clinical, and laboratory features and behaviors of patients. All patients have reported using e-cigarette products. The exact

number is currently unknown, but many patients have reported using e-cigarettes containing cannabinoid products such as THC or CBD.

Based on reports from several states, patients have experienced respiratory symptoms (cough, shortness of breath, or chest pain), and some have also experienced gastrointestinal symptoms (nausea, vomiting, or diarrhea) or non-specific constitutional symptoms (fatigue, fever, or weight loss). Symptoms typically develop over a period of days but sometimes can manifest over several weeks. Gastrointestinal symptoms sometimes preceded respiratory symptoms. Fever, tachycardia, and elevated white blood cell count have been reported in the absence of an identifiable infectious disease. Many patients have sought initial care in ambulatory settings, some with several visits, before hospital admission.

Radiologic findings have varied and are not present in all patients upon initial presentation. Bilateral pulmonary infiltrates and diffuse ground-glass opacities have been reported. Many patients required supplemental oxygen, some required assisted ventilation and oxygenation, and some were intubated. Some patients have been treated with corticosteroids with demonstrated improvement. Antimicrobial therapy alone has not consistently been associated with clinical improvement. Assessment for infectious etiologies has been completed in many patients without an identified infectious cause. Several patients from one state have been diagnosed with lipoid pneumonia based on clinical presentation and detection of lipids within bronchoalveolar lavage samples stained specifically to detect oil.

All patients have reported using e-cigarette products and the symptom onset has ranged from a few days to several weeks after e-cigarette use. Within two states, recent inhalation of cannabinoid products, THC or cannabidiol, have been reported in many of the patients. To date, no single substance or e-cigarette product has been consistently associated with illness. CDC is working closely with state health departments to facilitate collecting product specimens for testing at the U.S. FDA Forensic Chemistry Center.

Recommendations for Clinicians

1. Report cases of severe pulmonary disease of unclear etiology and a history of e-cigarette product use within the past 90 days to your state or local health department. Reporting of cases may help CDC and state health departments determine the cause or causes of these pulmonary illnesses.
2. Ask all patients who report e-cigarette product use within the last 90 days about signs and symptoms of pulmonary illness.
3. If e-cigarette product use is suspected as a possible etiology of a patient's severe pulmonary disease, obtain detailed history regarding:
 - Substance(s) used: nicotine, cannabinoids (e.g., marijuana, THC, THC concentrates, CBD, CBD oil, synthetic cannabinoids [e.g., K2 or spice], hash oil, Dank vapes), flavors, or other substances
 - Substance source(s): commercially available liquids (i.e., bottles, cartridges, or pods), homemade liquids, and re-use of old cartridges or pods with homemade or commercially bought liquids
 - Device(s) used: manufacturer; brand name; product name; model; serial number of the product, device, or e-liquid; if the device can be customized by the user; and any product modifications by the user (e.g., exposure of the atomizer or heating coil)
 - Where the product(s) were purchased
 - Method of substance use: aerosolization, dabbing, or dripping
 - Other potential cases: sharing e-cigarette products (devices, liquids, refill pods, or cartridges) with others
4. Determine if any remaining product, including devices and liquids, are available for testing. Testing can be coordinated with the local or state health departments.
5. Consider all possible causes of illness in patients reporting respiratory and gastrointestinal symptoms and of e-cigarette product use. Evaluate and treat for other possible causes of illness (e.g., infectious,

rheumatologic, neoplastic) as clinically indicated. Consider consultation with specialists (pulmonary, infectious disease, critical care, medical toxicology) as appropriate.

6. Clinical improvement of patients with severe pulmonary disease associated with e-cigarette use has been reported with the use of corticosteroids. The decision to use corticosteroids should be made on a case-by-case basis based on risks and benefits and the likelihood of other etiologies.
7. Lipoid pneumonia associated with inhalation of lipids in aerosols generated by e-cigarettes has been reported based on the detection of lipid-laden alveolar macrophages obtained by bronchoalveolar lavage (BAL) and lipid staining (e.g., oil red O). The decision about whether to perform a BAL should be based on individual clinical circumstances.
8. Lung biopsies have been performed on some patients. If a lung biopsy is obtained, lipid staining may be considered during pathologic examination, and is best performed on fresh tissue. Routine pathology tissue processing (including formalin-fixation and paraffin-embedding) can remove lipids. Conducting routine tissue processing and histopathologic evaluation is still important. Consider consultation with specialists in pulmonary medicine and pathology to help inform any evaluation plan.
9. Patients who have received treatment for severe pulmonary disease related to e-cigarette product use should undergo follow-up evaluation as clinically indicated to monitor pulmonary function.

Recommendations for Public Health Officials

1. State public health officials should promptly notify CDC about possible cases via VapingAssocIllness@cdc.gov.
2. Contact CDC at VapingAssocIllness@cdc.gov for case classification criteria, reporting guidelines, case investigation forms, and questions about this outbreak.
3. Consider conducting case-finding activities that use existing data sources (e.g., local poison control center, coroner and medical examiner's office, and other applicable surveillance systems including syndromic surveillance). CDC has developed two working syndromic surveillance definitions (one version with specific symptoms and a second focused on e-cigarette product use). CDC will be programming these definitions in CDC's National Syndromic Surveillance Program's BioSense/ESSENCE platform for case-finding within the platform.
4. Consider asking the medical examiner or coroner's office and other pathologists to report possible cases, especially those without an alternative, likely diagnosis. If individuals are identified after death or at autopsy who showed signs of severe pulmonary disease as described above, medical examiners and coroners are encouraged to report the cases to their local or state health department. Thorough sampling of trachea, bronchi, and lung parenchyma with collection of fresh lung tissue for staining of lipids (e.g., oil red O) and submission of formalin-fixed, paraffin-embedded tissues for routine histopathology are recommended. For further consultation, public health officials can contact CDC's Infectious Diseases Pathology Branch at pathology@cdc.gov.
5. State health department officials seeking technical assistance with an epidemiologic investigation can contact CDC at VapingAssocIllness@cdc.gov. State health department officials seeking technical assistance with laboratory testing can discuss with their state health department laboratories or contact CDC at VapingAssocIllness@cdc.gov.

Recommendations for the Public

1. While this investigation is ongoing, if you are concerned about these specific health risks, consider refraining from using e-cigarette products.
2. Regardless of the ongoing investigation, anyone who uses e-cigarette products should not buy these products off the street (e.g., e-cigarette products with THC, other cannabinoids) and should not modify e-cigarette products or add any substances to these products that are not intended by the manufacturer.
3. Regardless of the ongoing investigation, e-cigarette products should not be used by youth, young adults, pregnant women, as well as adults who do not currently use tobacco products. If you use e-cigarette products, monitor yourself for symptoms (e.g., cough, shortness of breath, chest pain) and promptly seek medical attention if you have concerns about your health. CDC and FDA will continue to advise and alert the public as more information becomes available.

4. Adult smokers who are attempting to quit should use evidence-based treatments, including counseling and FDA-approved medications. If you who need help quitting tobacco products, including e-cigarettes, contact your doctor.
5. If you are concerned about harmful effects from e-cigarette products, call your local poison control center at: 1-800-222-1222.
6. We encourage the public to submit detailed reports of any unexpected tobacco or e-cigarette-related health or product issues to the FDA via the online Safety Reporting Portal:
<https://www.safetyreporting.hhs.gov>.

For More Information

- For assistance with managing patients suspected of illness related to recreational, illicit, or other drugs, call your local poison control center at: 1-800-222-1222.
- Information on electronic cigarettes and similar devices: <https://www.cdc.gov/e-cigarettes>
- CDC Press Statement: <https://www.cdc.gov/media/releases/2019/s0821-cdc-fda-states-e-cigarettes.html>
- CDC Clinical Outreach and Communication Activity announcement: <https://emergency.cdc.gov/newsletters/coca/081619.htm>
- CDC's National Syndromic Surveillance Program's BioSense/ESSENCE: <https://www.cdc.gov/nssp/index.html>
- For more information, visit CDC Info: <https://www.cdc.gov/cdc-info/index.html>

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The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory incident or situation	May not require immediate action; provides important information for a specific
Health Update incident or situation	Unlikely to require immediate action; provides updated information regarding an
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

HEALTH ALERT

Severe Pulmonary Disease Associated with “Vaping”

Summary and Action Items

- The Centers for Disease Control and Prevention (CDC) and several states are investigating the occurrence of severe pulmonary disease among people who report “vaping.”
- The Ohio Department of Health (ODH) has received six reports of patients experiencing serious respiratory symptoms following e-cigarette or vaping product use. Those reports are being investigated.
- ODH is requesting that this alert be distributed to all health care providers in your jurisdiction.
- ODH is requesting health care providers who are seeing patients with suspected serious pulmonary illness of unclear etiology and who vape report these suspected cases to their local health department (LHD) by the close of the next business day following patient presentation.

Background

Multiple states across the country have reported clusters of patients experiencing severe respiratory disease after using e-cigarette or vapor products. As of August 21, 2019, 153 possible cases have been reported across 16 states. CDC’s clinician outreach and communication activity (COCA) document is attached.

Potential Exposures

Patients have reported vaping in the weeks to months prior to illness. Many have acknowledged recent use of tetrahydrocannabinol (THC)-containing products; however, no specific product has been identified by all cases, nor has any product been conclusively linked to this clinical syndrome. An investigation has been initiated with interviews of patients to further study the issue.

Symptoms and Imaging

Patients present with respiratory symptoms including cough, shortness of breath and fatigue. Symptoms worsen over a period of days or weeks before admission to the hospital. Other symptoms may include fever, anorexia, pleuritic chest pain, nausea, abdominal pain and diarrhea. Chest radiographs show bilateral opacities, typically in the lower lobes and CT imaging of the chest shows diffuse ground glass opacities, often with subpleural sparing. Evaluation for infectious etiologies were negative in all patients. Some patients had progressive respiratory compromise requiring endotracheal intubation but subsequently improved with systemic steroids.

Management

At this time, it is unknown what is causing or contributing to the symptoms. Infectious etiologies should be ruled out. Aggressive supportive care is warranted, and in severe cases, it is recommended that pulmonary and critical care specialists are consulted. If an e-cigarette or vaping product is suspected as a possible etiology of a patient’s illness, it is important to inquire about the type of product and where the product was obtained and if samples of the product are available for possible analysis.

Prevention

At this time, it is unknown what product(s) or chemicals may be linked to these illnesses.

ODH and LHD Response

LHDs who hear about suspect cases should notify ODH for follow up information. ODH will gather information from LHDs about cases within Ohio to look for common exposures and more information on products and chemicals linked to illnesses.

Contact

Please report all suspected cases to the local health department in the jurisdiction in which the case resides by completing the attached draft form. Please report these suspect cases by the close of the next business day following patient presentation. To locate a local health department, please visit <https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD>

For additional information, clinicians can contact their local health department or the Ohio Department of Health, Tobacco Use Prevention and Cessation Program.

Kirtana Ramadugu, MPH
Tobacco Epidemiologist
Tobacco Use Prevention and Cessation Program
Ohio Department of Health
614-644-0743
Kirtana.ramadugu@odh.ohio.gov

Courtney Dewart, PhD, MPH, RN
CDC Epidemic Intelligence Service Officer
Bureau of Infectious Diseases
Assigned to Ohio Department of Health
614-644-8784
Courtney.dewart@odh.ohio.gov

Attachments

- CDC Clinical Outreach and Communication Activity (released 8/16/2019)
- ODH Draft Clinician Report Form— Severe Respiratory Disease Associated with Vaping



Background

CDC Urges Clinicians to Report Possible Cases of Unexplained Vaping-associated Pulmonary Illness to their State/Local Health Department

As of August 14, 2019, 30 cases of severe pulmonary disease have been reported to the Wisconsin Department of Health Services (DHS). Using a case definition drafted by DHS, 15 cases are confirmed (ages 16-34 years) and 15 cases are still under investigation (ages 16-53 years). Patients presented with respiratory symptoms including cough, shortness of breath, and fatigue. Symptoms worsened over a period of days or weeks before admission to the hospital. Other symptoms reported by some patients included fever, chest pain, weight loss, nausea, and diarrhea. Chest radiographs showed bilateral opacities, and CT imaging of the chest demonstrated diffuse ground-glass opacities, often with sub-pleural sparing. Evaluation for infectious etiologies was negative among nearly all patients.

Some patients experienced progressive respiratory compromise requiring mechanical ventilation but subsequently improved with corticosteroids. All patients reported “vaping” (i.e., use of e-cigarette devices to aerosolize substances for inhalation) in the weeks and months prior to hospital admission. Many have acknowledged recent use of tetrahydrocannabinol (THC)-containing products while speaking to healthcare personnel or in follow-up interviews by health department staff; however, no specific product has been identified by all cases, nor has any product been conclusively linked to this clinical syndrome. DHS is working with the Wisconsin State Lab of Hygiene and the U.S. Food and Drug Administration to investigate the possible cause of these illnesses by testing patient specimens and vaping products.

Illinois has identified 24 possible cases. Of these, 10 are considered confirmed, 12 are still under investigation, and 2 have been excluded. Other states such as NY, CA, IN, and UT have also reported possible cases of similar illness and some have issued health alerts to clinicians and healthcare providers in their states. The etiology of this illness is unclear at this time; however, active, state-specific epidemiological investigations are ongoing to better characterize the demographic, clinical, and laboratory features of cases.

What Clinicians Can Do

Clinicians should always inquire about potential drug (legal and illicit) use as part of a general history. When patients present with respiratory or pulmonary illness, especially of unclear etiology, clinicians should ask about the use of e-cigarette products (devices, liquids, refill pods and/or cartridges) for “vaping”. If possible, inquire about the types of drugs (legal or illicit) used and methods of drug use (e.g., smoking, “vaping”).

CDC recommends that clinicians report cases of significant respiratory illness of unclear etiology and a history of vaping to the appropriate state and/or local health department.

It is important to consider all possible causes of illness in patients presenting with these symptoms, even if they report a history of e-cigarette product use. Clinicians should evaluate and treat for other likely causes of illness (e.g., infectious or other) as clinically indicated. Evaluation for common infectious etiologies when also suspected should be pursued and less common infections, and rheumatologic or neoplastic processes considered, as clinically indicated. Aggressive supportive care in these possible or suspected cases is warranted, and in severe cases, pulmonary, infectious disease and critical care specialists should be consulted.

If an e-cigarette product is suspected as a possible etiology of a patient’s illness, it is important to inquire what type of product as well as if the patient is:

- using commercially available devices and/or liquids (i.e. bottles, cartridges or pods);
- sharing e-cigarette products (devices, liquids, refill pods and/or cartridges) with other people;
- re-using old cartridges or pods (with homemade or commercially bought products); or
- heating the drug to concentrate it and then using a specific type of device to inhale the product (i.e., “dabbing”).

Healthcare providers should also ask patients about any retained product, including devices and liquids, in order to ascertain availability for possible testing to be coordinated by the local/state health department.

State health department officials seeking technical assistance with an epidemiological investigation or laboratory testing can discuss with their state health department laboratories, or contact CDC by email at: duipinquiries@cdc.gov.

What is CDC Doing?

CDC is actively assisting state health departments with their epidemiological and laboratory investigations by facilitating information sharing between state health departments, providing assistance in the development of data collection tools and health communication materials, and identifying options to facilitate laboratory testing of vaping products and solutions. Public health officials wanting to discuss possible cases can contact CDC by emailing: duipinquiries@cdc.gov.

For More Information

- Wisconsin Department of Health: <https://www.dhs.wisconsin.gov/outbreaks/index.htm>
- Illinois Department of Health: <http://dph.illinois.gov/news/illinois-department-public-health-warns-hospitalizations-potentially-tied-vaping>
- Information on electronic cigarettes and similar devices: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm
- For assistance with management of patients suspected of illness related to recreational, illicit, or other drugs: Call your local poison control center at: 1-800-222-1222.

The Emergency Risk Communication Branch in the Division of Emergency Operations, Center for Preparedness and Response is responsible for the management of all COCA products.

For information about this update or other clinical issues, or to send your feedback, please contact us at coca@cdc.gov

[CDC Clinician Outreach and Communication Activity Facebook page](#)—connect with COCA on Facebook

[Clinician Outreach and Communication Activity](#)—resources for healthcare providers

[COCA RSS Feed](#)—subscribe to be notified of conference calls, updates, and CDC guidance for health providers

[Crisis & Emergency Risk Communication Training](#)—training program that draws from lessons learned during public health emergencies, and incorporates best practices from the fields of risk and crisis communication

[Health Alert Network](#)—CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories

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