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| https://doh.sp.wa.gov/sites/OS/pr/cpa/DOHTemplates/logo_doh-black.png  DOH 820-080 | **Information for Healthcare Providers on Vaping-associated Lung Injury**  October 10, 2019 |

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](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html) and [Department of Health](https://www.doh.wa.gov/Emergencies/VapingAssociatedLungInjury) websites.

***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.

***Reporting Cases to Public Health***

Healthcare providers are required to report cases of vaping-associated lung injury to their [local health department](https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions) within 3 days. Please report patients who meet the following criteria.

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](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease/health-departments/index.html).

Healthcare providers and healthcare facilities are required to report vaping-associated lung injury per an [emergency rule](https://sboh.wa.gov/Portals/7/Doc/Meetings/2019/10-09/SBOH-EmergencyRule-OTS-1757_1%20(1).pdf) passed by the State Board of Health on October 9th and, as a rare disease of public health significance, per [WAC 246-101-101](https://app.leg.wa.gov/wac/default.aspx?cite=246-101-101) and [WAC 246-101-301](https://app.leg.wa.gov/wac/default.aspx?cite=246-101-301).

***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: <https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease/healthcare-providers/index.html>