FAX COVER SHEET

FAX NUMBER 16034284366
FROM New Hampshire Dept of Health & Human Services
DATE 8/27/2019 12:25:51 EDT
RE National Investigation into Unexplained Vaping-Associated Pulmonary Illness

MESSAGE

The attached NH Health Alert Network (HAN) message contains key points and recommendations, situational update, background information, and reporting requirements on an important health topic. For any questions regarding the contents of this message, please contact NH DHHS-DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 603-271-5300). To change your contact information in the NH Health Alert Network, contact Adnela Alic at 603-271-7499 or Adnela.Alic@dhhs.nh.gov.
National Investigation into Unexplained Vaping-Associated Pulmonary Illness

Key Points and Recommendations:

1. As of August 22nd, 193 potential cases of severe lung illness associated with vaping have been reported from 22 states, primarily among adolescents and young adults.

2. Clinicians should review the information and guidance put out by the CDC: https://emergency.cdc.gov/newsletters/coca/081619.htm.

3. No cases of vaping-associated pulmonary illness have been confirmed in New Hampshire.

4. Patients have presented with respiratory symptoms (cough, shortness of breath, pleuritic chest pain) progressive over days to weeks, sometimes requiring mechanical ventilation. Chest imaging usually shows bilateral opacities on radiograph and diffuse ground-glass opacities on CT. Infectious work-up usually is negative.

5. All cases have reported “vaping” (use of e-cigarette devices to aerosolize substances for inhalation), including tetrahydrocannabinol (THC)-containing products, although no single product or chemical has been identified for all cases.

6. The Centers for Disease Control and Prevention (CDC), and the U.S. Food and Drug Administration (FDA) are supporting states in their investigation, including testing of vaping products and solutions.

7. If an e-cigarette product is suspected as a possible etiology of a patient's illness, it is important to inquire about type of product as well as if the patient:
   - Uses commercially available devices and/or liquids (i.e. bottles, cartridges or pods)
   - Shares e-cigarette products (devices, liquids, refill pods and/or cartridges) with other people
   - Re-uses old cartridges or pods (with homemade or commercially bought products)
   - Heats the drug to concentrate it and then using a specific type of device to inhale the product (i.e., "dabbing")
   - Has any retained product (including devices and liquids), for possible testing to be coordinated through the NH Division of Public Health Services (DPHS)

8. There are no tests to diagnose vaping-associated pulmonary illness, which is primarily a diagnosis of exclusion after infectious and other routine work-up fails to identify an etiology.

9. Healthcare providers may wish to consult the Northern New England Poison Center, which is available 24/7 to provide expert advice at 1-800-222-1222.

10. Clinicians should report all suspect cases of vaping-associated pulmonary illness to the Division of Public Health Services at 603-271-4496 (after hours 603-271-5300 and ask for the public health nurse on call).

11. A preliminary case report form has been developed (see attached) and can help guide clinicians in history taking to obtain appropriate information from suspect cases.
Background
E-cigarettes are a diverse group of battery-powered devices that mimic the act of smoking by producing an aerosol by heating a liquid mixture containing nicotine and/or cannabis, flavorings, and other chemicals which are inhaled (called "vaping"). The aerosol that users inhale from devices can contain harmful and potentially harmful substances, including:

- Nicotine
- Ultrafine particles that can be inhaled deep into the lungs
- Flavoring such as diacetyl, a chemical linked to a serious lung disease
- Volatile organic compounds
- Cancer-causing chemicals
- Heavy metals such as nickel, tin, and lead

E-cigarette use and vaping among youth and young adults is a major public health issue with e-cigarette use now the most commonly used tobacco product among youth. Almost a quarter (24%) of all high school aged adolescents in New Hampshire reported recently using electronic vapor products (the U.S. average is ~13%). Usage increases with increasing high-school grade level and by 12th grade, about 30% of high-school seniors in New Hampshire report using electronic vapor devices.

For additional information about e-cigarettes and vaping:

For any questions regarding the contents of this message, please call Bureau of Infectious Disease Control at (603) 271-4496 or 1-800-852-3345, extension 4496 during business hours (8 am to 4:30 pm). For after hours or on weekends call the New Hampshire Hospital switchboard at 1-800-852-3345 extension 5300 and request the Public Health Professional on-call.

To change your contact information in the NH Health Alert Network, contact Adnella Alic at 603-271-7499 or email adnella.alic@dhhs.nh.gov.

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitivity: Not Sensitive
Message Identifier: NH-HAN 20190827 National Investigation into Unexplained Vaping-Associated Pulmonary Illness
Delivery Time: 12 hours
Acknowledgement: No
Distribution Method: Email, Fax
Distributed to: Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospital CEOs, Hospital Emergency Departments, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Networks, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists, Zoonotic Alert Team, Health Officers, Deputy Health Officers, MRC, NH Schools, EWIDS

From: Benjamin P. Chan, MD, MPH, State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments:
1) Case Report Form
New Hampshire Confidential
Serious Respiratory Illness Associated with Vaping Reporting Form v 8/26/2019

Date of Report: __/__/____

Patient Information

Name ____________________________ (Last) (First) (M.I.)

Date of Birth _____/_____/_______  Age _______  Sex: [ ] Male [ ] Female [ ] Other

Address __________________________________________ City/Town __________________________ State _____ Zip ________

Phone: Cell __________________________ Home __________________________ Work __________________________

Race: [ ] White [ ] Black [ ] Asian [ ] Pac Isl [ ] Nat Am./Alask Nat [ ] Unk [ ] Other Ethnicity: [ ] Hisp [ ] Not Hisp [ ] Unk

Clinical Information

1. What symptoms does the patient report experiencing (check all that apply)?
   [ ] Cough  [ ] Shortness of breath  [ ] Hemoptysis  [ ] Fever  [ ] Chills  [ ] Chest Pain
   [ ] Abdominal pain  [ ] Nausea  [ ] Vomiting  [ ] Diarrhea  Other: __________________________

2. What clinical signs did the patient experience (check all that apply)?
   [ ] Documented fever (temp: __________)  [ ] Hypoxia  [ ] Respiratory failure
   [ ] Hypotension (low blood pressure)  [ ] SIRS (systemic inflammatory response syndrome) or Sepsis

3. What is the patient's symptom onset date: _____/_____/_______

4. What is the patient's current status: [ ] Recovered from their illness  [ ] Still ill  [ ] Died  [ ] Unknown

5. Was the patient hospitalized? [ ] Yes  [ ] No  [ ] Unknown
   If yes, Admission Date: _____/_____/_______  Discharge Date: _____/_____/_______
   If yes, Hospital Name: __________________________  Hospital City/State: __________________________
   If yes, did the patient require mechanical ventilation? [ ] Yes  [ ] No  [ ] Unknown

6. Was a chest X-ray performed: [ ] Yes  [ ] No  Results: [ ] Normal  [ ] Abnormal, specify: ____________

7. Was a chest CT performed: [ ] Yes  [ ] No  Results: [ ] Normal  [ ] Abnormal, specify: ____________

8. Was any of the following infectious disease testing performed:

<table>
<thead>
<tr>
<th>Test</th>
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<td>Sputum/Respiratory culture (bacterial, fungal, or AFB)</td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

9. Was a bronchoscopy performed on the patient? [ ] Yes  [ ] No  [ ] Unknown

10. Does the patient have underlying, pre-existing lung conditions? [ ] Yes  [ ] No  [ ] Unknown
    If yes: [ ] Asthma  [ ] COPD  [ ] Other: __________________________

-1-
Exposure Information

Electronic vapor products produce an aerosol by heating a liquid and include e-cigarettes, e-cigars, e-pipes, vaping pens, e-hookahs, and hookah pens, etc. Common product names are: JUUL, Blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo.

1. Does the patient vape or use an electronic vapor product? □ Yes □ No □ Unknown

2. Approximately how many weeks prior to the onset of their symptoms did they last vape?
   □ <1 week □ 1-2 weeks □ 2-4 weeks □ 4-8 weeks □ 8-12 weeks □ 12+ weeks □ Unknown

3. What type of vaping or electronic vapor product does the patient use?
   a. Brand name, if applicable: ____________________________ Flavor: __________________________
   b. Chemical in vape: □ Nicotine □ Cannabis/marijuana □ THC concentrate □ CBD
      □ Synthetic cannabinoids □ Other: __________________________

4. Where does the patient get electronic vapor products/devices or e-liquids?
   □ Bought from a store such as a convenience store, supermarket, discount store, gas station, or vape store
   □ Bought on the Internet □ Some other way: __________________________
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5. Does the patient make their own electronic vapor product (e-liquid or device)? □ Yes □ No □ Unknown

6. Does the patient re-use pods or cartridges for their electronic vapor devices? □ Yes □ No □ Unknown

7. Does the patient heat the drug to concentrate it and then use a device to inhale it (i.e. dabbing)?
   □ Yes □ No □ Unknown

8. Does the patient smoke regular tobacco products such as cigarettes, cigars, cigarillos, or little cigars?
   □ Yes □ No □ Unknown □ If yes, provide information: __________________________

9. Does the patient smoke cannabis / marijuana not in a vape (i.e. cigarettes / joints)? □ Yes □ No □ Unknown

Comments: ________________________________________________________________

Health Care Provider Reporting Information

Person Completing Report Form ____________________________ Phone __________________________

Provider Name ____________________________ Phone __________________________

Provider Facility/Practice Name ____________________________ Phone __________________________

City/Town ____________________________ State ________ Zip ________

Fax completed form to: NH DHHS Bureau of Infectious Disease Control at 603-271-0545

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https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html

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Delivery Time: 12 hours
Acknowledgement: No
Distribution Method: Email, Fax
Distributed to: Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospital CEOs, Hospital Emergency Departments, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Networks, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists, Zoonotic Alert Team, Health Officers, Deputy Health Officers, MRC, NH Schools, EWIDS

From: Benjamin P. Chan, MD, MPH, State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

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Name __________________________________________
(First) ___________________________ (M.I.) ____________
(Last) ___________________________

Date of Birth _____ / _____ / ________ Age ________ Sex: [ ] Male [ ] Female [ ] Other

Address __________________________________________ City/Town ____________________________ State _____ Zip _____

Phone: Cell ___________________________ Home ___________________________ Work ___________________________

Race: [ ] White [ ] Black [ ] Asian [ ] Pac Isl [ ] Nat Am./Alask Nat [ ] Unk [ ] Other Ethnicity: [ ] Hisp [ ] Not Hisp [ ] Unk

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2. What clinical signs did the patient experience (check all that apply)?
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3. What is the patient's symptom onset date: _____ / _____ / ________

4. What is the patient's current status: [ ] Recovered from their illness [ ] Still ill [ ] Died [ ] Unknown

5. Was the patient hospitalized? [ ] Yes [ ] No [ ] Unknown
   If yes, Admission Date: _____ / _____ / ________ Discharge Date: _____ / _____ / ________
   If yes, Hospital Name: ___________________________ Hospital City/State: ___________________________
   If yes, did the patient require mechanical ventilation? [ ] Yes [ ] No [ ] Unknown

6. Was a chest X-ray performed: [ ] Yes [ ] No Results: [ ] Normal [ ] Abnormal, specify: ____________

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5. Does the patient make their own electronic vapor product (e-liquid or device)? ☐ Yes ☐ No ☐ Unknown

6. Does the patient re-use pods or cartridges for their electronic vapor devices? ☐ Yes ☐ No ☐ Unknown

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Comments: __________________________________________________________
________________________________________________________

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Provider Facility/Practice Name ____________________________________________

City/Town ____________________________ State ______ Zip __________

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