

September 4, 2019

AR 163561

TO: All ALBERTA MEDICAL OFFICERS OF HEALTH

**RE: REPORTING OF SEVERE ACUTE PULMONARY DISEASE ASSOCIATED WITH
ELECTRONIC-CIGARETTE USE**

There have been recent reports of cases of severe acute onset lung disease in the United States that appear to be associated with a history of vaping. While there have not been any similar cases reported in Canada to date, I believe it is advisable to keep Severe Acute Pulmonary Disease Associated with Electronic-cigarette (e-cigarette) Use under surveillance in order to assess the impact of the disease and the need for further intervention.

Pursuant to my authority under Section 15(1) of the *Public Health Act* I hereby give notice in writing:

- All Alberta physicians shall report cases that meet the confirmed or probable case definition (attached) by the fastest means possible (FMP) to the local Medical Officer of Health (MOH).
- Medical Officers of Health shall communicate these reporting requirements and process to all physicians within their relevant zones using the enclosed letter.
- The MOH (or designate) of the zone where the case currently resides shall notify by FMP the Chief Medical Officer of Health (directly to the Chief Medical Officer of Health on-call) of all cases meeting the confirmed or probable case definition (enclosed) and include:
 - name;
 - date of birth; and
 - personal health number.
- For out-of-province and out-of-country reports, the following should be forwarded by FMP:
 - name;
 - date of birth;

- out-of-province health care number, and
 - out-of-province address and phone number.
- Completion of a Notifiable Disease Report Form is not required for these cases, however further actions and investigation will be provided by the Chief Medical Officer in consultation with the local Medical Officer of Health at the time of reporting. This may include collecting other relevant clinical/epidemiological information or implementing a case interview form as prescribed by the Chief Medical Officer of Health.

Your assistance with this surveillance is important and your cooperation is appreciated. If you have any questions or concerns, please contact the Office of the Chief Medical Officer of Health at OCMOH@gov.ab.ca.

Yours sincerely,



Deena Hinshaw, BSc, MD, MPH, CCFP, FRCPC
Chief Medical Officer of Health

Enclosure

cc: Lorna Rosen, Deputy Minister, Alberta Health
Sherri Wilson, Assistant Deputy Minister, Public Health and Compliance Division,
Alberta Health
Laura McDougall, Senior Medical Officer of Health, Alberta Health Services
Peter Mackinnon, Senior Program Officer, Population Public & Indigenous Health
Alberta Health Services

Severe Acute Pulmonary Disease Associated with E-cigarette Use Case Definitions, September 4, 2019

Confirmed

Using an e-cigarette ("vaping") or dabbing* in 90 days prior to symptom onset
AND

Pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT

AND

Absence of pulmonary infection on initial work-up: Minimum criteria include negative respiratory pathogen panel, influenza PCR or rapid test if local epidemiology supports testing. All other clinically indicated respiratory ID testing (e.g., urine Antigen for *Streptococcus pneumoniae* and *Legionella*, sputum culture if productive cough, bronchoalveolar lavage (BAL) culture if done, blood culture, HIV-related opportunistic respiratory infections if appropriate) must be negative

AND

No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process).

Probable

Using an e-cigarette ("vaping") or dabbing* in 90 days prior to symptom onset

AND

Pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT

AND

Infection identified via culture or PCR, but clinical team** believes this is not the sole cause of the underlying respiratory disease process **OR** Minimum criteria to rule out pulmonary infection not met (testing not performed) and clinical team** believes this is not the sole cause of the underlying respiratory disease process

AND

No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process).

Footnotes

* Using an electronic device (e.g., electronic nicotine delivery system (ENDS), I Quit Ordinary Smoking (IQOS), electronic cigarette, e-cigarette, vaporizer, vape(s), vape pen, dab pen, or other device) or dabbing to inhale substances (e.g., nicotine, marijuana, THC, THC concentrates, CBD, synthetic cannabinoids, flavorings, or other substances).

**Clinical team caring for the patient.

Date
Dear Colleague,

Re: Severe Pulmonary Disease Associated with E-cigarette Use; surveillance and notification

You may have heard of reports of cases of severe lung disease in the United States that appear to be associated with a history of vaping. While there have not been any similar cases reported in Canada to date, effective September 4th 2019, the Chief Medical Officer of Health of Alberta has made severe pulmonary disease associated with e-cigarette use notifiable under the Public Health Act. As a result, any cases meeting the following definitions are required to be reported to your zone Medical Officer of Health by fastest means possible.

Confirmed Case:

- A. Using an e-cigarette ("vaping") or dabbing* in 90 days prior to symptom onset; **AND**
- B. Pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT; **AND**
- C. Absence of pulmonary infection on initial work-up: Minimum criteria include negative respiratory pathogen panel, influenza PCR or rapid test if local epidemiology supports testing. All other clinically indicated respiratory ID testing (e.g., urine Antigen for *Streptococcus pneumoniae* and *Legionella*, sputum culture if productive cough, Bronchoalveolar lavage (BAL) culture if done, blood culture, HIV-related opportunistic respiratory infections if appropriate) must be negative; **AND**
- D. No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process).

Probable Case:

A, B, and D above; **AND**

Infection identified via culture or PCR, but clinical team** believes this is not the sole cause of the underlying respiratory disease process OR Minimum criteria to rule out pulmonary infection not met (testing not performed) and clinical team** believes this is not the sole cause of the underlying respiratory disease process

* Using an electronic device (e.g., electronic nicotine delivery system (ENDS), I Quit Ordinary Smoking (IQOS), electronic cigarette, e-cigarette, vaporizer, vape(s), vape pen, dab pen, or other device) or dabbing to inhale substances (e.g., nicotine, marijuana, THC, THC concentrates, CBD, synthetic cannabinoids, flavorings, or other substances).

**Clinical team caring for the patient.

Your role as a clinician: 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. If you identify a confirmed or probable case, please report to the Zone Medical Officer of Health (insert zone contact information here):

To prevent any harms that could come from vaping, please reinforce with your patients that non-smokers and young people should not vape. In addition, the use of vaping by smokers as a Harm Reduction measure is not yet supported by evidence. In the interim, it is not recommended for smokers to vape as a cessation support.

We will continue to provide updates regarding this emerging public health issue. In the meantime, we thank you for your important role in protecting the health of Albertans.