

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

August 20, 2019

Dear Colleague:

We are requesting your help identifying and reporting cases of severe respiratory illness in patients with a history of vaping and with no identifiable infectious disease cause. To date, no cases of this illness have been confirmed in Maryland, and no specific cause has been identified. However, Maryland Department of Health is actively working to identify and follow up on cases if they occur.

Suspected Signs and Symptoms

Patients presented with respiratory symptoms and a history of vaping within the previous 90 days. Symptoms included cough, shortness of breath, fatigue. Symptoms had worsened over a period of days or weeks before admission to the hospital. Other symptoms reported by some patients include: fever, anorexia, pleuritic chest pain, nausea, abdominal pain, and diarrhea. Evaluation for infectious etiologies has been reportedly negative in patients.

Reported imaging findings may include chest radiographs with bilateral opacities, typically in the lower lobes; CT imaging of the chest shows diffuse ground-glass opacities, often with subpleural sparing.

What Clinicians Can Do

Please report cases of significant respiratory illness of unclear etiology in patients with a history of vaping to your local health department. When patients present with respiratory or pulmonary illness, especially of unclear etiology, clinicians should ask about the use of e-cigarettes or similar products for "vaping" or "Juuling."

Please ask patients about to retain any remaining product, including devices and liquids, in order to ascertain them for possible testing in coordination with MDH and your 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, 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. More information can be found on the CDC website.

We are grateful for your efforts to identify, report, and manage any cases of unexplained respiratory illness. We will update you as new information becomes available.

Sincerely,

Kenneth A Feder, PhD

CDC Epidemic Intelligence Service Officer

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