OMB No. 0920-1011 Exp. Date 02/24/2020 National Case Report Form

Form Approved

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SEVERE PULMONARY DISEASE ASSOCIATED WITH E-CIGARETTE USE OUTBREAK

NATIONAL CASE REPORT FORM (CDC)

October 31, 2019

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)



Lung Injury Associated with E-cigarette Use or Vaping | National Case Report Form

CDC is investigating cases of unexplained lung injury associated with electronic cigarette use or vaping as detailed in CDC's Health Advisory (https://emergency.cdc.gov/han/han00421.asp). Local and state health departments should complete this form for any probable or confirmed case patient (see case-definition) and transmit data to CDC using DCIPHER or by contacting CDC State Points of Contact.

Case ID Number Med	dical Record Number
Case status	Died? Yes No If yes, date of death(see clinical section)
Was patient hospitalized? ☐ Yes ☐ No	
	Name of Public Health Department
Person completing form	Contact phone number
PART I: PATIENT DEMOGRAPHICS AND EXPOSURES	
Patient Demographics	
	Gender □ Male □ Female □ Other Ageyears
Race □White □Black □American Indian/Alaska Na Ethnicity □Hispanic □ Non-Hispanic	ative \square Asian \square Native Hawaiian or Other Pacific Islander \square Other
Patient Substance Use in the Past 3 Months (90 days)	
Any e-Cigarette use or vaping (e.g., vaping, dabbing)? If yes, substance(s) vaped or dabbed in past 3 months?	☐ Yes ☐ No ☐ Refused to answer
	h oil, wax 🗆 Cannabidiol (CBD) 🗆 Synthetic Cannabinoids 🗀 Flavors alone
☐ Other substances, specify ☐ Unknown	Ton, wax is calmastator (css) is synthetic calmastrolas is have satisfied
	☐Yes ☐No Any other tobacco products (e.g., smokeless tobacco)? ☐Yes ☐No
	rijuana)? □Yes □No Any other marijuana products (e.g., edibles)? □Yes □No
Any nicotine e-cigarette use or vaping reported? ☐ Yes ☐	No □ Unknown Date last used
	mes per week, specify:
\square Monthly or less [Skip logic: On average, how many tim	·
Did patient report vaping flavoured nicotine in e-Cigarette	
· · · · · · · · · · · · · · · · · · ·	r dabbed in the past 3 months?[enter whole number]
Where was the nicotine e-Cigarette(s) or vaping product(s)	p-up shop Grocery store/drugstore/Convenience store Family or friend
☐ Dealer ☐ Online ☐ Other, describe	p-up shop
What kind of device(s) were used with this substance? <i>Sele</i>	ct all that apply
	s with pre-filled or refillable cartridges (e.g., using battery pens, Ego, EVO, Ooze
	you refill with liquids (including sub-ohm, mod or modifiable systems)
☐ E-cigarettes with pre-filled or refillable "pods" or pod c	artridges (e.g. JUUL, Suorin) Other, describe
Was this a mod device (a device that allows user to choose	higher and/or variable temperatures)? \square Yes \square No \square Unknown
Did patient modify, or add a substance to, the device(s) that	It was not intended by the manufacturer? $\ \square$ Yes $\ \square$ No $\ \square$ Unknown
If yes, explain	
Does patient know anyone else who became ill from vaping	
If yes, were nicotine products or devices shared with that	·
	vhere was sample testedProduct sample ID number(s)
Any THC e-cigarette use or vaping reported? \square Yes \square No	
If yes, what is the frequency of use? \square Daily \square A few t	
☐ Monthly or less [Skip logic: On average, how many tir Did patient report vaping flavoured THC in e-Cigarette and,	
How many brands of THC containing products vaped or dak	
	purposes \square nonmedical (recreational) purposes \square other, specify
Which THC substance(s) were used in an e-cigarette, vaping	
	oncentrate (e.g., wax, batter/budder, crumble, shatter, pull and snap)
☐THC powder (e.g., dry sift) ☐ Other, describe	
Where was the THC e-Cigarette(s) or vaping product(s) pur	chased or obtained? Check all that apply
\square Medical dispensary \square Recreational dispensary (retain	il cannabis/marijuana shop) $\ \square$ Vape or smoke shop $\ \square$ Pop-up shop
	y or friend 🔲 Illicit dealer 🔲 Online 🗆 Other, describe
What kind of device(s) were used with this substance? <i>Sele</i>	
	s Device with tank that you refill with liquids (e.g., mods)
	dges (e.g. JUUL, Suorin) Dab rig Vaporizer (for dry herbs, etc.) Other
What brand of THC cartridge(s) were used with device(s): L Was this a mod device (a device that allows user to choose	☐ Rove ☐ Dank Vapes ☐ Golden Gorilla ☐ Smart Cart ☐ Other
	it was not intended by the manufacturer? \square Yes \square No \square Unknown
If yes, explain	·
Does patient know anyone else who became ill from vaping	
If yes, were THC products or devices shared with that per	
Product sample sent for testing? \square Yes \square No If yes, v	

PART II: CLINICAL INFORMATION

Symptoms at Initial Present Chief complaint		Medical C	are			Date symptom(s)	started	
GI symptoms?		☐ Yes	□ No	□ Unknown		If yes, describe	·	
Respiratory symptoms?		□ Yes	□ No	☐ Unknown		If yes, describe		
Constitutional symptoms?		☐ Yes	□ No	☐ Unknown		If yes, describe		
(e.g., fever, chills, malaise)						ii yes, describe		
Weight loss during current i	llness?	☐ Yes	\square No	☐ Unknown		If yes, amount (Ik	o)	
Medical History								
Chronic respiratory disease	(including	asthma,	COPD, etc	.)? □ Yes □	□ No	If yes, specify typ	e of disease	
Heart disease?	□ Yes	□ No						
Anxiety?	☐ Yes	□ No		, , , ,				
Depression?	☐ Yes	□ No						
Other chronic illness?	☐ Yes	□ No	If yes, s	pecify type of cl	hronic	illness		
Pregnant?	☐ Yes	\square No				er 🗆 First 🗀 Sec		Unknown
Imaging								
CT performed	☐ Yes	□ No	If yes, loca	ation of abnorm	nal find	dings \square Bilateral	☐ Right ☐ Left	t Normal (no findings)
If yes, infiltrates/opacities						ng 🗆 Yes 🗆 No	-	
Chest X-ray performed								t ☐ Normal (no findings)
If yes, infiltrates/opacities			-			_	-	
Specify other abnormal ches	st imaging	findings	(e.g., pneι	ımothorax)				
Infectious Disease Testing								
Respiratory viral panel		☐ Posi	tive (speci	fy)		☐ Negative	\square Pending	\square Not done
Influenza				fy)		☐ Negative	□ Pending	\square Not done
Blood cultures		☐ Posi	tive (speci	fy organisms)	☐ Negative	\square Pending	\square Not done
Legionella urinary antigen		☐ Posi	tive			☐ Negative	□ Pending	☐ Not done
Strep pneumoniae urinary a	ntigen	☐ Posi	tive			☐ Negative	□ Pending	☐ Not done
Mycoplasma pneumoniae		☐ Posi	tive (speci	fy)		☐ Negative	□ Pending	☐ Not done
Other			tive (specif			☐ Negative	\square Pending	\square Not done
Clinical Course of Lung Injur	ry							
	•	ing for cli	nical care	for these sympt	toms?	☐ Yes ☐ No If ve	s, is a follow-up v	risit scheduled? 🗆 Yes 🗀 No
								Lowest value:
Outpatient visit #1 Yes								
Were there additional out								
Urgent care visit #1 ☐ Yes								
Were there additional urg						s, specify number		
Emergency Department (ED					-			No If yes, date of visit
Were there additional ED vis								
If hospitalized, was patient r								Discharge date
Were there additional hos								
ICU Admission						ICU durat		
Treated with steroids?	□ Yes							 luration: □ Taper
Treated with antibiotics?	□ Yes							duration:
Treated with antivirals?	□ Yes							_duration:
Required respiratory suppor								ow Supplemental oxyger
Required ECMO (Extracorpo								w 🗀 Supplemental oxyger
	near mem	brane ox	ygenation,	: 🗀 res (uu	ii a tioi i		NO	
Clinical specimens Bronchoalveolar lavage perf	formod2	□Vos	data of sa	mple 🗆 N	No.	If you whore tests	od.	Specimen ID
٠,	ormeur	_	uate of Sai		INO	ii yes, where teste	:u	Specimen ib
If yes, lipid staining		☐ Yes		□ No				
If yes, lipid-laden macroph	_			□No				
Blood sample testing perfor				mple l				Specimen ID
Urine sample testing perform	med?			mple l				Specimen ID
Lung biopsy performed?			date of sa	mple 🗆 I	No	If yes, where teste	ed	Specimen ID
If yes, lipid staining?		☐ Yes		□ No				
If yes, lipid-laden macroph	-			□ No				
If yes, findings consistent v				s 🗆 No	o Ifr	no, specify finding	s	
If yes, other significant find	dings							
Death Information								
						death		
Immediate cause of death						uting causes of de		
Autopsy performed?								
If yes, lipid staining perform			-			f yes, lipid-laden r		
If yes, findings consistent was other significant aut			•	□ Yes □ N	io If	no, specify finding	gs	
If yes, other significant aut	rohzà uua	швэ						

Specimen Manifest Form

CDC Case ID	State Case	Sample	Matrix	Box # or	Position in	Volume	Collection	Any pertinent comments
(note: this is	ID	ID	(urine,	ID	Box	(mL)	Date	(hemolyzed sample, clotted
used by state			whole					sample, etc)
epidemiologists			blood,					
when			serum,					
submitting case			plasma,					
data to CDC)			BAL, etc)					

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1011).