Vaping and Lung Injury – Case Report Form

DHS and local health departments are investigating cases of unexplained lung injury associated with e-cigarette use ("vaping") as detailed in CDC's Health Advisory (https://emergency.cdc.gov/han/han00421.asp). Please complete this form for any suspected case patients and **send to your local health department** or **fax directly to DHS** at 608-267-4853. For more information about the vaping investigation in Wisconsin, call 608-266-1120 or visit http://dhs.wisconsin.gov/outbreaks/vaping.htm.

Date form completed ______________ Name of Hospital ______________
Clinician Name ______________ Clinician Phone Number ______________

Patient Demographics

Full Name ______________ Gender ☐M ☐ F Date of Birth ______________
Phone number ______________ Race ☐White ☐Black ☐ Other | Ethnicity ☐Hispanic ☐ Non-Hispanic
Mailing address______________ E-mail address______________

Patient Inhalational Use in the Past 90 Days (please ask patient, or proxy if patient unable to answer)

Any combustible tobacco use? (i.e., cigarettes, cigars etc.) ☐ Yes ☐ No
Any combustible marijuana use? (i.e., any non e-cigarette marijuana) ☐ Yes ☐ No
Any **nicotine** e-cigarette (vaping) use reported? ☐ Yes ☐ No Date last used______________
If yes, list brands and flavors:______________ Frequency ______________
Any **THC** e-cigarette (vaping) use reported? ☐ Yes ☐ No Date last used______________
If yes, list brands and flavors:______________ Frequency ______________

Patient Symptoms

Chief complaint______________ Date symptoms started ______________

GI symptoms?	☐ Yes	☐ No	If yes, describe	______________
Respiratory symptoms?	☐ Yes	☐ No	If yes, describe	______________
Constitutional symptoms?	☐ Yes	☐ No	If yes, describe	______________
Weight loss?	☐ Yes	☐ No	If yes, amount (lb)	______________

Imaging

Chest imaging performed	☐ CT chest			☐ Chest X-ray		
Location of abnormal findings	☐ Right	☐ Left	☐ Bilateral	☐ Right	☐ Left	☐ Bilateral
Infiltrates/opacities present	☐ Yes	☐ No		☐ Yes	☐ No	
Subpleural sparing (CT only)	☐ Yes	☐ No				

Attach a copy of the CT/CXR radiology report.

Infectious Disease Testing

COVID-19 (PCR test)	☐ Positive	☐ Negative	☐ Pending	☐ Not done
Respiratory viral panel	☐ Positive	☐ Negative	☐ Pending	☐ Not done
Influenza	☐ Positive	☐ Negative	☐ Pending	☐ Not done
Blood cultures	☐ Positive	☐ Negative	☐ Pending	☐ Not done
Legionella	☐ Positive	☐ Negative	☐ Pending	☐ Not done
Strep pneumoniae	☐ Positive	☐ Negative	☐ Pending	☐ Not done
Mycoplasma pneumoniae	☐ Positive	☐ Negative	☐ Pending	☐ Not done

If multiple tests are pending, wait to send a complete form to DHS.

Clinical Course

Admitted?	☐ Yes	☐ No	Date admitted/attended: ___/___/___ Discharge date:___/___/___
SIRS criteria met?	☐ Yes	☐ No	
Treated with steroids?	☐ Yes	☐ No	
Admitted to the ICU?	☐ Yes	☐ No	
Required respiratory support?	☐ Yes	☐ No	*If yes,* ☐ Intubated ☐ BiPAP/CPAP/High flow ☐ Supplemental O_2
Died?	☐ Yes	☐ No	

Clinical specimens

Bronchoalveolar lavage performed?	☐ Yes	☐ No
Lung biopsy performed?	☐ Yes	☐ No

Clinical Impression

In your medical opinion, is the patient's current illness due to vaping? ☐ Yes ☐ No
Do you think the patient's symptoms are due to cardiac, neoplastic, and rheumatologic causes? ☐ Yes ☐ No

Final Diagnosis

Final primary diagnosis on discharge summary ______________
____
New discharge medications (for primary diagnosis)______________
____

Please attach a copy of the admission history and physical and discharge summary, if available.

Please have your patient complete the VAPING SURVEY on the NEXT PAGE of this form

Vaping and Lung Injury – Patient Questionnaire

Date:____/____/____

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

- **The Wisconsin Department of Health needs your help to find out why people are getting sick from vaping.**
- **You can help by filling out this brief survey about your vaping history.**
- **We will not voluntarily share any of the information you provide with law enforcement, even if you tell us you used THC or other illegal products.**
- **To get help filling out this survey, ask your doctor or a family member, or contact us*. Please return the completed form to your doctor, or complete online: https://tinyurl.com/VapingSurveyWI**

Patient name_________________________ ☐Male ☐ Female ☐ Other Date of birth ___/___/___

Contact information: Phone number ______________ ☐Cell ☐ Home Email __________________________

On what date did you first start feeling ill? ___/___/___

Please answer these questions about products you vaped or dabbed in the **3 months before you got sick**:

Vaping THC products

Did you vape or dab any products containing THC?
☐ Yes ☐ No ☐ Unsure

How often did you vape or dab THC products?
☐ Daily ☐ 2-4 days/week ☐ Once a week ☐ Less
How many times per day? ______________________

Where did you buy your THC products?
☐ Out-of-state dispensary ☐ Dealer ☐ Online
☐ Friend/family ☐Vape shop ☐ Other___________

Did you vape THC from a pre-filled cartridge?
☐ Yes ☐ No ☐ Unsure

What brands of pre-filled THC cartridges did you use?
☐ Dank vapes ☐ Dabwoods ☐ Kingpen ☐ TKO
☐ Moon Rocks ☐ Off-White ☐ Chronic ☐ Cookies
☐ Other: _______________________________________
What flavors?__________________________________

Did you vape or dab any of these other THC products?
☐ Re-fillable oils ☐ Wax ☐ Dry herb ☐ Other ____
Brand name(s):_________________________________

What kind of device did you use to vape or dab?
☐ Vape pen ☐ Mod/Tank ☐ Dab rig ☐ Other ______
Do you replace the heating coils on this device?
☐ Yes ☐ No ☐ Unsure

Vaping nicotine products

Did you vape any nicotine products?
☐ Yes ☐ No ☐ Unsure

How often did you vape nicotine products?
☐ Daily ☐ 2-4 days/week ☐ Once a week ☐ Less
How many times per day? ____________________

Where did you buy your nicotine products
☐ Vape shop ☐ Gas station/mini-mart
☐ Another person ☐ Online ☐Other______

What brands of nicotine vape did you use?
☐ JUUL ☐ Smok ☐ Suorin ☐ Vuse ☐ Mi-Pod ☐ Blu
☐ Other: _____________________________________
What flavors?_________________________________

What kind of device did you use to vape nicotine?
☐ E-cig with closed pod system (e.g., JUUL, blu, etc)
☐ Disposable e-cigarette ☐Vape pen ☐ Mod/Tank
☐ Dab pen ☐ Other ____________________
Do you replace the heating coils on this device?
☐ Yes ☐ No ☐ Unsure

Other smoking and vaping

Did you smoke cigarettes? ☐ Yes ☐ No ☐ Unsure
Did you smoke marijuana? ☐ Yes ☐ No ☐ Unsure
Did you smoke/vape CBD? ☐ Yes ☐ No ☐ Unsure

Details about what made you sick

Did you share any of the above products with anyone who also got sick? ☐ Yes ☐ No
Do you know any friends or dealers who used similar products and got sick? ☐ Yes ☐ No
Did you vape or dab any products that tasted "off" or felt different than usual? ☐ Yes ☐ No
Did you only vape ONE specific brand of THC or nicotine in the 3 months before you got sick? ☐ Yes ☐ No
Did you start vaping anything new in the one week before you got sick? ☐ Yes ☐ No
Please use this space to **explain any YES responses** from this section:_________________________________
____
If you have any thoughts about **what made you sick**, please explain:_________________________________
____
Do you have any leftover vaping products that we could collect for testing? ☐ Yes ☐ No

**Please call Wisconsin Department of Health at 608-266-1120 if you have any questions about this survey.*