Notice of the Provincial Health Officer to Report Issued under Section 9 of the Reporting Information Affecting Public Health Regulation, Public Health Act

Severe Pulmonary Disease Associated with Vaping or Dabbing

To: All British Columbia Physicians, including Medical Health Officers

I have received a report of severe pulmonary disease associated with vaping or dabbing from jurisdictions outside of British Columbia. This in my opinion is a human respiratory illness that is not transmissible to humans but that indicates the presence of a health hazard and which I have reason to believe may have a serious impact on public health in British Columbia.

Therefore, under the authority of Division 2 of the Reporting Information Affecting Public Health Regulation, I am hereby providing notice of a duty to promptly report each suspected incidence of severe pulmonary disease associated with vaping or dabbing and information about each incidence, as described in Appendix 1, to a medical health officer in your regional health authority area.

Furthermore, medical health officers must promptly report all incidence reports they receive and the information about each incidence to the Executive Medical Director, BC Centre for Disease Control.

The duty to report incidences and information about them ends when this notice is rescinded by me; or one year after the date on which this notice is issued.


_____________________________     September 19, 2019
Dr. Bonnie Henry         Date
MD, MPH, FRCPC
Provincial Health Officer

Cc: Honourable Adrian Dix, Minister of Health
    Mr. Stephen Brown, Deputy Minister, Ministry of Health
Ms. Lorie Hrycuik, Executive Lead, Population and Public Health Division, Ministry of Health
Dr. David Patrick, Executive Medical Director (Interim), BC Centre for Disease Control
Dr. Michael Schwandt, Public Health Physician, BC Centre for Disease Control
Dr. Heidi Oetter, Registrar, College of Physicians and Surgeon
Dr. Kathleen Ross, President, Doctors of BC
Appendix 1
Severe Pulmonary Disease Associated with Vaping or Dabbing
Incidence Description and Information to be Reported

Cases are to be promptly reported to the medical health officer and include people with severe pulmonary disease that appear to be associated with vaping\(^1\) or dabbing\(^2\) with onset since June 1, 2019.

Case patients are people who:

1. Report vaping or dabbing using e-cigarette devices, related products or other means of inhaling a variety of products in the 90 days before symptom onset, AND
2. Who have pulmonary infiltrates on X-ray imaging, AND
3. Whose illnesses are not attributed to other causes.

The information to be reported about each case includes

1. First name
2. Last name
3. Personal Health Number
4. Phone number
5. Sex
6. Date of Birth
7. Age (in years)
8. Date of symptoms onset
9. Health care facility contact (i.e. name of hospital or clinic at which patient was assessed/admitted)

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\(^1\) Vaping includes the use of electronic devices that can vaporize a combination of nicotine, flavors, and/or other substances (e.g. marijuana, tetrahydrocannabinol (THC), THC concentrates, cannabidiol (CBD), synthetic cannabinoids) for inhalation. Examples of these devices include electronic cigarettes or e-cigarettes, such as JUUL, SMOK, Suorin, Vuse, or blu. They are also known as vapes, mods, e-cigs, e-hookahs, vape-pens, electronic nicotine delivery systems (ENDS) or another electronic vapor producing product.

\(^2\) Dabbing is the process of heating concentrated doses of cannabis on a hot surface, usually a nail, and then inhaled through a dab rig. Concentrated doses of cannabis are made by extracting THC, CBD and other cannabinoids using a solvent like butane or carbon dioxide, resulting in sticky oils also commonly referred to as wax, shatter, budder, and butane hash oil.