

# Fall 2019

## PHDP Newsletter

### Division of EMS & Highway Safety

## Educational Resources

- E-cigarettes and Vapes – [Latest IDPH Info](#)
- Outbreak of Lung Illness Associated with Using E-cigarette Products – [Latest CDC Info](#)
- [Pulmonary Illness Related to E-Cigarette Use in Illinois and Wisconsin — Preliminary Report](#)
- [Severe Pulmonary Disease Associated with Electronic-Cigarette-Product Use — Interim Guidance](#)
- [Evidence-Based Guidelines for EMS Administration of Naloxone](#)

## PREHOSPITAL DATA PROGRAM

### Guidelines: *Naloxone Administration*

From 2012 – 2016, the rate of naloxone administration by EMS increased 75.1%, from 573.6 to 1004.4 per 100,000 EMS events. EMS practitioners who treat opioid overdose patients are in contact with a population that is at high risk for subsequent overdoses. EMS practitioners are in a vital position to serve as a bridge between patients and life-saving resources that supplement naloxone treatment.

Check out the peer-reviewed article, [Evidence-Based Guidelines for EMS Administration of Naloxone](#), from the Journal of Prehospital Emergency Care.

### Highlights

- Even when naloxone is clinically indicated, respiratory support should be given first or at least contemporaneously
- An inadequate response to initial dosing of naloxone could be the result of co-ingestants and may require larger than usual or repeat doses of naloxone
- The panel recommends optimal management to be administration of the *lowest possible dose* at the required frequency to maintain adequate respiratory function *without triggering a withdrawal phenomenon*
- The panel does *not* recommend initially dosing naloxone to achieve full consciousness – the appropriate dose is one that restores and maintains respiratory function and *does not result in return to full consciousness*
- If there is return of significantly slowed breathing or other respiratory compromise after initial response, a *repeat dose should be administered*, regardless of time since the initial dose
- If EMS practitioners give repeat doses of naloxone and there is no significant effect, other causes for the patient’s symptoms should be suspected – reassessment and care including airway management, cardiovascular support, and transport to a hospital should be the next step in those cases

*As reported to IDPH for 2018, there were **16,451** EMS events that involved one or more naloxone administrations, representing a 125 percent increase over the **7,301** EMS events where naloxone administration was reported in 2013.*

## IDPH Resources

- [Prehospital Data Program page](#)
- [Illinois NEMIS Specs page](#)
- [PHDP Newsletter Archive page](#)
- [EMS Systems Act \(210 ILCS 50/\)](#)

## Illinois Statewide Submission Status

Agencies Submitting (V3)	<b>86.54%</b>
Agencies <b>Not</b> Submitting	<b>13.46%</b>

\*As of 11 October 2019, accounting for past 60 days

# Outbreak of Lung Injury – E-Cigarette & Vape Use

CDC, FDA, state and local health departments, and other clinical and public health partners are investigating a multistate outbreak of lung injury associated with e-cigarette product (devices, liquids, refill pods, and/or cartridges) use.

Electronic cigarettes work by heating a liquid to produce an aerosol that users inhale into their lungs. *The liquid can contain:* nicotine, THC and CBD oils, and other substances and additives.



Patients in this investigation have reported symptoms such as:

- Cough, shortness of breath, or chest pain
- Nausea, vomiting, or diarrhea
- Fatigue, fever, or abdominal pain

Some patients have reported that their symptoms developed over a few days, while others have reported that their symptoms developed over several weeks. A lung infection does not appear to be causing the symptoms.

As of October 1, 2019, 1,080\* lung injury cases associated with using e-cigarette, or vaping, products have been reported to CDC from 48 states and 1 U.S. territory.

- Eighteen deaths have been confirmed in 15 states
- All patients have reported a history of using e-cigarette, or vaping, products
- Most patients report a history of using THC-containing products (latest national and regional findings suggest products containing THC play a role in the outbreak)
- Approximately 70% of patients are male
- Approximately 80% of patients are under 35 years old
  - 16% of patients are under 18 years old
  - 21% of patients are 18 to 20 years old