
| **Confirmed** | Respiratory illness requiring hospitalization  
|              | AND Using an e-cigarette ("vaping") or dabbing* in 90 days prior to symptom onset  
|              | AND Pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT  
|              | AND Absence of pulmonary infection on initial work-up: Minimum criteria include negative respiratory viral panel and influenza PCR or rapid test. All other clinically indicated respiratory ID testing (e.g., urine strep pneumo/ legionella/ mycoplasma, sputum culture if productive cough, BAL culture if done, blood culture, HIV-related opportunistic respiratory infections if appropriate) must be negative  
|              | AND No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process). |

| **Probable** | Respiratory illness requiring hospitalization  
|              | AND Using an e-cigarette ("vaping") or dabbing* in 90 days prior to symptom onset.  
|              | AND Pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT  
|              | AND Infection identified via culture or PCR, but clinical team** believes this is not the sole cause of the underlying respiratory disease process –OR-- No evidence of pulmonary infection, but minimum criteria to rule out pulmonary infection not met (testing not performed)  
|              | AND No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process). |

| **Footnotes** | * Includes using an electronic device (e.g., electronic nicotine delivery system (ENDS), electronic cigarette, e-cigarette, vaporizer, vape(s), vape pen, dab pen, or other) or dabbing to inhale substances (e.g., nicotine, marijuana, THC, THC concentrates, CBD, synthetic cannabinoids, flavorings, or other substances).  
|              | ** Clinical team caring for the patient. |