TOXIC - SHOCK SYNDROME CASE REPORT

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333

Patient’s Name
Telephone No.

The First Three Letters of Patient’s Last Name

CDC No. (4-8)

State No. (9-10) State Case No. (11-15)

Age (16-17)

Date of Birth
Mo. (18-19) Day (20-21) Yr. (22-23)

Sex (24)
Male 1 Female 2

Outcome (25)
Lived 1 Died 2

Race/Ethnicity (26)
1 White (not Hispanic) 2 Black (not Hispanic) 3 Hispanic
4 Asian/Pacific Islander 5 American Indian/Alaskan Native 6 Not Specified

Date of Onset of Symptoms
Mo. (27-28) Day (29-30) Yr. (31-32)

Date of Onset of Menstrual Period
Mo. (33-34) Day (35-36) Yr. (37-38)

Coincident (if applicable)

Admitted to Hospital (39)
Yes 1 No 2 Unk 9

Date of Hospital Admission
Mo. (40-41) Day (42-43) Year (44-45)

CASE CLASSIFICATION (46)
Meningitis-associated 1 Other 4 Wound-associated 2 Postpartum-associated 3

No. days postpartum (47-48)

CLINICAL FINDINGS Major Criteria

Fever (highest if not recorded, leave blank) (49-52)

Hypotension (lowest)
Systolic (53-55)
Diastolic (56-57)

Syncope Yes 1 No 2 (58)

Orthostatic dizziness Yes 1 No 2 (59)

Rash (60) Yes 1 No 2 Unk 9

Desquamation (62) Yes 1 No 2 Unk 9

If yes, describe:

Orthostatic dizziness

SIGN AND SYMPTOMS (First 4 Days of Illness)

YES 1 NO 2 UNK 9

(63) Vomiting

(64) Diarrhea

(65) Abdominal pain

(66) Myalgia

(67) Sore throat

(68) Conjunctival hyperemia

(69) Oropharyngeal hyperemia

(70) Injected tongue

(71) Vaginal hyperemia

(72) Vaginal discharge

(73) Vaginal ulceration

(74) Disorientation

(75) Seizures

(76) Cardiac arrhythmia

If yes, describe:

LABORATORY DATA (Most Abnormal Values in First 4 Days of Illness)

WBC Count (77-79) 1000/mm³

(81-82) Neutrophils %

(84-85) Bands %

(87-88) Metamyelocytes %

(90-91) Myelocytes %

(93-94) Platelets 000/mm³

(97-99) Highest platelet value after 7 days of illness

(100-102) SGOT IU/L

(104-106) SGPT IU/L

(108-110) Alkaline phosphatase IU/L

(112-114) Bilirubin mg/dl

(116-119) Amylase Somogyi Units/dl

(159) EKG Normal 1 Abnormal 2 Not obtained 3 Unk 9

(154) Chest X-Ray Normal 1 Abnormal 2 Not obtained 3 Unk 9

Not Obtained

Uranalysis (121-122) WBC/HPF

(124-125) RBC/HPF

(127) Protein (0-4+)

(129-130) BUN

(132-134) Creatinine mg/dl

(136-138) Calcium mg/dl

(140-141) Phosphorus mg/dl

(143-144) Albumin g/dl

(146-149) Creatine phosphokinase (CPK) IU/L

(151) CKP-myocardial band

Not Obtained

CDC 52.3 Rev 4/96

Public reporting burden of this collection of information is estimated to average 30 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHIS Reports Clearance Officer, AT
## CULTURES

**BLOOD (155)**
- Positive □ 1
- Negative □ 2
- Not Done □ 3
- Unk □ 9
- If Positive, what organism(s): □

**URINE (160)**
- Positive □ 1
- Negative □ 2
- Not Done □ 3
- Unk □ 9
- If Positive, what organism(s): □

**THROAT (171)**
- Normal □ 1
- Abnormal □ 2
- Not Done □ 3
- Unk □ 9
- If Abnormal, what organism(s): □

**NARES (176)**
- Done □ 1
- Not Done □ 3
- Unk □ 9
- If Done, what organism(s): □

**VAGINA (181)**
- Done □ 1
- Not Done □ 3
- Unk □ 9
- If Done, what organism(s): □

Was *Staphylococcus aureus* present in the vagina? □ Yes □ No □ Unk □

If *S. aureus* present in vagina, is it resistant to penicillin and ampicillin only? □ Yes □ No □ Unk □

Other Site(s): (188-189)

Organism(s): □

Was patient taking antibiotics when culture(s) performed? □ Yes □ No □ Unk □

If yes, which sites? (195-196)

## PRODUCTS USED (197-198)

- Tampon only □ 1
- Minipad only □ 2
- Tampon and Minipad □ 5
- Tampon, Napkin, and Minipad □ 7
- Other □

- Napkin only □ 2
- Tampon and Napkin □ 4
- Napkin and Minipad □ 6
- Sea Sponge □ 8
- Unknown □

(If Only One Brand Was Used Before Onset of Symptoms, List Only That Brand)

<table>
<thead>
<tr>
<th>BRAND #1</th>
<th>NAME (201-202)</th>
<th>STYLE/ABSORBENCY (203)</th>
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<tbody>
<tr>
<td>Assure</td>
<td>Super-plus □ 1</td>
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<tr>
<td>Kotex</td>
<td>Super □ 2</td>
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<tr>
<td>Plastic inserter</td>
<td>Regular □ 3</td>
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<tr>
<td>Stick inserter</td>
<td>Junior □ 4</td>
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<tr>
<td>Inserter Unk</td>
<td>Unknown □ 9</td>
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<tr>
<td>o.b.</td>
<td>5</td>
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<tr>
<td>Playtex</td>
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<tr>
<td>Non-deodorized</td>
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<tr>
<td>Deodorant unk</td>
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<tr>
<td>Pursettes</td>
<td>10</td>
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<tr>
<td>Rely</td>
<td>11</td>
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<td>Tampon</td>
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<td>Other(specific)</td>
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<th>BRAND #2</th>
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Was Brand No. 1 the only tampon brand used during period when patient became ill? □ Yes □ No □ Unk □

**NAPKIN BRAND:**

**MINIPAD BRAND:**

How was information in this section verified? □ (212)

Patient's Memory □ 1
Patient viewing product box □ 2
Interviewer viewing product box □ 3
Other (describe) □

## RECURRENCE INFORMATION FOR MENSTRUATION-ASSOCIATED CASES

Has patient had similar illness in past during menstrual period? □ Yes □ No □ Unk □

If yes, how many episodes? □ One □ Two □ Three □ More than

## OTHER INFORMATION

Please describe any other pertinent or unusual features of this case

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How was case reported to Health Department? □ (215)

- By patient or relative □ 1
- By physician □ 2
- By hospital □ 3
- Other □ 4

Person Completing Form

Date Reported to Health Department □ (216-221)

Date Form Completed □ (222-227)

FOR CDC USE ONLY

- □ 1
- □ 2
- □ 3
- □ 4

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*Note: The document contains a form with sections for collecting medical information related to patient care and recurrence of symptoms. The form includes multiple-choice questions and spaces for writing in answers.*

*The text above represents the form's content, with placeholders for answers and instructions for completing the form.*