Patient's Name _____ Telephone No. _____ TOXIC - SHOCK SY

Address _____ (Detach top portion)

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

TOXIC - SHOCK SYNDROME CASE REPORT

CDC

FORM APPROVE
OMB NO. 0920-00

The First Three Letters of Patient's Last Name (1-3) ☐☐☐

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 ☐ 9 Not Specified

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

Date of Onset of Coincident Menstrual Period (If applicable): Mo. (33-34) ☐☐ Day (35-36) ☐☐ Yr. (37-38) ☐☐

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): Menstruation-associated ☐ 1 Wound-associated ☐ 2 Postpartum-associated ☐ 3 Other ☐ 4 (specify) _____

No. days postpartum ☐☐ (47-48)

CLINICAL FINDINGS Major Criteria

Fever (highest-if not recorded, leave blank) ☐☐☐.☐ F (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 (61) If yes, Generalized ☐ 1 Focal ☐ 2 Describe: _____

Desquamation (62) Yes ☐ 1 No ☐ 2 Unk. ☐ 9 If yes, describe: _____

SIGNS AND SYMPTOMS (First 4 Days of Illness)

	YES 1	NO 2	UNK 9		YES 1	NO 2	UNK 9		YES 1	NO 2	UNK. 9
(63) Vomiting	☐	☐	☐	(68) Conjunctival hyperemia	☐	☐	☐	(73) Vaginal ulceration	☐	☐	☐
(64) Diarrhea	☐	☐	☐	(69) Oropharyngeal hyperemia	☐	☐	☐	(74) Disorientation	☐	☐	☐
(65) Abdominal pain	☐	☐	☐	(70) Injected tongue	☐	☐	☐	(75) Seizures	☐	☐	☐
(66) Myalgia	☐	☐	☐	(71) Vaginal hyperemia	☐	☐	☐	(76) Cardiac Arrhythmia	☐	☐	☐
(67) Sore throat	☐	☐	☐	(72) Vaginal discharge	☐	☐	☐	If Yes, describe _____			

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

WBC Count (77-79) ☐☐.☐ 000/mm³ Not Obtained (80) ☐

(81-82) Neutrophils ☐☐ % (83) ☐

(84-85) Bands ☐☐ % (86) ☐

(87-88) Metamyelocytes ☐☐ % (89) ☐

(90-91) Myelocytes ☐☐ % (92) ☐

(93-95) Platelets ☐☐☐ 000/mm³ (96) ☐

(97-99) Highest platelet value after 7 days of illness ☐☐☐ 000/mm³

(100-102) SGOT ☐☐☐ IU/L (103) ☐

(104-106) SGPT ☐☐☐ IU/L (107) ☐

(108-110) Alkaline phosphatase ☐☐☐ IU/L (111) ☐

(112-114) Bilirubin ☐☐.☐ mg/dl (115) ☐

(116-119) Amylase ☐☐☐☐ Somogyi Units/dl (120) ☐

Urinalysis — Not Obtained

(121-122) WBC/HPF ☐☐ ("Many" = 99) (123) ☐

(124-125) RBC/HPF ☐☐ ("Many" = 99) (126) ☐

(127) Protein (0-4+) ☐ (128) ☐

(129-130) BUN ☐☐ mg/dl (131) ☐

(132-134) Creatinine ☐☐.☐ mg/dl (135) ☐

(136-138) Calcium ☐☐.☐ mg/dl (139) ☐

(140-141) Phosphorus ☐.☐ mg/dl (142) ☐

(143-144) Albumin ☐.☐ g/dl (145) ☐

(146-149) Creatine phosphokinase (CPK) ☐☐☐☐ IU/L (150) ☐

(151) CPK-myocardial band Yes ☐ 1 No ☐ 2 Unk ☐ 9 (152) ☐

(153) EKG Normal ☐ 1 Abnormal ☐ 2 Not obtained ☐ 3 Unk ☐ 9 If Abnormal, describe _____

(154) Chest X-Ray Normal ☐ 1 Abnormal ☐ 2 Not obtained ☐ 3 Unk. ☐ 9 If Abnormal, describe _____

This questionnaire is authorized by law (Public Health Service Act, 42 USC §241). Although response to the questions asked is voluntary, cooperation is ... this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, ATTN: PRA, Hubert H. Humphrey

DROME CASE REPORT

e before sending to CDC.)

Physician's Name _____ Telephone No _____

Address _____

CULTURES

BLOOD (155) Positive ☐ 1 Negative ☐ 2 Not Done ☐ 3 Unk ☐ 9 If Positive, what organism(s): 1 _____ (156-157) 2 _____ (158-159)

URINE (160) Positive ☐ 1 Negative ☐ 2 Not Done ☐ 3 Unk ☐ 9 If Positive, what organism(s): 1 _____ (161-162) 2 _____ (163-164)

Colony Count 1. ☐☐☐ 000/ml (165-167) 2. ☐☐☐ 000/ml (168-170)

THROAT (171) Normal Flora ☐ 1 Abnormal ☐ 2 Not Done ☐ 3 Unk ☐ 9 If Abnormal, what organism(s): 1. _____ (172-173) 2. _____ (174-175)

NARES (176) Done ☐ 1 Not Done ☐ 3 Unk ☐ 9 If Done, what organism(s): 1. _____ (177-178) 2. _____ (179-180)

VAGINA (181) Done ☐ 1 Not Done ☐ 3 Unk ☐ 9 If Done, what organism(s): 1. _____ (182-183) 2. _____ (184-185)

Was *Staphylococcus aureus* present in the vagina? (186) Yes ☐ 1 No ☐ 2 Unk ☐ 9

If *S. aureus* present in vagina, is it resistant to penicillin and ampicillin only? (187) Yes ☐ 1 No ☐ 2 Unk ☐ 9

Other Site(s) _____ (188-189) Organism(s) 1. _____ (190-191) 2. _____ (192-193)

Was patient taking antibiotics when culture(s) performed? (194) Yes ☐ 1 No ☐ 2 Unk. ☐ 9 If yes, which sites? _____ (195-196)

TAMPON/NAPKIN/MINIPAD USE – IF APPLICABLE (During Period When Patient Became Ill)

PRODUCTS USED (197-198)

Tampon only ☐ 1 Minipad only ☐ 3 Tampon and Minipad ☐ 5 Tampon, Napkin, and Minipad ☐ 7 Other _____ (199-200) ☐ 10

Napkin only ☐ 2 Tampon and Napkin ☐ 4 Napkin and Minipad ☐ 6 Sea Sponge ☐ 8 Unknown ☐ 9

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

BRAND # 1 (Most frequently used, judged by time)

NAME (201-202)		STYLE (ABSORBENCY) (203)	
Assure	☐ 1	Super-plus	☐ 1
Kotex		Super	☐ 2
Plastic Inserter	☐ 2	Regular	☐ 3
Stick Inserter	☐ 3	Junior	☐ 4
Inserter Unk	☐ 4	Unknown	☐ 9
o.b.	☐ 5		
Playtex			
Deodorized	☐ 6		
Non-deodorized	☐ 7		
Deodorant unk	☐ 8		
Pursettes	☐ 10		
Rely	☐ 11		
Tampax	☐ 12		
Other (specify) _____	☐ 13		
Unknown	☐ 9		

BRAND # 2

NAME (204-205)		STYLE (ABSORBENCY) (206)	
Assure	☐ 1	Super-plus	☐ 1
Kotex		Super	☐ 2
Plastic inserter	☐ 2	Regular	☐ 3
Stick inserter	☐ 3	Junior	☐ 4
Inserter unk	☐ 4	Unknown	☐ 9
o.b.	☐ 5		
Playtex			
Deodorized	☐ 6		
Non-deodorized	☐ 7		
Deodorant unk	☐ 8		
Pursettes	☐ 10		
Rely	☐ 11		
Tampax	☐ 12		
Other (specify) _____	☐ 13		
Unknown	☐ 9		

Was Brand No. 1 the only tampon brand used during period when patient became ill? (207) Yes ☐ 1 No ☐ 2 Unk. ☐ 9

NAPKIN BRAND: _____ (208-209)

MINIPAD BRAND: _____ (210-211)

How was information in this section verified? (212)

Patient's Memory ☐ 1

Patient viewing product box ☐ 2

Interviewer viewing product box ☐ 3

Other (describe) _____ ☐ 4

RECURRENCE INFORMATION FOR MENSTRUATION - ASSOCIATED CASES

Has patient had similar illness in past during menstrual period? (213) Yes ☐ 1 No ☐ 2 Unk. ☐ 9 If yes, how many episodes? (214) One ☐ 1 Two ☐ 2 Three ☐ 3 More than Three ☐ 4

OTHER INFORMATION

Please describe any other pertinent or unusual features of this case _____

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 (228)

It is necessary for the study and control of the disease. Public reporting burden for this collection of information is estimated to average 30 minutes per response. Send comments regarding ...Rm. 721-H, 200 Independence Ave., SW, Washington, DC 20201 and to the Office of Management and Budget, Paperwork Reduction Project (0920-0009), Washington, DC 20503