### TOXIC SHOCK SYNDROME CASE REPORT

**The First Three Letters of Patient's Last Name:**

**Age:**

- **Date of Birth:** Mo. (18-19), Day (20-23), Yr. (2223)
- **Sex:** Male 1, Female 2
- **Outcome:** Lived 1, Died 2

**Race/Ethnicity:**

- **White (not Hispanic)**: 1
- **Black (not Hispanic)**: 2
- **Hispanic**: 3

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

**Date of Onset of Menstrual Period (if applicable):** Mo. (33-34), Day (35-36), Yr. (37-38)

**Admitted to Hospital:** Yes 1, No 2, Unk 9

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

**CASE CLASSIFICATION:**

- **Menstrual-associated:** 1
- **Wound-associated:** 2
- **Postpartum-associated:** 3

**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, Unk 9
- **Orthostatic dizziness:** Yes 1, No 2, Unk 9
- **Respiratory:**
  - **Yes:** 1
  - **No:** 2
  - **Unk:** 9

### SIGNS AND SYMPTOMS (First 4 Days of Illness)

**YES NO UNK**

- **(63) Vomiting**
- **(64) Diarrhea**
- **(65) Abdominal pain**
- **(66) Myalgia**
- **(67) Sore throat**

**YES NO UNK**

- **(68) Conjunctival hyperemia**
- **(69) Oropharyngeal hyperemia**
- **(70) Injected tongue**
- **(71) Vaginal hyperemia**
- **(72) Vaginal discharge**

**YES NO UNK**

- **(73) Vaginal ulceration**
- **(74) Disorientation**
- **(75) Seizures**
- **(76) Cardiac Arrhythmia**

If yes, describe:

### LABORATORY DATA

**WBC Count (77-79) 000/mm³**

**Not Obtained**

- **(83)**
- **(86)**
- **(89)**
- **(92)**

**(96)**

**Urine Analysis**

- **(121-122) WBC/HPF**
- **(124-125) RBC/HPF**
- **(127) Protein (0-4+)**

**Not Obtained**

- **(123)**
- **(126)**
- **(128)**

**Blood Urea Nitrogen (BUN)**

**Creatinine**

**Calcium**

**Phosphorus**

**Albumin**

**Creatine phosphokinase (CPK)**

**(151) CPK-myo cardial band**

**(150)**

**If abnormal, describe**

This report is authorized by law (Public Health Service Act, 42
Epidemiologists, while your response is voluntary, your cooper.

CDC 52.3.2-82
## Cultures

<table>
<thead>
<tr>
<th>BLOOD (159)</th>
<th>Positive [ ] 1</th>
<th>Negative [ ] 2</th>
<th>Not Done [ ] 3</th>
<th>Unk [ ] 9</th>
<th>If Positive, what organism(s): [ ] 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>URINE (160)</td>
<td>Positive [ ] 1</td>
<td>Negative [ ] 2</td>
<td>Not Done [ ] 3</td>
<td>Unk [ ] 9</td>
<td>If Positive, what organism(s): [ ] 1</td>
</tr>
</tbody>
</table>

Colony Count:
- [ ] 000/ml
- [ ] 156-167
- [ ] 168-179

<table>
<thead>
<tr>
<th>THROAT (171)</th>
<th>Normal Flora [ ] 1</th>
<th>Abnormal [ ] 2</th>
<th>Not Done [ ] 3</th>
<th>Unk [ ] 9</th>
<th>If Abnormal, what organism(s): [ ] 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARES (176)</td>
<td>Done [ ] 1</td>
<td>Not Done [ ] 3</td>
<td>Unk [ ] 9</td>
<td>If Done, what organism(s): [ ] 1</td>
<td></td>
</tr>
<tr>
<td>VAGINA (181)</td>
<td>Done [ ] 1</td>
<td>Not Done [ ] 3</td>
<td>Unk [ ] 9</td>
<td>If Done, what organism(s): [ ] 1</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] 000/ml
- [ ] 156-167
- [ ] 168-179

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 Sites

| Organism(s): [ ] 1  | [ ] 2  | [ ] 3  | [ ] 4  |

Was patient taking antibiotics when culture(s) performed? (194) Yes [ ] 1  | No [ ] 2  | Unk. [ ] 9  | If yes, which sites? [ ] 1  | [ ] 2  | [ ] 3  |

### Products Used (197-198)

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>NAME</th>
<th>BRAND #1</th>
<th>BRAND #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tampon only</td>
<td>1</td>
<td>Assure Super-plus</td>
<td>Assure Super-plus</td>
</tr>
<tr>
<td>Minipad only</td>
<td>2</td>
<td>Kotex</td>
<td>Kotex</td>
</tr>
<tr>
<td>Tampon and Minipad</td>
<td>3</td>
<td>Plastic inserter Regular</td>
<td>Plastic inserter Regular</td>
</tr>
<tr>
<td>Tampon, Napkin, and Minipad</td>
<td>4</td>
<td>Stick inserter Junior</td>
<td>Stick inserter Junior</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>Insertor Unk Unknown</td>
<td>Insertor Unk Unknown</td>
</tr>
<tr>
<td>Napkin only</td>
<td>6</td>
<td>O.b.</td>
<td>O.b.</td>
</tr>
<tr>
<td>Tampax</td>
<td>7</td>
<td>Playtex Deodorized</td>
<td>Playtex Deodorized</td>
</tr>
<tr>
<td>Pursettes</td>
<td>8</td>
<td>Non-deodorized</td>
<td>Non-deodorized</td>
</tr>
<tr>
<td>Reli</td>
<td>9</td>
<td>Deodorant un</td>
<td>Deodorant un</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>10</td>
<td>Pursettes</td>
<td>Pursettes</td>
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<tr>
<td>Unknown</td>
<td>11</td>
<td>Reli</td>
<td>Reli</td>
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<tr>
<td>Tampax</td>
<td>12</td>
<td>Tampax</td>
<td>Tampax</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>13</td>
<td>Other (specify)</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

### 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 [ ] 4  |

### Other Information

Please describe any other pertinent or unusual features of this case

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### For CDC Use Only

How was case reported to Health Department? (215) By patient or relative [ ] 1  | By physician [ ] 2  | By hospital [ ] 3  | Other [ ] 4  |

Person Completing Form [ ] 1  | [ ] 2  | [ ] 3  | [ ] 4  | Date Reported to Health Department (216-221) | Date Form Completed (222-227) | (228)