WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

# Toxic Shock Syndrome

## PATIENT DEMOGRAPHICS

Name (last, first): _____
Address: _____
City/State/Zip: _____
Phone (home): _____ Phone (work) : _____
Occupation/grade: _____ Employer/School: _____
*Alternate contact:* ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
*Name:* _____ *Phone:* _____

Birth date: __/__/____ Age: _____
Gender: ☐Male ☐Female ☐Unk

Ethnicity: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk

Race: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐ Unk

## INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigator : _____
Investigator phone: _____
Investigation Start Date: _/_/_____

Entered in WVEDSS? ☐Yes ☐No ☐Unk
WVEDSS ID: _____
Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unk

## REPORTING SOURCE

Date of report: __/__/____ Report Source: ☐Laboratory ☐Hospital ☐Physician ☐Public Health Agency ☐Other
Report Source Name: _____ Address: _____ Phone: _____
Earliest date reported to county: _/_/_____ Earliest date reported to state: _/_/_____
Reporter Name: _____ Address: _____ Phone: _____

## CLINICAL

Physician Name: _____ Physician Facility : _____
Physician Address: _____ Phone: _____

**Hospital**

| Y | N | U | |
|---|---|---|---|
| ☐ | ☐ | ☐ | Hospitalized for this illness? If yes: Hospital name: _____ Admit date: __/__/____ Discharge date: / / _____ |
| ☐ | ☐ | ☐ | Did patient die from this illness? If yes, date of death: / /_____ |

**Condition** Illness onset date: __/__/____ Diagnosis date: __/__/____ Illness end date: _/_/_____

**Symptoms**

Clinical Findings (Major Criteria)

| Y | N | U | | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | Fever | If yes, highest recorded temperature: _____° ☐ Fahrenheit ☐ Celsius |
| ☐ | ☐ | ☐ | Hypotension | If yes, lowest Systolic: _____ Diastolic: _____ |
| ☐ | ☐ | ☐ | Syncope | |
| ☐ | ☐ | ☐ | Orthostatic dizziness | |
| ☐ | ☐ | ☐ | Rash | If yes: ☐ Generalized ☐ Focal Describe: _____ |
| ☐ | ☐ | ☐ | Desquamation | If yes, describe: _____ |

Signs and Symptoms during first 4 days of illness

| Y | N | U | | Y | N | U | | Y | N | U | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | Vomiting | ☐ | ☐ | ☐ | Diarrhea | ☐ | ☐ | ☐ | Abdominal pain |
| ☐ | ☐ | ☐ | Myalgia | ☐ | ☐ | ☐ | Injected tongue | ☐ | ☐ | ☐ | Disorientation |
| ☐ | ☐ | ☐ | Sore throat | ☐ | ☐ | ☐ | Vaginal discharge | ☐ | ☐ | ☐ | Seizures |
| ☐ | ☐ | ☐ | Conjunctival hyperemia | ☐ | ☐ | ☐ | Vaginal ulceration | ☐ | ☐ | ☐ | Vaginal hyperemia |
| ☐ | ☐ | ☐ | Oropharyngeal hyperemia | ☐ | ☐ | ☐ | Cardiac arrhythmia If yes, describe: _____ | | | | |

## LABORATORY *(Please submit copies of all labs to DIDE)*

Record most abnormal values during first 4 days of illness
WBC count (000/mm$^3$): _____ Neutrophil (%): _____ Bands (%): _____ Metamyelocytes (%): _____
Myelocytes (%): _____ Platelets (000/ mm$^3$): _____ Highest platelet value after 7 days of illness (000/ mm$^3$): _____

Urinalysis Creatnine phosphokinase (CPK) (IU/L): _____ CPK – myocardial band? ☐ **Y** ☐ **N** ☐ **U**
WBC/HPF ("many"=99): _____ RBC/HPF ("many"=99): _____ Protein (0-4+): _____ SGOT (IU/L): _____ SGPT (IU/L): _____
Alkaline phosphatase (IU/L): _____ Bilirubin (mg/dl): _____ Amylase (Somogyi Units/dl): _____ BUN (mg/dl): _____
Creatnine (mg/dl): _____ Calcium (mg/dl): _____ Phosphorus (mg/dl): _____ Albumin (g/dl): _____

## LABORATORY (cont.) *(Please submit copies of all labs to DIDE)*

Cultures

Blood – Result: ☐ Positive ☐ Negative ☐ Not Done ☐ Unknown
If positive, what organism: 1._____ 2. _____

Urine – Result: ☐ Positive ☐ Negative ☐ Not Done ☐ Unknown
If positive, what organism: 1._____ 2. _____
Colony count (000/ml): 1._____ 2. _____

Throat – Result: ☐ Normal Flora ☐ Abnormal ☐ Not Done ☐ Unknown
If abnormal, what organism: 1._____ 2. _____

Nares – Result: ☐ Done ☐ Not Done ☐ Unknown
If done, what organism: 1._____ 2. _____

Vagina – Result: ☐ Done ☐ Not Done ☐ Unknown
If done, what organism: 1._____ 2. _____
Was Staphylococcus aureus present in the vagina? ☐ **Y** ☐ **N** ☐ **U**
If S. aureus present in vagina, is it resistant to penicillin and ampicillin only? ☐ **Y** ☐ **N** ☐ **U**

Other sites cultured? ☐ **Y** ☐ **N** ☐ **U** If yes, specify site: _____
If done, what organism: 1._____ 2. _____

Was patient taking antibiotics when culture(s) performed? ☐ **Y** ☐ **N** ☐ **U**
If yes, which sites: _____

## EXPOSURE ASSESSMENT

Tampon/Napkin/Minipad Use – If applicable during period when patient became ill

Products used:

☐ Tampons only ☐ Napkins only ☐ Minipads only ☐ Tampons and Napkins
☐ Tampons and Minipads ☐ Napkins and Minipads ☐ Tampons, Napkins and Minipads ☐ Sea Sponge
☐ unknown ☐ Other (specify): _____

Tampon brand #1 (Most frequently used, judged by time. If only one brand was used before onset of symptoms, list only that brand)

| **Y N U** | | **Y N U** | | **Y N U** | | **Y N U** | |
|---|---|---|---|---|---|---|---|
| ☐ ☐ ☐ | Assure | ☐ ☐ ☐ | o.b. | ☐ ☐ ☐ | Pursetts | ☐ ☐ ☐ | Tampax |
| ☐ ☐ ☐ | Kotex | ☐ ☐ ☐ | Playtex | ☐ ☐ ☐ | Rely | ☐ ☐ ☐ | Other (specify): _____ |

If yes to any, what type: ☐ Plastic Inserter ☐ Stick Inserter ☐ Inserter Unknown
If yes to any, what type: ☐Deodorized ☐ Non-deodorized
If yes to any, style (absorbency): ☐ Super-plus ☐ Super ☐ Regular ☐ Junior ☐ Unknown

Tampon brand #2 (Most frequently used, judged by time. If only one brand was used before onset of symptoms, list only that brand)

| **Y N U** | | **Y N U** | | **Y N U** | | **Y N U** | |
|---|---|---|---|---|---|---|---|
| ☐ ☐ ☐ | Assure | ☐ ☐ ☐ | o.b. | ☐ ☐ ☐ | Pursetts | ☐ ☐ ☐ | Tampax |
| ☐ ☐ ☐ | Kotex | ☐ ☐ ☐ | Playtex | ☐ ☐ ☐ | Rely | ☐ ☐ ☐ | Other (specify): _____ |

If yes to any, what type: ☐ Plastic Inserter ☐ Stick Inserter ☐ Inserter Unknown
If yes to any, what type: ☐Deodorized ☐ Non-deodorized
If yes to any, style (absorbency): ☐ Super-plus ☐ Super ☐ Regular ☐ Junior ☐ Unknown

Was Brand #1 the only tampon brand used during period when patient became ill? ☐ **Y** ☐ **N** ☐ **U**
Name Napkin brand used:_____ Name Minipad brand used: _____
How was information in this section verified?
☐ Patient memory ☐ Patient viewing product box ☐ Interviewer viewing product box ☐ Other (describe): _____
Has patient had similar illness in past during menstrual period? ☐ **Y** ☐ **N** ☐ **U**
If yes, how many episodes: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If no tampon use reported, does the patient have meet any of the following criteria:
☐ Childbirth ☐ Abortion ☐ Recent surgical procedure ☐ Presence of cutaneous lesion ☐ Other (specify):_____ ☐ N/A

## PUBLIC HEALTH ISSUES

**Y N U**
☐ ☐ ☐ Case knows someone who had shared exposure and is currently having similar symptoms
☐ ☐ ☐ Epi link to another confirmed case of same condition
☐ ☐ ☐ Case is part of an outbreak
☐ ☐ ☐ Other:

## PUBLIC HEALTH ACTIONS

**Y N U**
☐ ☐ ☐ Disease education and prevention information provided to patient and/or family/guardian
☐ ☐ ☐ Patient is lost to follow-up
☐ ☐ ☐ Other: