West Virginia Bureau for Public Health
Your Health Your Safety Our Purpose
Department of Health & Human Resources

Staphylococcal 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: