

TOXIC-SHOCK SYNDROME: A CONTINUING PROBLEM

The number of toxic-shock syndrome (TSS) cases reported has declined nationwide, but the incidence in Texas has remained fairly constant since September 1980 when a voluntary reporting system was instituted. Ninety-eight cases have been reported with dates of onset between August 1978 and May 1983 (Figure 1). Since 1980, an average of 27 cases have been reported each year. Eleven cases have been reported for the first 2 quarters of 1983.

Tampon-related cases have accounted for 89% of all Texas TSS cases. Ages of these cases ranged from 13 to 42 years with a mean of 23 years. Seven of these cases died, for a case-fatality rate of 8%. Apparently, most women with TSS do not associate their signs and symptoms with tampon usage. That is, these women continue to enter emergency rooms with tampons in place. Because of the extensive media coverage associating the use of Rely® tampons with TSS, many women may have a false sense of security regarding the use of other tampon brands. Tampon users should be reminded that TSS cases continue to occur in Texas even though Rely® brand tampons were voluntarily removed from the market in September 1980. Since that time, 59 women have developed TSS while using other major tampon brands -- e.g., Playtex®, Tampax®, Kotex®, and OB®.

A few TSS cases do occur in individuals not wearing tampons. Of the eleven cases in Texas not related to tampon usage, three occurred in males. Ages in these cases ranged from 8 to 26 years, with an average of 17 years. Three of these eleven cases died. Reporting of non-tampon related cases in Texas increased in mid-1982 possibly due to increased attention to these cases in the professional literature.^{1,2}

Since TSS continues to occur in Texas, it is the responsibility of health professionals to educate women on the risk factors of TSS and its signs and symptoms. Women between 15 and 24 years of age should be specifically targeted for educational intervention. Of Texas cases, 61% of tampon-related cases were in this age group. The risk of developing tampon-related TSS can be greatly reduced by no longer wearing tampons. Should women choose to wear tampons, they may wish to use the less absorptive brands. The Tri-State TSS study found that women wearing high-absorbency tampons were at greater relative risk of developing TSS than were women wearing low-absorbency tampons.³ Also, intermittent use of tampons (i.e., use of tampons during the day and pads at night) may reduce the TSS risk.⁴ Finally, women should be told to immediately remove their tampons if they develop high fever, nausea, vomiting, diarrhea, and myalgias with or without a rash and to seek medical attention without delay.

The author would like to thank health professionals who have reported TSS cases; continued voluntary reporting of this disease is encouraged. Report forms can be obtained from the Bureau of Epidemiology, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756 or by calling (512) 458-7328 or STS 824-9328.

This report was prepared by Deborah L. Martin, R.N., M.N., Bureau of Epidemiology, Texas Department of Health.



Texas Preventable Disease News, week no. 33

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- 4. Shands KN, Schmid GP, Dan BB, et al. Toxic-shock syndrome in menstruating women: association with tampon use and <u>Staphylococcus</u> <u>aureus</u> and clinical features in 52 cases. N Engl J Med 1980; 303:1436-1442.

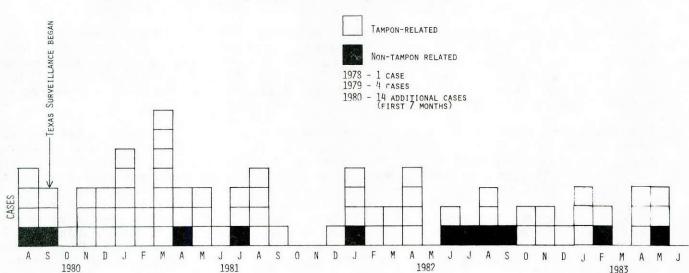


Figure 1. Cases of TSS Reported in Texas by Date of Onset, 1978-1983

RABIES BOOSTER IMMUNIZATIONS WITH HDCV

MAINTAINING PRE-EXPOSURE STATUS: Persons with a continuing risk of exposure to rabies should receive a one-milliliter dose of Human Diploid Cell Vaccine (HDCV) every two years after the basic pre-exposure series.

IF PREVIOUSLY IMMUNIZED PERSON IS EXPOSED TO RABIES: Persons who have been previously immunized with HDCV (either pre-exposure or post-exposure series) should be given two doses of HDCV, one immediately and one three days later. Rabies Immune Globulin (RIG) should not be given. If the person's last immunization was not with HDCV, then use the two-dose booster schedule only if an adequate antibody titer was demonstrated at that time. Otherwise, a single dose of RIG and the regular five-dose series of HDCV should be given.

SEROLOGIC TESTING: Routine serologic testing for rabies antibody is no longer recommended except when an immune deficiency exists in the person receiving HDCV. In such cases, sera should be submitted through the Bureau of Laboratories, Texas Department of Health, to the Centers for Disease Control. Specimens must be accompanied by documentation regarding the immune deficiency.

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AIDS CASES IN TEXAS BY YEAR OF DIAGNOSIS

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TEXAS PREVENTABLE DISEASE NEWS Renewal Form and Survey

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	Texas Department of Health 1100 West 49th Street		
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IBLIC HEALTH REGION		, TX	PHO	NE: 5	512/278-7	173	POPULA	TION =	1,44	,279					
		, TX *	PHO	NE: 5	12/278-7	173 *	POPULA	TION =	1,44:	, 279 *			*		
BLIC HEALTH REGION		, TX * *	PHO 3	NE† 5	;	173 * *	POPULA ,	TION = * *	1,44	\$ 279 * *	70	3	*	1	
JBLIC HEALTH REGION	9 UVALDE	• TX * *			;	173 * *	POPULA , ,	TION == * *	1,44	* * * *	70 1	3	* *	1 4	
JBLIC HEALTH REGION COUNTIES BEXAR	9 UVALDE	• TX * * *	3		;	173 * * *	POPULA , , , ,	TION = * * *	1,44	\$ 279 * * * *	70 1	3	* * *	1 4 1	
JBLIC HEALTH REGION COUNTIES BEXAR Comal	9 UVALDE	• TX * * *	3		;	173 * * * *	POPULA , , , , , , ,	TION = * * * *	1,44:	\$ 279 * * * *	70 1	3	* * * *	1 4 1 5	
JBLIC HEALTH REGION COUNTIES BEXAR COMAL EDWARDS KARNES KENDALL	9 UVALDE	, TX * * * *	3		;	173 * * * * * *	POPULA 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	TION = * * * * *	1,44:	* 279 * * * * *	70 1	3	* * * *	1 4 1 5	
JBLIC HEALTH REGION COUNTIES BEXAR COMAL EDWARDS KARNES KENDALL KERR	9 UVALDE 12	, TX * * * *	3		;	173 * * * * * * *	POPUL A 	TION = * * * *	1,44	* • 279 * * * * * * *	70 1	3	* * * * * *	1 4 1 5	
JBLIC HEALTH REGION COUNTIES BEXAR COMAL EDWARDS KARNES KENDALL KERR VAL VERDE	9 UVALDE 12 1	, TX * * * * *	32		;	173 * * * * * * *	POPUL A	TION = * * * * *	1,44	*** *** ** **	1		* * * * * *	1 5	
JBLIC HEALTH REGION COUNTIES BEXAR COMAL EDWARDS KARNES KENDALL KERR VAL VERDE CASES THIS WEEK	9 UVALDE 12 1 13	, TX * * * * * *	325	1		* * * * * * * * * * * * * * * * * * *	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	* * * * * * * *	1,44	* * * * * * *	1 1 72	1	*	1 5 11	
JBLIC HEALTH REGION COUNTIES BEXAR COMAL EDWARDS KARNES KENDALL KERR VAL VERDE	9 UVALDE 12 1	, TX ** ** ** ** **	32			* * * * * * * * * * * * * * * * * * *	POPUL A	* * * * * * * *	1,44	;279 ** * * * * * * * * *	1		* * * * * * * * *	1 5	

PUBLIC HEALTH REGION 10	NACOBDOC	HES, TX	PHONE:	713/	560-3058	POPULATION =	683,950						
COUNTIES													
		*			*	*	ŧ			¥			
ANGELINA	1	*			1 *	*	*	9		¥			
HARDIN		*		1	*	*	*		1	¥			
HOUSTON		*			*	*	*	1		*			
JEFFERSON	1	×	1	1	1 *	*	*	17	2	*			
NACOUDOCHES		*			*	*	*	3		*			
ORANGE		*			*	*	*	1		¥			
POLK	1	*			*	*	*			¥			
SAN JACINTO		*			*	*	*			¥	3		
SHELEY		*			*	*	*	1		*			
TRINITY		*			*	*	*		1	*			
CASES THIS WEEK	3	*	1	2	2 *	*	*	32	4	*	3		
CUMULATIVE 1983	15	13 *	41	29	25 ¥	10 *	1 *	2,008	125	* 1	,793	•	42
OTHEP COUNTLES:	NO COMM	UNICABLE	DISEAS	ES:	D	OTHER DISEASES ONLY:	D	NOT F	REPORTI	4G: !	5		

WEEK NO: 33 ENDING: AUGUST 20, 1983

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	MENINGO-			PATIT:			NIZABLE:	T	RICKET		1	VENERE			MISC.	
MENIN-	COCCAL	İ	A	8		1		i	ENDEM		1		P&S	1	FLU &	TUBER-
CITIS	INFEC	I	INFEC	SERUM	UNSPEC	MEASLES	RUBELLA	ł	TYPH	RMSF		6 C	SYPH	1	FLU-LIKE	CULOSIS

COUNTIES			ъ				J.				*			*		
BRAZORIA			¥ ×				≁ ★		*		*	1		*		
FORT BEND	1		*				*		*	1	*	3		*		
HARRIS	7	1	*		3	6	*		*		*	612	63	*		4
LIBERTY		_	*		1	-	*		*		*			*		
MONTGOMERY			*				*		*		*	3		¥		
CASES THIS WEEK	8	1	¥		4	6	*		*	1	*	619	63	*		
CUMULATIVE 1983	127	36	*	165	180	255	*	32	2 *	5	*	17,834	1,530	*	2,199	420
OTHER COUNTIES:	NO CO	MMUNICA	BLE	DISE	ASES:	2		OTHER	DISEASES ONLY:	1		NOT	REPORTI	NG:	5	
PUBLIC HEALTH REGION 12	MIDLAN			PHON					POPULATION =	364,3						
COUNTIES			*				*		*		*			*		
ECTOR			*			2	*		*		*	6		*	16	
MIDLAND			*			-	ŧ		*		*	11	1	*	12	
WINKLER			*				*		*		*		1	*	2	
CASES THIS WEEK			*			2	*		*		*	17	2	*	30	
CUMULATIVE 1983	6		*	45	14	70	*		5 *		*	585	85	*	2,289	19
OTHER COUNTIES:	NO CO	MMUNICA	BLE	DISE	ASES:	3		OTHE	DISEASES ONLY:	1		NOT	REPORTI	NG:	10	

ARMED FORCES			*		1		1 4	¥	*	*	26	1	*	2
V.A. HOSPITALS			*				4	¥	*	*			*	
			*				*	¥	*	*			*	
CASES THIS WEEK			*		1		1 🕯	¥	*	*	26	1	*	2
CUMULATIVE 1983	5	2	*	18	15	2	0 4	Þ	1 *	*	1,609	99	*	5,051

1982 1983 1982 1983 ACQUITEED IMMURE DEFICIENCY SYNDROME (ALDS) 3 32 AMEBIASIS 19 10 317 245 ANTHRAX 0 0 0 0 0 BOTULISM 0 0 0 0 0 0 BRUCELLOSIS 1 4 12 53 0 0 0 CHOLERA 29 11 9679 13624 0 0 0 CHOLERA 0 0 0 0 0 0 0 ENCEPHALITIS, ST. LOUIS 0 <th>OTHER REPORTABLE DISEASES</th> <th>REPORTED</th> <th>THIS WEEK</th> <th>CUMU</th> <th>LATIVE</th>	OTHER REPORTABLE DISEASES	REPORTED	THIS WEEK	CUMU	LATIVE
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AMÉBIASIS 19 10 317 245 ANTHRAX 0 0 0 0 BOTULISM 0 0 0 0 BOTULISM 1 4 12 53 CHICKENPOX 29 11 9679 13524 CHOLERA 0 0 0 0 0 DIPHTHERIA 0 0 0 0 0 ENCEPHALITIS, ST. LOUIS 0 0 0 0 1 ENCEPHALITIS, VESTEPN EQUINE 0 0 0 0 0 ENCEPHALITIS, VESTEPN EQUINE 0 0 0 0 0 0 ENCEPHALITIS, VESTEPN EQUINE 0 0 0 0 0 0 0 ENCEPHALITIS, VENZUELAN EQUINE 0 0 0 0 0 0 0 ENCEPHALITIS, VENZUELAN EQUINE 0 0 0 0 0 0 0 ENCEPHALITIS, ALL OTHEP 4 0 0 0 0 0 0 L					
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	SALMONELLOSIS	42	75	1110	1197
CTOED TUDANT & CONDIET FENED 650 816 33151 94097	SHIGELLOSIS	52	64		
	STREP THROAT & SCARLET FEVER	659	416	33151	26087
REYE SYNDROME C 13	REYE SYNDROME				
TETANUS D D 5 3	TETANUS	D	Ο	5	3
TRICHINOSIS O D 1	TRICHINGSIS	D	C	0	1
TULARENIA 1 C 2 6		1	C	2	6
TYPHOID FEVER C 2 17 24			2	17	24
TYPHUS, EPIDEMIC O O O	TYPHUS, EPIDEMIC	n		C	0
YELLOW FEVER D D D		۵	C	D	0

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RABIES IN ANIMALS

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