Toxic Shock Syndrome is Still With Us

Toxic Shock Syndrome is a rare bacterial infection caused by streptococci. More than 50 women died from the syndrome between 1979 and 1980, when the link between tampons and Toxic Shock was first established. A 1994 study showed that 99% of the menstruating women who developed Toxic Shock were tampon users.

Tampons and other related products often contain additives, synthetic fibers and dioxin. Dioxin is a toxic by-product of the paper manufacturing process. Wood pulp, as well as the rayon used in nearly all tampons, undergoes several production processes; a common method is chlorine bleaching, which results in the formation of dioxin and other contaminants. This causes trace amounts of dioxin to be present in most paper products -- from toilet paper to tampons.

A 1996 Environmental Protection Agency study linked dioxin exposure with an increased risk of endometriosis, an often painful menstrual-related condition and a leading cause of infertility.

The EPA has concluded that women who have been exposed to dioxin over time may be at risk for other problems such as suppressed immunity, increased risk of pelvic inflammatory disease, and decreased fertility. Dioxin exposure may also interfere with normal fetal and childhood development.

Dioxin is stored in the fatty tissue. Since most women have more body fat than men, they store more dioxin from all sources not just tampons. According to Dr. Philip Tierno, Jr., Director of Microbiology and Immunology at New York University Medical Center, these toxic residues in tampons comes in direct contact with some of the most absorbent tissue in a woman's body. Almost anything placed on this tissue -- including dioxin -- is readily absorbed into the body.

Suppression of the body's immune system increases the risk for streptococcal infection. The most common clinical symptom is severe pain that begins abruptly. The pain, usually present in an extremity, may also mimic peritonitis, pelvic inflammatory disease, pneumonia, acute myocardial infarction or pericarditis. Twenty percent of patients have an influenza-like syndrome characterized by fever, chills, myalgia, nausea, vomiting and diarrhea. Fever is the most common early sign, although hypothermia may be present in patients with shock. Confusion is present in 55% of patients and in some, coma or combativeness is present.

Complications associated with streptococcal soft-tissue infection include shock (95%); acute respiratory distress syndrome (55%), renal impairment (80%), bacteremia (60%) and death (30%).

A 1989 FDA document reported that "the most effective risk management strategy would be to assure that tampons, and menstrual pads for good measure, contain no dioxin." Although the FDA currently requires tampon manufacturers to monitor dioxin levels in their finished products, the results are not available to the public. The FDA relies on the manufacturer to perform its own dioxin tests rather than an independent third party laboratory.

Tampon manufacturers are not required to disclose ingredients to consumers either; however, many have voluntarily disclosed this information.

Congresswoman Carolyn Maloney from New York became involved in this issue after being told that the manufacturers' dioxin monitoring reports were proprietary information of the FDA. Whether or not the manufactures are accurately testing and honestly reporting dioxin levels is in question. Also, the level of dioxin exposure considered safe for humans is unknown.

Independent testing by the National Institutes of Health is addressed by H.R. 2900 Tampon Safety and Research Act of 1997 which was introduced into Congress by Carolyn Maloney on November 11, 1997. This bill remains in the House -- unpassed.