

California Department of Public Health  
 Center for Infectious Diseases  
 Division of Communicable Disease Control  
 Infectious Diseases Branch  
 Surveillance and Statistics Section  
 MS 7306, P.O. Box 997377  
 Sacramento, CA 95899-7377

Local ID Number \_\_\_\_\_

(Please use the same ID Number on the preliminary and final reports to allow linkage to the same case.)

Report Status (check one)

Preliminary  Final

## TOXIC SHOCK SYNDROME (NON-STREPTOCOCCAL) CASE REPORT

PLEASE NOTE THAT ONLY NON-STREPTOCOCCAL TOXIC-SHOCK SYNDROME IS REPORTABLE IN CALIFORNIA.

PATIENT INFORMATION					
Last Name	First Name	Middle Name	Suffix	Primary Language	
Social Security Number (9 digits)		DOB (mm/dd/yyyy)	Age	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Address Number & Street - Residence		Apartment / Unit Number			
City / Town		State	Zip Code		
Census Tract	County of Residence		Country of Residence		
Country of Birth		If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)			
Home Telephone		Cellular Phone / Pager		Work / School Telephone	
E-mail Address		Other Electronic Contact Information			
Work / School Location		Work / School Contact			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____					
Pregnant?		If Yes, Est. Delivery Date (mm/dd/yyyy)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
Medical Record Number		Patient's Parent / Guardian Name			
Occupation Setting (see list on page 6)		Other (Describe / Specify)			
Occupation (see list on page 6)		Other (Describe / Specify)			
*Comment: self-identity or self-reporting The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.					
CLINICAL INFORMATION					
Physician Name - Last Name			First Name		Telephone Number

First three letters of  
patient's last name:

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<b>CLINICAL PRESENTATION</b>					
Onset Date (mm/dd/yyyy)			Date First Sought Medical Care (mm/dd/yyyy)		
Are at least <b>four of the five</b> major case criteria listed below met? (see detailed case definition on page 5) <input type="checkbox"/> Yes <input type="checkbox"/> No			If NO, do not fill out form, patient does not meet the CDC/CSTE case definition.		
Signs and Symptoms	Yes	No	Unk	Criteria Description	
1. Fever				≥ 102.0 °F (38.9 °C)	
2. Rash				Diffuse macular erythroderma	
3. Desquamation				Generally occurs 1-2 weeks after the onset of rash	
4. Hypotension (low blood pressure)				Systolic blood pressure less than or equal to 90 mm Hg for adults or less than 5 <sup>th</sup> percentile by age for children aged less than 16 years	
5. Multisystem involvement				Involvement of <b>three or more</b> of the following organ systems: gastrointestinal, muscular, mucous membrane, renal, hepatic, hematologic, or central nervous system.	
• Gastrointestinal symptoms				Diarrhea or vomiting within 48 hours of onset	
• Muscular involvement				Severe myalgia or creatine phosphokinase level at least twice the upper limit of normal	
• Mucous membrane				Vaginal, oropharyngeal, or conjunctival hyperemia	
• Renal				Blood urea nitrogen or creatinine at least twice the upper limit of normal for laboratory or urinary sediment with pyuria (≥ 5 leukocytes per high-power field) in the absence of urinary tract infection	
• Hepatic				Total bilirubin, alanine aminotransferase enzyme, or aspartate aminotransferase enzyme levels at least twice the upper limit of normal for laboratory	
• Hematologic				Platelets less than 100,000/mm <sup>3</sup>	
• Central nervous system				Disorientation or alterations in consciousness without focal neurologic signs when fever and hypotension are absent	
<b>HOSPITALIZATION</b> (please attach discharge or death summary, if available)					
Did patient visit emergency room for illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Was patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		If Yes, how many total hospital nights?	
If there were any ER or hospital stays related to this illness, specify details below.					
<b>HOSPITALIZATION - DETAILS</b>					
Hospital Name 1	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	
	<b>Discharge Diagnoses</b> (or causes of death)				
Hospital Name 2	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	
	<b>Discharge Diagnoses</b> (or causes of death)				

First three letters of patient's last name:

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**OUTCOME**

Outcome? <input type="checkbox"/> Survived <input type="checkbox"/> Died <input type="checkbox"/> Unk	If Survived, Survived as of _____ (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)
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**LABORATORY INFORMATION**

**LABORATORY RESULTS SUMMARY - MICROBIOLOGY**

Was microbial testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Laboratory Name	Telephone Number
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**LABORATORY RESULTS SUMMARY - CULTURE (collection date within first 3 days of hospitalization)**

Blood Culture <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done <input type="checkbox"/> Unk	Collection Date (mm/dd/yyyy)	If Positive, Organism
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CSF Culture <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done <input type="checkbox"/> Unk	Collection Date (mm/dd/yyyy)	If Positive, Organism
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Other Positive Culture (describe)

Staphylococcus aureus present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If S. aureus present, is it methicillin-resistant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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**LABORATORY RESULTS SUMMARY - SEROLOGY**

Test	Collection Date (mm/dd/yyyy)	Result	Laboratory Name
Rocky Mountain Spotted Fever titer		<input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unk	
Leptospirosis titer		<input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unk	
Measles titer		<input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unk	
Other (specify): _____		<input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unk	
Other (specify): _____		<input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unk	

**LABORATORY RESULTS SUMMARY - OTHER RELEVANT TESTS**

Specify other relevant tests that were conducted such as toxic shock syndrome toxin (TSST-1), staphylococcal enterotoxin, influenza, etc.

Test 1	Result	Reference Range
Test 2	Result	Reference Range

First three letters of patient's last name:

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**EPIDEMIOLOGIC INFORMATION**

**INCUBATION PERIOD**

INCUBATION PERIOD VARIES. MEDIAN IS 2 DAYS

**EXPOSURES / RISK FACTORS**

MENSTRUAL-ASSOCIATED TSS

What was the first date (mm/dd/yyyy) of the menstrual period preceding the onset of TSS?

Does the patient use the following:

Tampons <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Type(s) (regular, super absorbency, etc.)	Brand(s)
Napkins <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Type(s)	Brand(s)

Other Menstrual-Associated Products (e.g., menstrual cap; describe products, types, brands, etc.)

NON-MENSTRUAL ASSOCIATED TSS

Wound-associated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Wound location and details		
Surgery-associated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Type of surgery	Surgery date (mm/dd/yyyy)	Hospital
Postpartum <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Delivery date (mm/dd/yyyy)	Type of delivery: <input type="checkbox"/> Spontaneous vaginal delivery <input type="checkbox"/> Other: _____ <input type="checkbox"/> Cesarean section	
Used barrier contraceptives other than condoms (e.g., diaphragm, contraceptive sponge) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Type(s) of contraceptive <input type="checkbox"/> Diaphragm <input type="checkbox"/> Sponge <input type="checkbox"/> Other: _____	Brand(s)	Date last used prior to illness onset (mm/dd/yyyy)

Other Relevant Exposure or History (describe)

**NOTES / REMARKS**


**REPORTING AGENCY**

Investigator Name	Local Health Jurisdiction	Telephone Number	Date (mm/dd/yyyy)
First Reported By <input type="checkbox"/> Clinician <input type="checkbox"/> Laboratory <input type="checkbox"/> Other (specify): _____			

First three letters of  
patient's last name:

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**EPIDEMIOLOGICAL LINKAGE**

Epi-linked to known case?

 Yes  No  Unk

Contact Name / Case Number

**DISEASE CASE CLASSIFICATION**

Case Classification (see case definition below)

 Confirmed  Probable

Disease Classification

 Menstrual TSS  Non-menstrual TSS (specify): \_\_\_\_\_**STATE USE ONLY**

State Case Classification

 Confirmed  Probable  Not a case  Need additional information  
 Also meets criteria for Severe *Staphylococcus Aureus* Infection (Community-Associated)
**CASE DEFINITION**PLEASE NOTE THAT ONLY NON-STREPTOCOCCAL TOXIC-SHOCK SYNDROME IS REPORTABLE IN CALIFORNIA.**TOXIC-SHOCK SYNDROME (2011)****CLINICAL DESCRIPTION**

An illness with the following clinical manifestations:

- **Fever:** temperature greater than or equal to 102.0 °F (greater than or equal to 38.9 °C)
- **Rash:** diffuse macular erythroderma
- **Desquamation:** 1-2 weeks after onset of rash
- **Hypotension:** systolic blood pressure less than or equal to 90 mm Hg for adults or less than fifth percentile by age for children aged less than 16 years
- **Multisystem involvement** (three or more of the following organ systems):
  - **Gastrointestinal:** vomiting or diarrhea at onset of illness
  - **Muscular:** severe myalgia or creatine phosphokinase level at least twice the upper limit of normal
  - **Mucous membrane:** vaginal, oropharyngeal, or conjunctival hyperemia
  - **Renal:** blood urea nitrogen or creatinine at least twice the upper limit of normal for laboratory or urinary sediment with pyuria (greater than or equal to 5 leukocytes per high-power field) in the absence of urinary tract infection
  - **Hepatic:** total bilirubin, alanine aminotransferase enzyme, or aspartate aminotransferase enzyme levels at least twice the upper limit of normal for laboratory
  - **Hematologic:** platelets less than 100,000 / mm<sup>3</sup>
  - **Central nervous system:** disorientation or alterations in consciousness without focal neurologic signs when fever and hypotension are absent

**LABORATORY CRITERIA FOR DIAGNOSIS**

Negative results on the following tests, if obtained:

- Blood or cerebrospinal fluid cultures (blood culture may be positive for *Staphylococcus aureus*)
- Negative serologies for Rocky Mountain spotted fever, leptospirosis, or measles

**CASE CLASSIFICATION****Probable:** a case which meets the laboratory criteria and in which four of the five clinical findings described above are present**Confirmed:** a case which meets the laboratory criteria and in which all five of the clinical findings described above are present, including desquamation, unless the patient dies before desquamation occurs.

<b>RACE DESCRIPTIONS</b>	
<b>Race</b>	<b>Description</b>
American Indian or Alaska Native	Patient has origins in <b>any</b> of the original peoples of North and South America (including Central America).
Asian	Patient has origins in <b>any</b> of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in <b>any</b> of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in <b>any</b> of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in <b>any</b> of the original peoples of Europe, the Middle East, or North Africa.
<b>OCCUPATION SETTING</b>	
<ul style="list-style-type: none"> <li>• Childcare / Preschool</li> <li>• Correctional Facility</li> <li>• Drug Treatment Center</li> <li>• Food Service</li> <li>• Health Care - Acute Care Facility</li> <li>• Health Care - Long Term Care Facility</li> <li>• Health Care - Other</li> </ul>	<ul style="list-style-type: none"> <li>• Homeless Shelter</li> <li>• Laboratory</li> <li>• Military Facility</li> <li>• Other Residential Facility</li> <li>• Place of Worship</li> <li>• School</li> <li>• Other</li> </ul>
<b>OCCUPATION</b>	
<ul style="list-style-type: none"> <li>• Adult film actor / actress</li> <li>• Agriculture - farmworker or laborer (crop, nursery, or greenhouse)</li> <li>• Agriculture - field worker</li> <li>• Agriculture - migratory / seasonal worker</li> <li>• Agriculture - other / unknown</li> <li>• Animal - animal control worker</li> <li>• Animal - farm worker or laborer (farm or ranch animals)</li> <li>• Animal - veterinarian or other animal health practitioner</li> <li>• Animal - other / unknown</li> <li>• Clerical, office, or sales worker</li> <li>• Correctional facility - employee</li> <li>• Correctional facility - inmate</li> <li>• Craftsman, foreman, or operative</li> <li>• Daycare or child care attendee</li> <li>• Daycare or child care worker</li> <li>• Dentist or other dental health worker</li> <li>• Drug dealer</li> <li>• Fire fighting or prevention worker</li> <li>• Flight attendant</li> <li>• Food service - cook or food preparation worker</li> <li>• Food service - host or hostess</li> <li>• Food service - server</li> <li>• Food service - other / unknown</li> <li>• Homemaker</li> <li>• Laboratory technologist or technician</li> <li>• Laborer - private household or unskilled worker</li> <li>• Manager, official, or proprietor</li> <li>• Manicurist or pedicurist</li> <li>• Medical - emergency medical technician or paramedic</li> <li>• Medical - health care worker</li> </ul>	<ul style="list-style-type: none"> <li>• Medical - medical assistant</li> <li>• Medical - pharmacist</li> <li>• Medical - physician assistant or nurse practitioner</li> <li>• Medical - physician or surgeon</li> <li>• Medical - nurse</li> <li>• Medical - other / unknown</li> <li>• Military</li> <li>• Police officer</li> <li>• Professional, technical, or related profession</li> <li>• Retired</li> <li>• Sex worker</li> <li>• Stay at home parent / guardian</li> <li>• Student - preschool or kindergarten</li> <li>• Student - elementary or middle school</li> <li>• Student - high school</li> <li>• Student - college or university</li> <li>• Student - other / unknown</li> <li>• Teacher / employee - preschool or kindergarten</li> <li>• Teacher / employee - elementary or middle school</li> <li>• Teacher / employee - high school</li> <li>• Teacher / instructor / employee - college or university</li> <li>• Teacher / instructor / employee - other / unknown</li> <li>• Unemployed - seeking employment</li> <li>• Unemployed - not seeking employment</li> <li>• Unemployed - other / unknown</li> <li>• Volunteer</li> <li>• Other</li> <li>• Refused</li> <li>• Unknown</li> </ul>