TOXIC SHOCK SYNDROME (NON-STREPTOCOCCAL)
CASE REPORT

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

PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
<th>Social Security Number (9 digits)</th>
<th>DOB (mm/dd/yyyy)</th>
<th>Age</th>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Primary Language
- English
- Spanish
- Other: ____________________________

Ethnicity (check one)
- Hispanic / Latino
- Non-Hispanic / Non-Latino
- Unk

Race* (check all that apply, race descriptions on page 6)
- African-American / Black
- American Indian or Alaska Native
- Asian (check all that apply)
  - Asian Indian
  - Cambodian
  - Japanese
  - Korean
  - Chinese
  - Laotian
  - Filipino
  - Thai
  - Hmong
  - Vietnamese
  - Other: ____________________________

- Pacific Islander (check all that apply)
  - Native Hawaiian
  - Samoan
  - Guamanian
  - Other: ____________________________

- White
- Other: ____________________________
- Unk

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.

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

CLINICAL INFORMATION

Physician Name - Last Name | First Name | Telephone Number
-------------------------------|------------|------------------

CDPH 8599 (revised 5/13)
## CLINICAL PRESENTATION

<table>
<thead>
<tr>
<th>Onset Date (mm/dd/yyyy)</th>
<th>Date First Sought Medical Care (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are at least four of the five major case criteria listed below met? (see detailed case definition on page 5)</td>
<td></td>
</tr>
<tr>
<td>□ Yes  □ No</td>
<td></td>
</tr>
<tr>
<td>Signs and Symptoms</td>
<td>Yes</td>
</tr>
<tr>
<td>1. Fever</td>
<td></td>
</tr>
<tr>
<td>2. Rash</td>
<td></td>
</tr>
<tr>
<td>3. Desquamation</td>
<td></td>
</tr>
<tr>
<td>4. Hypotension (low blood pressure)</td>
<td></td>
</tr>
<tr>
<td>5. Multisystem involvement</td>
<td></td>
</tr>
<tr>
<td>• Gastrointestinal symptoms</td>
<td></td>
</tr>
<tr>
<td>• Muscular involvement</td>
<td></td>
</tr>
<tr>
<td>• Mucous membrane</td>
<td></td>
</tr>
<tr>
<td>• Renal</td>
<td></td>
</tr>
<tr>
<td>• Hepatic</td>
<td></td>
</tr>
<tr>
<td>• Hematologic</td>
<td></td>
</tr>
<tr>
<td>• Central nervous system</td>
<td></td>
</tr>
</tbody>
</table>

## HOSPITALIZATION (please attach discharge or death summary, if available)

<table>
<thead>
<tr>
<th>Did patient visit emergency room for illness?</th>
<th>Was patient hospitalized?</th>
<th>If Yes, how many total hospital nights?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes  □ No  □ Unk</td>
<td>□ Yes  □ No  □ Unk</td>
<td>If, Yes how many total hospital nights?</td>
</tr>
</tbody>
</table>

If there were any ER or hospital stays related to this illness, specify details below.

## HOSPITALIZATION - DETAILS

<table>
<thead>
<tr>
<th>Hospital Name 1</th>
<th>Street Address</th>
<th>Admit Date (mm/dd/yyyy)</th>
<th>Discharge / Transfer Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
<td>Discharge / Transfer Date (mm/dd/yyyy)</td>
<td>Medical Record Number</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
<td>Telephone Number</td>
<td>Medical Record Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discharge Diagnoses (or causes of death)

<table>
<thead>
<tr>
<th>Hospital Name 2</th>
<th>Street Address</th>
<th>Admit Date (mm/dd/yyyy)</th>
<th>Discharge / Transfer Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
<td>Telephone Number</td>
<td>Medical Record Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discharge Diagnoses (or causes of death)
## OUTCOME

<table>
<thead>
<tr>
<th>Outcome?</th>
<th>Survived</th>
<th>Died</th>
<th>Unk</th>
<th>If Survived, Survived as of</th>
<th>Date of Death (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

| Laboratory Information |

### LABORATORY RESULTS SUMMARY - SEROLOGY

<table>
<thead>
<tr>
<th>Test</th>
<th>Collection Date (mm/dd/yyyy)</th>
<th>Result</th>
<th>Laboratory Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rocky Mountain Spotted Fever titer</td>
<td></td>
<td>Elevated</td>
<td></td>
</tr>
<tr>
<td>Leptospirosis titer</td>
<td></td>
<td>Elevated</td>
<td></td>
</tr>
<tr>
<td>Measles titer</td>
<td></td>
<td>Elevated</td>
<td></td>
</tr>
<tr>
<td>Other (specify): _________________</td>
<td></td>
<td>Elevated</td>
<td></td>
</tr>
<tr>
<td>Other (specify): _________________</td>
<td></td>
<td>Elevated</td>
<td></td>
</tr>
</tbody>
</table>

### LABORATORY RESULTS SUMMARY - MICROBIOLOGY

<table>
<thead>
<tr>
<th>Was microbial testing done?</th>
<th>Laboratory Name</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

### LABORATORY RESULTS SUMMARY - CULTURE (collection date within first 3 days of hospitalization)

<table>
<thead>
<tr>
<th>Blood Culture</th>
<th>Collection Date (mm/dd/yyyy)</th>
<th>If Positive, Organism</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSF Culture</td>
<td>Collection Date (mm/dd/yyyy)</td>
<td>If Positive, Organism</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staphylococcus aureus present?</th>
<th>If S. aureus present, is it methicillin-resistant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Unk</td>
<td>Unk</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tampons</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Napkins</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**OTHER MENSTRUAL-ASSOCIATED PRODUCTS**

- Type(s) (regular, super absorbs, etc.)
- Brand(s)

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Menstrual-Associated Products</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**NON-MENSTRUAL ASSOCIATED TSS**

- Wound-associated
  - Type(s) of contraceptive
  - Brand(s) Date last used prior to illness onset (mm/dd/yyyy)

- Surgery-associated
  - Type of surgery
  - Surgery date (mm/dd/yyyy)
  - Hospital

- Postpartum
  - Delivery date (mm/dd/yyyy)
  - Type of delivery:
    - Spontaneous vaginal delivery
    - Cesarean section
  - Type of delivery: Other: _________________________

- Used barrier contraceptives other than condoms (e.g., diaphragm, contraceptive sponge)
  - Type(s) of contraceptive
  - Brand(s)
  - Date last used prior to illness onset (mm/dd/yyyy)

**OTHER RELEVANT EXPOSURE OR HISTORY**

#### NOTES / REMARKS

#### REPORTING AGENCY

<table>
<thead>
<tr>
<th>Investigator Name</th>
<th>Local Health Jurisdiction</th>
<th>Telephone Number</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First Reported By

- Clinician
- Laboratory
- Other (specify): _________________________
**EPIDEMIOLOGICAL LINKAGE**

<table>
<thead>
<tr>
<th>Epi-linked to known case?</th>
<th>Contact Name / Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Unk</td>
<td></td>
</tr>
</tbody>
</table>

**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 asparate aminotransferase enzyme levels at least twice the upper limit of normal for laboratory
  - **Hematologic**: platelets less than 100,000 / mm³
  - **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.
## RACE DESCRIPTIONS

<table>
<thead>
<tr>
<th>Race</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>Patient has origins in any of the original peoples of North and South America (including Central America).</td>
</tr>
<tr>
<td>Asian</td>
<td>Patient has origins in any 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).</td>
</tr>
<tr>
<td>Black or African American</td>
<td>Patient has origins in any of the black racial groups of Africa.</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>Patient has origins in any of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.</td>
</tr>
<tr>
<td>White</td>
<td>Patient has origins in any of the original peoples of Europe, the Middle East, or North Africa.</td>
</tr>
</tbody>
</table>

## OCCUPATION SETTING

- Childcare / Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

## OCCUPATION

- Adult film actor / actress
- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory / seasonal worker
- Agriculture - other / unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other / unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - server
- Food service - other / unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - nurse
- Medical - other / unknown
- Military
- Police officer
- Professional, technical, or related profession
- Retired
- Sex worker
- Stay at home parent / guardian
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high school
- Student - college or university
- Student - other / unknown
- Teacher / employee - preschool or kindergarten
- Teacher / employee - elementary or middle school
- Teacher / employee - high school
- Teacher / instructor / employee - college or university
- Teacher / instructor / employee - other / unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other / unknown
- Volunteer
- Other
- Refused
- Unknown