State of California—Health and Human Services Agency

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*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐ Years ☐ Months ☐ Days

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
☐ Male ☐ Female ☐ Other: _____

Pregnant? ☐ Yes ☐ No ☐ Unk	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

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)*

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
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ 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.

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

First three letters of patient's last name: | | | |

CLINICAL PRESENTATION

Onset Date (mm/dd/yyyy)	*Date First Sought Medical Care (mm/dd/yyyy)*
Are at least four of the five major case criteria listed below met? (see detailed case definition on page 5) ☐ Yes ☐ 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 5th percentile by age for children aged less than 16 years
5. Multisystem involvement				Involvement of three or more 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 asparate aminotransferase enzyme levels at least twice the upper limit of normal for laboratory
• Hematologic				Platelets less than 100,000/mm^3
• Central nervous system				Disorientation or alterations in consciousness without focal neurologic signs when fever and hypotension are absent

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

Did patient visit emergency room for illness? ☐ Yes ☐ No ☐ Unk	*Was patient hospitalized?* ☐ Yes ☐ No ☐ Unk	*If Yes, how many total hospital nights?*

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

HOSPITALIZATION - DETAILS

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*
	Discharge Diagnoses *(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*
	Discharge Diagnoses *(or causes of death)*			

First three letters of patient's last name: | | | |

OUTCOME		
Outcome? ☐ Survived ☐ Died ☐ Unk	*If Survived,* *Survived as of _____(mm/dd/yyyy)*	*Date of Death (mm/dd/yyyy)*

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY - MICROBIOLOGY		
Was microbial testing done? ☐ Yes ☐ No ☐ Unk	*Laboratory Name*	*Telephone Number*

LABORATORY RESULTS SUMMARY - CULTURE (collection date within first 3 days of hospitalization)		
Blood Culture ☐ Positive ☐ Negative ☐ Not done ☐ Unk	*Collection Date (mm/dd/yyyy)*	*If Positive, Organism*
CSF Culture ☐ Positive ☐ Negative ☐ Not done ☐ Unk	*Collection Date (mm/dd/yyyy)*	*If Positive, Organism*
Other Positive Culture (describe)		
Staphylococcus aureus present? ☐ Yes ☐ No ☐ Unk	*If S. aureus present, is it methicillin-resistant?* ☐ Yes ☐ No ☐ Unk	

LABORATORY RESULTS SUMMARY - SEROLOGY

Test	Collection Date (mm/dd/yyyy)	Result	Laboratory Name
Rocky Mountain Spotted Fever titer		☐ Elevated ☐ Normal ☐ Unk	
Leptospirosis titer		☐ Elevated ☐ Normal ☐ Unk	
Measles titer		☐ Elevated ☐ Normal ☐ Unk	
Other (specify): _____		☐ Elevated ☐ Normal ☐ Unk	
Other (specify): _____		☐ Elevated ☐ Normal ☐ 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: | | | |

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 ☐ Yes ☐ No ☐ Unk	*Type(s) (regular, super absorbency, etc.)*	*Brand(s)*
Napkins ☐ Yes ☐ No ☐ Unk	*Type(s)*	*Brand(s)*

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

NON-MENSTRUAL ASSOCIATED TSS

Wound-associated ☐ Yes ☐ No ☐ Unk	*Wound location and details*		
Surgery-associated ☐ Yes ☐ No ☐ Unk	*Type of surgery*	*Surgery date (mm/dd/yyyy)*	*Hospital*
Postpartum ☐ Yes ☐ No ☐ Unk	*Delivery date (mm/dd/yyyy)*	*Type of delivery:* ☐ Spontaneous vaginal delivery ☐ Other: _____ ☐ Cesarean section	
Used barrier contraceptives other than condoms (e.g., diaphragm, contraceptive sponge) ☐ Yes ☐ No ☐ Unk	*Type(s) of contraceptive* ☐ Diaphragm ☐ Sponge ☐ 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

☐ Clinician ☐ Laboratory ☐ Other (specify):_____

First three letters of patient's last name: | | | |

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 asparate aminotransferase enzyme levels at least twice the upper limit of normal for laboratory
  - Hematologic: platelets less than 100,000 / mm^3
  - 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

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

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