

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

TOXIC SHOCK SYNDROME, NON-STREPTOCOCCAL
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 41

REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name First Middle Suffix Maiden/Other Alias Birthdate (mm/dd/yyyy) SSN

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Table with 8 columns: Specimen Date, Specimen #, Specimen Source, Type of Test, Test Result(s), Description (comments), Result Date, Lab Name—City/State

NC EDSS PART 2 WIZARD COMMUNICABLE DISEASE

Is/was patient symptomatic for this disease?
If yes, symptom onset date (mm/dd/yyyy):
CHECK ALL THAT APPLY:
Fever
Skin rash
Location:
Appearance of rash
Skin peeling off
Onset date
Hypotension
Orthostatic dizziness
Pass out unconscious
Vomiting
Diarrhea
Muscle aches / pains
Creatine phosphokinase level
Conjunctival suffusion or redness
Vaginal hyperemia
Oropharyngeal redness

Renal involvement (choose all that apply):
Hepatic involvement (alanine aminotransferase, aspartate aminotransferase, or total bilirubin levels
Thrombocytopenia
Disorientation or alterations in consciousness
Were bacterial cultures obtained from blood, throat, or cerebrospinal fluid?
Was serological testing performed for Rocky Mountain spotted fever, leptospirosis, or measles?
Clinical classification
Pneumonia
Sinusitis
Skin or soft tissue infection
Vaginal discharge

Other symptoms, signs, clinical findings, or complications consistent with this illness?
Any immunosuppressive conditions?
Injury/wound/break in skin
Current chicken pox (varicella) infection
Discharge/Final diagnosis:
Was patient hospitalized for this illness >24 hours?
Hospital name:
City, State:
Hospital contact name:
Telephone:
Admit date (mm/dd/yyyy):
Discharge date (mm/dd/yyyy):
During the 14 days prior to onset, did the patient use any of the following (select all that apply):

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN / /

TRAVEL/IMMIGRATION

The patient is:

Resident of NC

Resident of another state or US territory

None of the above

BEHAVIORAL RISK & CONGREGATE LIVING

During the 14 days prior to onset of symptoms did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? Y N U

Name of facility: _____

Dates of contact: from ___/___/___ until ___/___/___

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? Y N U

Date of interview (mm/dd/yyyy): ___/___/___

Were interviews conducted with others? Y N U

Who was interviewed?

Were health care providers consulted? Y N U

Who was consulted?

Medical records reviewed (including telephone review with provider/office staff)? Y N U

Specify reason if medical records were not reviewed:

Notes on medical record verification:

CLINICAL OUTCOMES

Survived? Y N U

Died? Y N U

Died from this illness? Y N U

Date of death (mm/dd/yyyy): ___/___/___

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? Y N U

If yes, specify:

Toxic-Shock Syndrome

2011 Case Definition

CSTE Position Statement Number: 10-ID-14

Clinical case definition

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/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.