

**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.

Durham County Health Department
Communicable Disease Control
414 East Main Street
Durham, NC 27701

Telephone: (919) 560-7600
Fax: (919) 560-7716

**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.

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? Y N U
 If yes, symptom onset date (mm/dd/yyyy): ___/___/___
CHECK ALL THAT APPLY:
 Fever Y N U
 Yes, subjective No
 Yes, measured Unknown
 Highest measured temperature _____
 Fever onset date (mm/dd/yyyy): ___/___/___
 Skin rash Y N U
Location:
 Generalized
 Localized/Focal
 Specify: _____
 Unknown
Appearance of rash (choose all that apply):
 Macular Papular
 Petechial Unknown
 Skin peeling off (desquamation) Y N U
 Onset date (mm/dd/yyyy): ___/___/___
 Hypotension Y N U
 Lowest recorded blood pressure: ___/___/___
 Orthostatic dizziness (feeling like passing out when changing position from lying to sitting or sitting to standing) Y N U
 Pass out unconscious (syncope) Y N U
 Vomiting Y N U
 Diarrhea Y N U
 Muscle aches / pains (myalgias) Y N U
 Creatine phosphokinase level ≥ 2 times the upper limit of normal Y N U
 Conjunctival suffusion or redness (hyperemia) Y N U
 Vaginal hyperemia Y N U
 Oropharyngeal redness (hyperemia) Y N U

Renal involvement (choose all that apply):
 Serum creatinine concentration ≥ 2 times the upper limit of normal
 Blood urea nitrogen concentration ≥ 2 times the upper limit of normal
 Urinary sediment with ≥ 5 white blood cells (per high-power field) in the absence of urinary tract infection
 Other (specify): _____
**Hepatic involvement (alanine aminotransferase, aspartate aminotransferase, or total bilirubin levels ≥ 2 times the upper limit of normal for age) Y N U
Thrombocytopenia Y N U
 Platelet count:
 < 150,000
 < 100,000
Disorientation or alterations in consciousness without focal neurologic signs when fever and hypotension are absent Y N U
Were bacterial cultures obtained from blood, throat, or cerebrospinal fluid? Y N U
 If yes, please enter all positive and negative results in the laboratory package.
Was serological testing performed for Rocky Mountain spotted fever, leptospirosis, or measles? Y N U
 If yes, please enter all positive and negative results in the laboratory package.
Clinical classification
 Menstruation-associated Other _____
 Post-partum-associated _____
 Wound-associated Unknown _____
Pneumonia Y N U
Sinusitis Y N U
Skin or soft tissue infection Y N U
 If yes, specify: _____
Vaginal discharge Y N U**

Other symptoms, signs, clinical findings, or complications consistent with this illness? Y N U
 If yes, specify: _____
Any immunosuppressive conditions? Y N U
 Specify _____
Injury/wound/break in skin Y N U
 If yes:
 Recent/acute
 Pre-existing
 Date: ___/___/___
 Anatomic site: _____
 Principal wound type:
 Burn Other _____
 Surgery Unknown _____
Current chicken pox (varicella) infection Y N U
Discharge/Final diagnosis: _____
Was patient hospitalized for this illness >24 hours? Y N U
 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):
 Tampon
 Contraceptive diaphragm
 Minipad
 Vaginal contraceptive sponge
 Other _____
 Unknown _____

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, non-streptococcal

1997 CDC Case Definition

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 illness, particularly on the palms and soles
- *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; orthostatic drop in diastolic blood pressure greater than or equal to 15 mm Hg from lying to sitting, orthostatic syncope, or orthostatic dizziness
- *Multisystem involvement* (three or more of the following):
 - *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, throat, or cerebrospinal fluid cultures (blood culture may be positive for *Staphylococcus aureus*)
- Rise in titer to 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

See also:

Streptococcal Toxic-Shock Syndrome