

**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, STREPTOCOCCAL
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 65**

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:

Hypotension..... Y N U
Lowest recorded blood pressure: _____

Soft tissue necrosis (choose all that apply):
 Necrotizing fasciitis Myositis
 Gangrene Other (specify): _____

Renal involvement (choose all that apply):
 Serum creatinine concentration ≥2 times the upper limit of normal

Thrombocytopenia Y N U
Platelet count:
 < 150,000
 < 100,000

Disseminated intravascular coagulation (DIC) Y N U

Hepatic involvement (alanine aminotransferase, aspartate aminotransferase, or total bilirubin levels ≥2 times the upper limit of normal for age)..... Y N U

Skin rash Y N U
Location:
 All over the body (generalized)
 Localized/Focal
 Specify: _____
 Unknown

Appearance of rash (choose all that apply):
 Macular Papular
 Petechial Unknown

Skin peeling off (desquamation)..... Y N U

Acute Respiratory Distress Syndrome (ARDS)..... Y N U

Sore throat..... Y N U

Pneumonia..... Y N U

Sinusitis..... Y N U
Skin or soft tissue infection Y N U
If yes, specify: _____

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: _____

PREGNANCY

Is the patient currently pregnant? ... Y N U
If yes, has the mother received prenatal care? Y N U

Is the patient a post-partum mother (≤6 weeks)? Y N U
If yes, number of days post-partum: _____

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

HOSPITALIZATION INFORMATION

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): ____/____/____

Notes:

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 ____/____/____

Notes:

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:

HEALTH CARE FACILITY AND BLOOD & BODY FLUID EXPOSURE RISKS

Did patient have surgery (besides oral), obstetrical or invasive procedure? Y N U

Notes:

OTHER EXPOSURE INFORMATION

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

If yes, specify:

Toxic-Shock Syndrome, streptococcal

1996 CDC Case Definition

Clinical description

Streptococcal toxic-shock syndrome (STSS) is a severe illness associated with invasive or noninvasive group A streptococcal (*Streptococcus pyogenes*) infection. STSS may occur with infection at any site but most often occurs in association with infection of a cutaneous lesion. Signs of toxicity and a rapidly progressive clinical course are characteristic, and the case-fatality rate may exceed 50%.

Clinical case definition

An illness with the following clinical manifestations occurring within the first 48 hours of hospitalization or, for a nosocomial case, within the first 48 hours of illness:

Hypotension defined by a systolic blood pressure less than or equal to 90 mm Hg for adults or less than the fifth percentile by age for children aged less than 16 years.
Multi-organ involvement characterized by two or more of the following:

- *Renal impairment*: Creatinine greater than or equal to 2 mg/dL (greater than or equal to 177 $\mu\text{mol/L}$) for adults or greater than or equal to twice the upper limit of normal for age. In patients with preexisting renal disease, a greater than twofold elevation over the baseline level.
- *Coagulopathy*: Platelets less than or equal to 100,000/ mm^3 (less than or equal to 100 x 10⁶/L) or disseminated intravascular coagulation, defined by prolonged clotting times, low fibrinogen level, and the presence of fibrin degradation products.
- *Liver involvement*: Alanine aminotransferase, aspartate aminotransferase, or total bilirubin levels greater than or equal to twice the upper limit of normal for the patient's age. In patients with preexisting liver disease, a greater than twofold increase over the baseline level.
- *Acute respiratory distress syndrome*: defined by acute onset of diffuse pulmonary infiltrates and hypoxemia in the absence of cardiac failure or by evidence of diffuse capillary leak manifested by acute onset of generalized edema, or pleural or peritoneal effusions with hypoalbuminemia.
- A generalized erythematous macular rash that may desquamate.
- Soft-tissue necrosis, including necrotizing fasciitis or myositis, or gangrene.

Laboratory criteria for diagnosis

Isolation of group A *Streptococcus*