Tip #1  The Toxic Shock Syndrome (TSS) Case Definition is based on clinical findings:

1. **Fever**: temperature greater than or equal to 102.0°F (greater than or equal to 38.9°C)
2. **Rash**: diffuse macular erythroderma
3. **Desquamation**: 1-2 weeks after onset of illness, particularly on the palms and soles
4. **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
5. **Multi-system involvement** (three or more of the following):
   a. **Gastrointestinal**: vomiting or diarrhea at onset of illness
   b. **Muscular**: severe myalgia or creatine phosphokinase level at least twice the upper limit of normal
   c. **Mucous membrane**: vaginal, oropharyngeal, or conjunctival hyperemia
   d. **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
   e. **Hepatic**: total bilirubin, alanine aminotransferase (ALT/SGPT) enzyme, or asparate aminotransferase (AST/SGOT) enzyme levels at least twice the upper limit of normal for laboratory
   f. **Hematologic**: platelets less than 100,000/mm³
   g. **Central nervous system**: disorientation or alterations in consciousness without focal neurologic signs when fever and hypotension are absent

Tip #2  Toxic Shock Syndrome Case Classifications:
Only **Confirmed** and **Probable** (see classification explanations below) have been developed (i.e., no **Suspect** classification). Both classifications require certain laboratory criteria (also described below).

Tip #3  Toxic Shock Syndrome Case Classification — **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.
**Tip #4** Toxic Shock Syndrome Case Classification — *Probable*:
A case which meets the laboratory criteria and in which **four of the five clinical findings** described above are present.

**Tip #5** Laboratory criteria include 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

**Tip #6** MDSS Reporting-
- Positive laboratory results for Toxic Shock (TSST-1) antibody or staphylococcus enterotoxin B (SEB) in the absence of clinical signs and symptoms, as listed above are not reportable; please mark these as “Completed”, “Not a Case”.
- Often, to verify Multi-system involvement the investigator must determine the laboratory’s normal ranges for results for creatine phosphokinase, blood urea nitrogen (BUN) or creatinine levels, urinary sediment with pyuria (>5 leukocytes per high-power field) in the absence of a UTI, total bilirubin, alanine aminotrasferase enzyme (ALT/SGPT) or asparate aminotrasferase (AST/SGOT) enzyme and platelets.
- Patient interview or chart abstraction should focus on recovering clinical syndrome evidence as listed in Tip #1.

Thank you for your continued efforts in reportable disease surveillance!