

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 aspartate 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!