**Clinical Case Definition Criteria for STSS**

- **Yes**  □ **No**  □ **Hypotension present** (Systolic ≤ 90 mmHg for adults or ≤5th percentile in children < 16 years)
  
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic Blood pressure (lowest measurement):</td>
<td></td>
</tr>
<tr>
<td>Diastolic Blood pressure (lowest measurement):</td>
<td></td>
</tr>
</tbody>
</table>

- □ Yes  □ No **2 or more of the following multi-organ manifestations present:**

  - **Renal impairment** (As shown by one of the following below)
    - □ Creatinine ≥ 2 mg/dl (≥ 177 umol/L) for adults, or
    - □ Creatinine ≥ 2x the normal upper limit for age, or
    - □ Creatinine > 2x elevation over baseline in patients with renal disease
    - Creatine level: mg/dl

  - **Coagulopathy** (As shown by one of the following below)
    - □ Disseminated intravascular coagulation, defined by the following:
      - Prolonged clotting times
      - Low fibrinogen level
      - Presence of fibrin degradation products
    - □ Platelets < 100,000 / mm$^3$ (100 x 10⁶/L):
    - Platelet count: /mm$^3$

  - **Hepatic involvement** (As shown by one of the following below)
    - □ Alanine aminotransferase (ALT) ≥ 2x the normal upper limit, ALT level: IU/L
    - □ Aspartate aminotransferase (AST) ≥ 2x the normal upper limit, AST level: IU/L
    - □ Total Bilirubin ≥ 2x the normal upper limit, Total Bilirubin level: mg/dl

  - **Acute respiratory distress syndrome** (As shown by one of the following below)
    - □ Acute onset of diffuse pulmonary infiltrates and hypoxemia in absence of cardiac failure, or
    - □ Diffuse capillary leak manifested by acute onset of generalized edema, or
    - □ Pleural or peritoneal effusions with hypoalbuminemia

  - □ **Generalized erythematous macular rash that may desquamate.**

  - □ **Soft-tissue necrosis**, including necrotizing fasciitis or myositis, or gangrene

**Laboratory Testing Criteria**

- □ **Culture isolation of Group A Streptococcus.**
  
<table>
<thead>
<tr>
<th>Specimen source:</th>
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</thead>
</table>

**Examination of bacterial culture results:**

1. Was patient on antibiotics when **any** culture specimens were collected: □ Yes □ No □ Unk
   
   Note specimens affected by antibiotic use.

**Additional epidemiological data to collect for CONFIRMED and/or PROBABLE cases:**

<table>
<thead>
<tr>
<th>Date of Onset of Symptoms:</th>
<th>Collection Date of 1st positive culture:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hospitalized, date of admission:</th>
<th>Date of hospital discharge:</th>
</tr>
</thead>
</table>

- □ Yes □ No  Was patient transferred from another hospital?
- □ Yes □ No  If yes, specify hospital:

- □ Yes □ No  Was patient admitted to ICU?

- □ Yes □ No  Did the patient survive the infection?  
  
  If NO, date of death:
### STSS Rapid Assessment Form

**Where was the patient a resident at the time of the initial culture?**

- Private residence
- Homeless
- Group Living, specify:
- Other, specify:

**Types of infection caused by organism, besides of STSS?**

- Abscess (not skin)
- Bacteremia (no focus)
- Cellulitis
- Chorioamnionitis
- Empyema
- Endocarditis
- Endometritis
- Meningitis
- Necrotizing fasciitis
- Osteomyelitis
- Pericarditis
- Peritonitis
- Puerperal sepsis
- Septic abortion
- Septic arthritis

**Did the patient survive the infection?**

- Yes
- No

If NO, date of death:

**Any underlying health causes or prior illness?**

- Yes
- No

If YES, specify:

**Did the patient have surgery or any skin incision within 14 days of the first positive culture?**

- Yes
- No

If YES, date of surgery or incision:

- Surgery provider:

**Did patient have any of the following:**

- Burns
- Blunt trauma
- Penetrating trauma
- Varicella

If yes to any of the above, record the number of days prior to the first positive culture:

- 0-7 days
- 8-14 days

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**FOR FEMALE PATIENTS ONLY**

**At the time of the positive culture, was the patient:**

- Pregnant
- Neither pregnant or post-partum
- Unknown pregnancy status

If pregnant or post-partum, the outcome of fetus:

- Survived, no apparent illness
- Survived, clinical infection
- Induced abortion
- Live birth/neonatal death
- Abortion/stillbirth
- Still pregnant

If the patient delivered a baby:

- Method of delivery:
  - Vaginal
  - C-section

If yes, date of delivery:

**Any additional information: