

TSS Rapid Assessment Form

(Please refer to the Disease investigation Guideline for additional guidance.)

Section 1

Clinical Case Definition Criteria for TSS (Confirmed= yes to all 5; probable= yes to 4 of the 5 criteria)

Yes No **Fever present (102.0°F [$> 38.9^{\circ}\text{C}$])** Highest temperature measured:

Yes No **Hypotension present** (Systolic ≤ 90 mmHg in adults or $< 5^{\text{th}}$ percentile in children < 16 years; orthostatic drop in diastolic pressure ≥ 15 mmHg from lying to sitting; orthostatic syncope or orthostatic dizziness present)

Systolic Blood pressure (lowest measurement):

Diastolic blood pressure (lowest measurement):

Orthostatic syncope present: Yes No Unknown

Orthostatic dizziness present: Yes No Unknown

Yes No **Diffuse macular erythroderma rash present**

If yes: Generalized Focal Describe:

Yes No **Desquamation: 1-2 weeks after illness onset** (may not occur if patient dies)

If yes, describe:

Yes No **3 or more of the following multi-organ manifestations present:**

- Gastrointestinal Symptoms** (As shown by one of the following below)
 - Vomiting at onset of illness
 - Diarrhea at onset of illness
- Muscular involvement** (As shown by one of the following below)
 - Severe myalgia
 - Creatine phosphokinase (CPK) level $\geq 2x$ normal upper limit, CPK level: IU/L
- Mucous membrane involvement** (As shown by one of the following below)
 - Conjunctival hyperemia
 - Oropharyngeal hyperemia
 - Vaginal hyperemia
- Renal impairment** (As shown by one of the following below)
 - Blood urea nitrogen (BUN) level $\geq 2x$ the normal upper limit, BUN level: mg/dl
 - Creatinine level $\geq 2x$ the normal upper limit, Creatinine level: mg/dl
 - No urinary tract infection, but urine sediment with pyuria (≥ 5 WBC/HPF): WBC/HPF
- Hepatic involvement** (As shown by one of the following below)
 - Alanine aminotransferase (ALT) $\geq 2x$ the normal upper limit, ALT level: IU/L
 - Aspartate aminotransferase (AST) $\geq 2x$ the normal upper limit, AST level: IU/L
 - Total Bilirubin $\geq 2x$ the normal upper limit, Total Bilirubin level: mg/dl
- Hematological complications (coagulopathy)** ($\leq 100,000/\text{mm}^3$ platelets)
 - Platelet level (lowest): mm^3
- Central nervous system involvement** (As shown by one of the following below)
 - Disorientation
 - Consciousness alterations w/o focal neurologic signs when fever and hypotension are absent

Laboratory Testing Criteria = titer and culture results should be negative *

Serology, rise in titer to: Rocky Mountain Spotted Fever Leptospirosis Measles

No rise in titer detected Titer results not obtained

CSF cultures: Negative Not done Positive, indicate organism(s):

Throat cultures: Normal Flora Not done Abnormal, indicate organism(s):

Urine cultures: Negative Not done Positive, indicate organism(s):

Blood cultures: Negative Not done Positive, indicate organism(s):

* For TSS cases, *blood cultures* can be *positive for S. aureus*.

If cultures are positive for *Strep Group A (S. pyogenes)* investigate as an STSS case.

If titers indicate RMSF or Measles, investigate using respective Disease Investigation Guidelines.

TSS Rapid Assessment Form

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

Date of Onset of Symptoms: / / *Review medical charts for first 4 days after day of onset.*

Additional symptoms (the first 4 days of illness) not recorded in Section 1:

- | | | | |
|--------------------|---|------------------------------|---|
| Abdominal Pain | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Sore Throat | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Vaginal discharge | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Injected tongue | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Vaginal ulceration | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Cardiac Arrhythmia | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | If yes, describe arrhythmia: | |

If hospitalized, date of admission: / / Date of hospital discharge: / /

Did the patient survive the infection? Yes No If NO, date of death: / /

Did the patient have surgery 7 days before illness onset? Yes No If YES, date of surgery: / /
Surgery provider:

Additional Laboratory Data (Most abnormal values in the first 4 days of illness)

Obtain copies of the following or record values on the TSS Supplemental Form.

- WBC counts and differentials.
- Liver enzyme test results (AST, ALT, Alkaline phosphatase, Amylase, Bilirubin)
- Urinalysis results (WBC, RBC, Protein)
- Chemistry panels including following values: Calcium, phosphorus, albumin, CPK, BUN, Creatinine
- CPK total and isoenzyme panels (CPK-myocardial band)
- EKG results: Unk Not done Normal Abnormal, describe:
- Chest X-ray results: Unk Not done Normal Abnormal, describe:
- Nose Culture: Unk Not done Done, describe organisms:
- Vaginal Culture: Unk Not done Done, describe organisms:

Examination of bacterial culture results:

1. If *S. aureus* isolated from Vaginal cultures, was it resistant to penicillin and ampicillin only: Yes No Unk
 2. Was patient on antibiotics when **any** culture specimens were collected (including Section 1): Yes No Unk
- Note any specimens that may have been affected by antibiotic use:

For female patients only:

At time of illness, was the patient: Menstruating Postpartum Neither Unknown

If postpartum, outcome of delivery or abortion: Live birth Abortion /stillbirth Induced abortion
 C-section Vaginal birth Unknown

Date of delivery or abortion: / / Location:

If menstruating, date of onset of coincident menstrual period: / /

During period when patient became ill, record products used (mark all that apply):

- Tampon Napkin Minipad Sea-sponge Other:

Record product brand(s) and style (absorbency) of each brand used:

If more than one brand, which brand was most frequently used:

How was the information on brand and absorbency obtained (who if any viewed the product packaging):

Has the patient had similar illness during past menstrual periods: Unk No Yes, how many times:

Section 2