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

- **Fever present** (102.0°F > 38.9°C)  
  Highest temperature measured: ____________

- **Hypotension present** (Systolic ≤ 90 mmHg in adults or ≤ 5th 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

- **Diffuse macular erythroderma rash present**  
  If yes: [ ] Generalized [ ] Focal  
  Describe: ____________

- **Desquamation: 1-2 weeks after illness onset** (may not occur if patient dies)  
  If yes, describe: ____________

- **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 ≥ 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 ≥ 2x the normal upper limit, BUN level: ____________ mg/dl  
    - [ ] Creatinine level ≥ 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) ≥ 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
  - **Hematological complications (coagulopathy)** (< 100,000/mm³ platelets)  
    Platelet level (lowest): ____________ mm³
  - **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:**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore Throat</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injected tongue</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal ulceration</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Arrhythmia</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 [ ] 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: