MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
BUREAU OF COMMUNICABLE DISEASE CONTROL AND PREVENTION
930 WILDWOOD DRIVE
JEFFERSON CITY, MO 65109

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TOXIC SHOCK SYNDROME (TSS), NON-STREPTOCOCCAL CASE REPORT

REPORT STATUS (CHECK ONE)
☐ PRELIMINARY ☐ FINAL

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

WEBSURV CONDITION ID	DOB (MM/DD/YYYY)	AGE	
			☐ YEARS ☐ MONTHS ☐ DAYS

PRIMARY LANGUAGE
☐ ENGLISH
☐ SPANISH
☐ OTHER: _____

ADDRESS NUMBER & STREET - RESIDENCE	APARTMENT / UNIT NUMBER

CITY / TOWN	STATE	ZIP CODE

ETHNICITY (CHECK ONE)
☐ HISPANIC / LATINO
☐ NON-HISPANIC / NON-LATINO
☐ UNKNOWN

CENSUS TRACT	COUNTY OF RESIDENCE	COUNTRY OF RESIDENCE

COUNTRY OF BIRTH	IF NOT U.S. BORN - DATE OF ARRIVAL IN U.S. (MM/DD/YYYY)

HOME TELEPHONE	CELLULAR PHONE / PAGER	WORK / SCHOOL TELEPHONE

E-MAIL ADDRESS	OTHER ELECTRONIC CONTACT INFORMATION

WORK / SCHOOL LOCATION	WORK / SCHOOL CONTACT

GENDER
☐ MALE ☐ FEMALE ☐ OTHER:

PREGNANT?	IF YES, EST. DELIVERY DATE (MM/DD/YYYY)
☐ YES ☐ NO ☐ UNKNOWN	

MEDICAL RECORD NUMBER	IF CHILD, PARENT / GUARDIAN NAME

OCCUPATION SETTING (SEE LIST ON PAGE 5)	OTHER (DESCRIBE / SPECIFY)

OCCUPATION (SEE LIST ON PAGE 5)	OTHER (DESCRIBE / SPECIFY)

RACE* (CHECK ALL THAT APPLY, RACE DESCRIPTIONS ON PAGE 5)
☐ AFRICAN-AMERICAN / BLACK
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ ASIAN (CHECK ALL THAT APPLY)
- ☐ ASIAN INDIAN ☐ JAPANESE
- ☐ CAMBODIAN ☐ KOREAN
- ☐ CHINESE ☐ LAOTIAN
- ☐ FILIPINO ☐ THAI
- ☐ HMONG ☐ VIETNAMESE
- ☐ OTHER:_____

☐ PACIFIC ISLANDER (CHECK ALL THAT APPLY)
- ☐ NATIVE HAWAIIAN ☐ SAMOAN
- ☐ GUAMANIAN
- ☐ OTHER:_____

☐ WHITE
☐ OTHER:_____
☐ UNKNOWN

*COMMENT: SELF-IDENTITY OR SELF-REPORTING

THE RESPONSE TO THIS ITEM SHOULD BE BASED ON THE PATIENT'S SELF-IDENTITY OR SELF-REPORTING. THEREFORE, PATIENTS SHOULD BE OFFERED THE OPTION OF SELECTING MORE THAN ONE RACIAL DESIGNATION.

CLINICAL INFORMATION

PHYSICIAN NAME - LAST NAME	FIRST NAME	TELEPHONE NUMBER

CLINICAL PRESENTATION

ONSET DATE (MM/DD/YYYY)	DATE FIRST SOUGHT MEDICAL CARE (MM/DD/YYYY)

First three letters of patient's last name: | | | |

TOXIC SHOCK SYNDROME CASE REPORT

CLINICAL CRITERIA	YES	NO	UNK	CRITERIA DESCRIPTION
1. Fever				≥ 102.0 °F (38.9 °C).
2. Rash				Diffuse macular erythroderma.
3. Desquamation				Generally occurs 1-2 weeks after the onset of rash.
4. Hypotension (low blood pressure)				Systolic blood pressure less than or equal to 90 mm Hg for adults or less than 5th percentile by age for children aged less than 16 years.
5. Multisystem involvement				Involvement of **three or more** of the following organ systems: gastrointestinal, muscular, mucous membrane, renal, hepatic, hematologic, or central nervous system.
• Gastrointestinal symptoms				Diarrhea or vomiting within 48 hours of onset.
• Muscular involvement				Severe myalgia or creatine phosphokinase level at least twice the upper limit of normal.
• Mucous membrane				Vaginal, oropharyngeal, or conjunctival hyperemia.
• RENAL				Blood urea nitrogen or creatinine at least twice the upper limit of normal for laboratory or urinary sediment with pyuria (≥ 5 leukocytes per high-power field) in the absence of urinary tract infection.
• Hepatic				Total bilirubin, alanine aminotransferase enzyme, or asparate aminotransferase enzyme levels at least twice the upper limit of normal for laboratory.
• Hematologic				Platelets less than 100,000/mm3.
• Central nervous system				Disorientation or alterations in consciousness without focal neurologic signs when fever and hypotension are absent.

ARE AT LEAST **FOUR OF THE FIVE** MAJOR **CLINICAL CRITERIA** MET? (SEE THE CLINICAL CRITERIA ABOVE.) IF NEEDED, THE NATIONAL SURVEILLANCE CASE DEFINITION CAN BE FOUND AT: *TOXIC SHOCK SYNDROME*.

☐ YES ☐ NO

IF **NO**, WAS THE ANSWER TO THE PREVIOUS QUESTION; DO **NOT** FILL OUT THE REST OF THE FORM. THE PATIENT DOES **NOT** MEET THE NNDSS CASE DEFINITION.

HOSPITALIZATION *(please attach discharge or death summary if available)*

DID PATIENT VISIT EMERGENCY ROOM FOR ILLNESS?	WAS PATIENT HOSPITALIZED?	IF YES, HOW MANY TOTAL HOSPITAL NIGHTS?
☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN	

IF THERE WERE ANY EMERGENCY ROOM OR HOSPITAL STAYS RELATED TO THIS ILLNESS, SPECIFY DETAILS BELOW.

HOSPITALIZATION - DETAILS

HOSPITAL NAME 1

STREET ADDRESS			ADMIT DATE (MM/DD/YYYY)
CITY			DISCHARGE / TRANSFER DATE (MM/DD/YYYY)
STATE	ZIP CODE	TELEPHONE NUMBER	MEDICAL RECORD NUMBER

DISCHARGE DIAGNOSES (OR CAUSES OF DEATH)

HOSPITAL NAME 2

STREET ADDRESS			ADMIT DATE (MM/DD/YYYY)
CITY			DISCHARGE / TRANSFER DATE (MM/DD/YYYY)
STATE	ZIP CODE	TELEPHONE NUMBER	MEDICAL RECORD NUMBER

DISCHARGE DIAGNOSES (OR CAUSES OF DEATH)

First three letters of patient's last name: | | | |

TOXIC SHOCK SYNDROME CASE REPORT

OUTCOME

OUTCOME?	IF SURVIVED, (MM/DD/YYYY)	DATE OF DEATH (MM/DD/YYYY)
☐ SURVIVED ☐ DIED ☐ UNKNOWN	*SURVIVED AS OF*	

LABORATORY RESULTS SUMMARY - MICROBIOLOGY

WAS MICROBIAL TESTING DONE?	LABORATORY NAME	TELEPHONE NUMBER
☐ YES ☐ NO ☐ UNKNOWN		

LABORATORY RESULTS SUMMARY - CULTURE (collection date within first 3 days of hospitalization)

BLOOD CULTURE ☐ POSITIVE ☐ NEGATIVE ☐ NOT DONE ☐ UNKNOWN	COLLECTION DATE (MM/DD/YYYY)	IF POSITIVE, ORGANISM
CSF CULTURE ☐ POSITIVE ☐ NEGATIVE ☐ NOT DONE ☐ UNKNOWN	COLLECTION DATE (MM/DD/YYYY)	IF POSITIVE, ORGANISM

OTHER POSITIVE CULTURE (DESCRIBE)

STAPHYLOCOCCUS AUREUS PRESENT?	IF S. AUREUS PRESENT, IS IT METHICILLIN-RESISTANT?
☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN

LABORATORY RESULTS SUMMARY - SEROLOGY

TEST	COLLECTION DATE (MM/DD/YYYY)	RESULT	LABORATORY NAME
Rocky Mountain Spotted Fever titer		☐ ELEVATED ☐ NORMAL ☐ UNK	
Leptospirosis titer		☐ ELEVATED ☐ NORMAL ☐ UNK	
Measles titer		☐ ELEVATED ☐ NORMAL ☐ UNK	
Other (specify):_____		☐ ELEVATED ☐ NORMAL ☐ UNK	
Other (specify):_____		☐ ELEVATED ☐ NORMAL ☐ UNK	

LABORATORY RESULTS SUMMARY - OTHER RELEVANT TESTS

Specify other relevant tests that were conducted such as toxic shock syndrome toxin (TSST-1), staphylococcal enterotoxin, influenza, etc.

TEST 1	RESULT	REFERENCE RANGE
TEST 2	RESULT	REFERENCE RANGE

MENSTRUAL-ASSOCIATED TSS

WHAT WAS THE FIRST DATE (MM/DD/YYYY) OF THE MENSTRUAL PERIOD PRECEDING THE ONSET OF TSS?

Does the patient use the following:

TAMPONS ☐ YES ☐ NO ☐ UNKNOWN	TYPE(S) (REGULAR, SUPER ABSORBENCY, ETC.)	BRANDS
NAPKINS ☐ YES ☐ NO ☐ UNKNOWN	TYPE(S)	BRANDS

OTHER MENSTRUAL-ASSOCIATED PRODUCTS (E.G., MENSTRUAL CAP; DESCRIBE PRODUCTS, TYPES, BRANDS, ETC.)

NON-MENSTRUAL ASSOCIATED TSS

WOUND-ASSOCIATED ☐ YES ☐ NO ☐ UNKNOWN	WOUND LOCATION AND DETAILS		
SURGERY-ASSOCIATED ☐ YES ☐ NO ☐ UNKNOWN	TYPE OF SURGERY	SURGERY DATE (MM/DD/YYYY)	HOSPITAL
POSTPARTUM ☐ YES ☐ NO ☐ UNKNOWN	DELIVERY DATE (MM/DD/YYYY)	TYPE OF DELIVERY: ☐ SPONTANEOUS VAGINAL DELIVERY ☐ CESAREAN SECTION ☐ OTHER:	
USED BARRIER CONTRACEPTIVES OTHER THAN CONDOMS (e.g., diaphragm, contraceptive sponge) ☐ YES ☐ NO ☐ UNKNOWN	TYPE(S) OF CONTRACEPTIVE ☐ DIAPHRAGM ☐ SPONGE ☐ OTHER:	BRAND(S)	DATE LAST USED PRIOR TO ILLNESS ONSET (MM/DD/YYYY)

OTHER RELEVANT EXPOSURE OR HISTORY (DESCRIBE):

EPIDEMIOLOGICAL LINKAGE

EPI-LINKED TO KNOWN CASE? ☐ YES ☐ NO ☐ UNKNOWN	CONTACT NAME / WEBSURV CONDITION ID

NOTES/COMMENTS

REPORTING INFORMATION

INVESTIGATOR NAME	AGENCY NAME	TELEPHONE NUMBER	DATE (MM/DD/YYYY)

FIRST REPORTED BY

☐ CLINICIAN ☐ LABORATORY ☐ OTHER (SPECIFY):

DISEASE CASE CLASSIFICATION

CASE CLASSIFICATION

☐ CONFIRMED ☐ PROBABLE ☐ NOT A CASE

CLINICAL FORM

☐ MENSTRUAL TSS ☐ NON-MENSTRUAL TSS (SPECIFY):

STATE USE ONLY

STATE CASE CLASSIFICATION

☐ CONFIRMED ☐ PROBABLE ☐ NOT A CASE ☐ NEED ADDITIONAL INFORMATION

TOXIC SHOCK SYNDROME CASE REPORT

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in any of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in any of the original peoples of Europe, the Middle East, or North Africa.

OCCUPATION SETTING

- Childcare / Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Adult film actor / actress
- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory / seasonal worker
- Agriculture - other / unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other / unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - server
- Food service - other / unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - nurse
- Medical - other / unknown
- Military
- Police officer
- Professional, technical, or related profession
- Retired
- Sex worker
- Stay at home parent / guardian
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high school
- Student - college or university
- Student - other / unknown
- Teacher / employee - preschool or kindergarten
- Teacher / employee - elementary or middle school
- Teacher / employee - high school
- Teacher / instructor / employee - college or university
- Teacher / instructor / employee - other / unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other / unknown
- Volunteer
- Other
- Refused
- Unknown