TOXIC SHOCK SYNDROME
(Previously listed as staphylococcal toxic shock syndrome. See also STAPHYLOCOCCAL INFECTIONS, STREPTOCOCCAL INFECTIONS, and EXANTHEMS – DIFFERENTIAL DIAGNOSIS in Appendix A)

1. **Agent**: Toxic shock syndrome toxin-1 (TSST-1), which is produced by same strains of *Staphylococcus aureus*.

2. **Identification**:
   a. **Symptoms**: Toxic shock syndrome is a severe illness characterized by sudden onset of high fever, myalgia, weakness, vomiting, diarrhea, hypotension, diffuse macular erythroderma, and multi-organ system dysfunction. Staphylococcal TSS is often associated with menstruation and tampon use in females and production of TSS-related toxins. Non-menstrual TSS cases have been associated with surgical wound infections, use of diaphragms or contraceptive sponges, and focal staphylococcal infections.
   b. **Differential Diagnosis**: Kawasaki disease, scarlet fever, Rocky Mountain spotted fever, measles, leptospirosis, and other febrile mucocutaneous diseases.
   c. **Diagnosis**: The CDC case definition includes the following 5 criteria:
      - Fever of 38.9°C (102°F) or higher.
      - Presence of a diffuse macular erythroderma (a sunburn-like rash).
      - Desquamation of skin 1 to 2 weeks after onset of illness.
      - Hypotension (systolic blood pressure < 90 mm Hg for adults).
      - Involvement of 3 or more of the following organ systems: gastrointestinal, muscular, mucous membrane, renal, hepatic, hematologic, and central nervous system.

**REPORTING PROCEDURES**

1. **Reportable**. (Section 2500, California Code of Regulations.)

2. **Report Forms**: TOXIC SHOCK SYNDROME CASE REPORT (CDPH 8599) will be mailed to the diagnosing physician by ACDC staff.

**CONTROL OF CASE, CONTACTS & CARRIERS**

Standard isolation precautions of hospitalized patient is recommended; no additional control measures are required.

**PREVENTION-EDUCATION**

Warn against continuous use of tampons during menstruation. Women who have had a previous episode of TSS should not use tampons.

**DIAGNOSTIC PROCEDURES**

The diagnosis of toxic shock syndrome is based on clinical findings supported by abnormal hematologic, renal, and hepatic function tests.