Communicable Disease Case Reporting and Investigation Protocol

TOXIC SHOCK SYNDROME

I. IDENTIFICATION AND DEFINITION OF CASES

A. Clinical Description: Toxic shock syndrome (TSS) is a severe toxin-mediated illness associated with invasive or noninvasive infection by Staphylococcus aureus or, as in the case of Streptococcal Toxic Shock Syndrome (STSS), by group A Streptococcus (Streptococcus pyogenes). STSS is most often associated with infection of a cutaneous lesion and is characterized by a rapidly progressing clinical course. Toxic shock syndrome due to staphylococcal infection has been associated with tampon and intravaginal contraceptive use, recent childbirth or abortion, and complication of surgical or nonsurgical wounds.

B. Laboratory Criteria: No single definitive laboratory test exists for the diagnosis of TSS. Diagnosis is based on medical history, physical exam and certain test results.

C. Wisconsin Surveillance Case Definition: Due to the extensive and complex case definition criteria for both TSS and STSS, please use the Toxic Shock Syndrome Case Criteria Worksheet to determine if case meets confirmatory criteria.

II. REPORTING

A. Wisconsin Disease Surveillance Category II – Methods for Reporting: This disease shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (b). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report (F-44151) to the address on the form.

B. Responsibility for Reporting: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

C. Clinical Criteria for Reporting: Clinically compatible illness.


III. CASE INVESTIGATION

A. Responsibility for case investigation: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. Required Documentation:
   1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs (e.g., WEDSS Lab Clinical Tab, “Invasive bacteria - Specimen summary” section).
   2. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”

C. Additional Investigation Responsibilities: Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

V. CONTACTS FOR CONSULTATION
   A. Local health departments and tribal health agencies:
      https://www.dhs.wisconsin.gov/lh-depts/index.htm
   
   B. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003
   
   C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES
   
   