

FactSheet

Para Su Información

Toxic Shock Syndrome

What is toxic shock syndrome?

Toxic shock syndrome (TSS) is a serious illness that may rapidly become life threatening. This fact sheet describes the TSS caused by the common bacteria *Staphylococcus* (Staph) *aureus* which normally live harmlessly on the skin and in the nose, armpit, groin or vagina of one in every three people. Another type of TSS is caused by group A *Streptococcal* bacteria and it is described on the *Streptococcal Toxic Shock Syndrome* fact sheet.

Who gets toxic shock syndrome?

TSS occurs in some people who have a *Staph aureus* infection. While almost anyone can develop TSS, menstruating women and women using barrier contraceptive devices (diaphragms and vaginal sponges) have a greater risk of TSS. A greater risk of TSS is also associated with: burns, boils, nasal surgery, and postoperative *Staph* wound infections.

How is toxic shock syndrome spread?

TSS is not a contagious illness. You can't catch TSS from another person and you can't give TSS to another person.

What are the symptoms of toxic shock syndrome?

All of these:

- Sudden fever over 102° F
- A "sunburn-like" rash
- Signs of shock including low blood pressure and rapid heartbeat, often with lightheadedness, fainting, or restlessness and confusion.
- Peeling of skin 1-2 weeks after onset of illness

Plus involvement of three or more of the following:

- Vomiting or diarrhea
- Severe muscle pain or abnormal lab tests relating to muscle damage
- Redness of eyes, mouth or vagina
- Abnormal kidney function blood tests
- Abnormal liver function blood tests
- Blood test showing low platelet count (<100,000/mm³)
- Disorientation or alterations in level of consciousness in the absence of fever and low blood pressure

How soon after exposure do symptoms appear?

For most people with TSS, the time when they are first exposed to *Staph aureus* is unknown.

How is toxic shock syndrome diagnosed?

Since TSS can quickly become life threatening, your physician may not be able to wait for lab tests. The diagnosis and treatment of TSS is based on your symptoms. There must also be no other bacteria or virus identified as a more likely cause of the illness. Blood/tissue tests can help confirm the diagnosis.

What is the treatment for toxic shock syndrome?

Treatment for TSS includes antibiotics to kill the *Staph aureus*, surgical removal of the source of infection (such as an infected wound or foreign body), and treatment of any complications. When shock is present, emergency treatment often requires intravenous fluids and hospital intensive care.

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How can toxic shock syndrome be prevented?

- Follow the directions on package inserts when using tampons, contraceptive diaphragms, and contraceptive sponges.
- Wash your hands with soap and water before inserting or removing a tampon, diaphragm, or contraceptive sponge.
- Change your tampon at least every 8 hours or use tampons for only part of the day. Do not leave your diaphragm or contraceptive sponge in for more than 12 hours.
- Use tampons with the lowest absorbency that you need. The risk of toxic shock syndrome is higher with super-absorbent tampons.
- Keep all skin wounds clean to prevent infection. This includes cuts, punctures, scrapes, burns, sores from shingles, insect and animal bites, and surgical incisions.

- Keep children from scratching chickenpox sores.
- Women who are menstruating and develop a high fever with vomiting and diarrhea must discontinue any vaginal tampon use immediately and contact their health care provider.

Where can I get more information?

Contact your doctor or the Southern Nevada Health District, Office of Epidemiology at (702) 759-1300.



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