

What is claimed is:

1. A method for preventing or treating toxic shock in a subject, comprising administering to said subject a therapeutically effective amount of rapamycin.

2. The method of claim 1, wherein the toxic shock is induced by exposure to a toxin.

3. The method of claim 2, wherein the toxin is a *Staphylococcal* exotoxin.

4. The method of claim 3, wherein the *Staphylococcal* exotoxin is *Staphylococcal* enterotoxin B.

5. The method of claim 2, wherein the toxin is selected from the group consisting of *Staphylococcal* enterotoxin A (SEA), *Staphylococcal* enterotoxin B (SEB), toxic shock syndrome toxin 1 (TSST-1), *streptococcal* pyrogenic exotoxin A (SPEA), and *streptococcal* pyrogenic exotoxin C (SPEC).

6. The method of claim 2, wherein rapamycin is administered in less than 24 hours, less than 23 hours, less than 22 hours, less than 21 hours, less than 20 hours, less than 19 hours, less than 18 hours, less than 17 hour, less than 16 hours, less than 15 hours, less than 14 hours, less than 13 hours, less than 12 hours, less than 11 hours, less than 10 hours, less than 9 hours, less than 8 hours, less than 7 hours, less than 6 hours, less than 5 hours, less than 4 hours, less than 3 hours, less than 2 hours, or less than 1 hour after exposure.

7. The method of claim 2, wherein more than one dose of rapamycin is administered to the subject during a period of up to 96 hours after exposure.

8. The method of claim 7, wherein rapamycin is administered at an interval of every 3 hours or every 6 hours.

9. The method of claim 7, wherein the first dose of rapamycin is administered intranasally.

10. The method of claim 7, wherein the additional doses of rapamycin after the first dose is administered intraperitoneally.

11. The method of claim 7, wherein all doses of rapamycin are administered intranasally.

12. The method of claim 7, wherein the first dose of rapamycin is administered in less than 24 hours after exposure.

13. The method of claim 1 or claim 2, wherein rapamycin is administered via gastrointestinal administration or via parenteral administration.

14. The method of claim 1 or claim 2, wherein rapamycin is administered via oral, gavage or rectal administration.

15. The method of claim 1 or claim 2, wherein rapamycin is administered via intravenous, intramuscular, intranasal, intraperitoneal, or subcutaneous administration.

16. Rapamycin for use in the treatment of toxic shock.

17. The use of claim 16, wherein the toxic shock is induced by exposure to a *Staphylococcal* exotoxin.

18. The use of claim 16, wherein the toxic shock is induced by exposure to a toxin selected from the group consisting of *Staphylococcal* enterotoxin A (SEA), *Staphylococcal* enterotoxin B (SEB), toxic shock syndrome toxin 1 (TSST-1), *streptococcal* pyrogenic exotoxin A (SPEA), and *streptococcal* pyrogenic exotoxin C (SPEC).

19. Use of rapamycin for the manufacture of a medicament for the treatment of toxic shock.

20. The use of claim 19, wherein the toxic shock is induced by exposure to a *Staphylococcal* exotoxin.

21. The use of claim 19, wherein the toxic shock is induced by exposure to a toxin selected from the group consisting of *Staphylococcal* enterotoxin A (SEA), *Staphylococcal* enterotoxin B (SEB), toxic shock syndrome toxin 1 (TSST-1), *streptococcal* pyrogenic exotoxin A (SPEA), and *streptococcal* pyrogenic exotoxin C (SPEC).

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