



Outbreak Reporting Module

The outbreak reporting module is intended for the following facilities to report outbreak information to Sacramento County Public Health as required by [Title 17](#) and [Assembly Bill 685](#):

- Businesses
- Childcares, Daycares, and Preschools
- Correctional Facilities
- Health Care Providers
- Homeless Shelters
- Schools

Please submit responses within 24 hours after starting the reporting session. Responses not submitted within 24 hours will not be recorded.





Point of Contact*

Name of reporter

First Last

Title/position of reporter

Title

Phone number (xxx-xxx-xxx)

555-555-5555

Email
(example@email.com)

email@company.com



Disease

Chickenpox (Varicella)

COVID-19

Flu (influenza)

Measles

Pertussis (Whooping Cough)

Rubella (German Measles)

Norovirus

Salmonella

Carbapenem-producing organism (CPO)

Methicillin-resistant Staphylococcus aureus (MRSA)

Unknown

Other



If disease = Unknown or Other



Disease type

Gastrointestinal (GI)

Rash

Respiratory

Other





* response required

Type of Facility*





Facility Name

Facility Address

Street

Suite/Floor

City

Zip





Staff

Total number at facility

Number of cases



COVID case log part 1



Case information (1-10)

	Name		Address			Phone	Date of birth	Gender
	Last name	First name	Street	City	Zip	(###-###-####)	(mm/dd/yyyy)	
Case 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Case 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Case 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Case 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Case 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Case 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Case 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Case 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Case 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼
Case 10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	▼

COVID case log part 2

Race/Ethnicity	Occupation (if staff)	Last day at facility <small>(mm/dd/yyyy)</small>	Fully vaccinated for COVID	Symptoms	Onset date, if symptomatic <small>(mm/dd/yyyy)</small>	Specimen collection date <small>(mm/dd/yyyy)</small>	Type of test
▼			▼	▼			▼
▼			▼	▼			▼
▼			▼	▼			▼
▼			▼	▼			▼
▼			▼	▼			▼
▼			▼	▼			▼
▼			▼	▼			▼
▼			▼	▼			▼
▼			▼	▼			▼
▼			▼	▼			▼
▼			▼	▼			▼

Do you need to enter additional cases (11-20)?

Yes

No

(repeats for cases 11-20 and 21-30, if necessary)

Non-COVID case log part 2

Race/Ethnicity	Occupation	Last day at facility (mm/dd/yyyy)	Onset date, if symptomatic (mm/dd/yyyy)	Symptoms: Abdominal pain	Symptoms: Chills	Symptoms: Cough	Symptoms: Diarrhea	Symptoms: Fever
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼
▼				▼	▼	▼	▼	▼

Non-COVID case log part 3

Symptoms: Headache	Symptoms: Nausea	Symptoms: Rash	Symptoms: Runny nose	Symptoms: Shortness of breath	Symptoms: Sore throat	Symptoms: Vomiting	If other symptoms, specify	Specimen collection date (mm/dd/yyyy)	Test result (organism)	Severity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Do you need to enter additional cases (11-20)?

Yes

No

(repeats for cases 11-20 and 21-30, if necessary)