

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 <u>Title 17</u> and <u>Assembly Bill 685</u>:

- 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- xxxx)	555-555-5555
Email (example@email.com)	email@company.com

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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

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If disease = Unknown or Other



Disease type

Gastrointestinal (GI)
Rash
Respiratory
Other

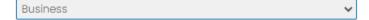
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* response required

Type of Facility*



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Facility Name Facility Address Street Suite/Floor City Zip



Staff

Total number at facility	
Number of cases	

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COVID case log part 1



Case information (1-10)

	Nam	ne		Address		Phone	Date of birth	Gender
	Last name	First name	Street	City	Zip	(###-###- ####)	(mm/dd/yyyy)	
Case 1								~
Case 2								~
Case 3								~
Case 4								~
Case 5								~
Case 6								~
Case 7								~
Case 8								~
Case 9								~
Case 10								~

COVID case log part 2

Race/Ethnicity	Occupation (if staff)	Last day at facility	Fully vaccinated for COVID	Symptoms	Onset date, if symptomatic	Specimen collection date	Type of test
		(mm/dd/yyyy)			(mm/dd/yyyy)	(mm/dd/yyyy)	
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Do you need to enter additional cases (11-20)?

O Yes			
O No			

Non-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								~
Case 2								~
Case 3								~
Case 4								~
Case 5								~
Case 6								·
Case								~
Case 8								~
Case								·
9 Case								·
10								V

Non-COVID case log part 2

Race/Ethnicity	Occupation	Last day at facility	Onset date, if symptomatic	Symptoms: Abdominal pain	Symptoms: Chills	Symptoms: Cough	Symptoms: Diarrhea	Symptoms: Fever
		(mm/dd/yyyy)	(mm/dd/yyyy)					
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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	Test result (organism)	Severity
								(mm/dd/yyyy)		
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Do you need to enter additional cases (11-20)?

O Yes		
O No		