SACRAMENTO COUNTY
PUBLIC HEALTH
Promote • Prevent • Protect

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.

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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

←   →

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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Disease type

◯ Gastrointestinal (GI)

◯ Rash

◯ Respiratory

◯ Other

←   →

Type of Facility*

Childcare, Daycare, and Preschool ▾

←   →

Facility Name

Facility Address

Street

Suite/Floor

City

Zip

→

Staff

Total number at facility

Number of cases

Students

Total number at facility

Number of cases

Which classroom(s) are affected?

←   →

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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 7								⌄
Case 8								⌄
Case 9								⌄
Case 10								⌄

COVID case log part 2

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

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

○ Yes

○ No

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

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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 7								
Case 8								
Case 9								
Case 10								

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
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄
⌄	⌄	⌄	⌄	⌄	⌄	⌄				⌄

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

○ Yes

○ No

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