BNI, HPI, HZI, NFELTP, RKI, SAP

SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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Introduction1

About You

You collect information on illness and death among patients and health care workers in your health facility and enter them into SORMAS.

Name	Institute	LGA	Code
Mrs Mujeedat Dabiri	IDSR UCH	n/a	HFP-OY-ZZZ-1

Table 1: Your Coordinates.

Data for Exercise Disease

This booklet gives you all the data for your daily tasks on exercise disease. The data it contains, which have been generated by the SORMAS simulation, are invented especially for this pilot. Please do not worry, if some fields are named differently in the mobile app, the desktop app or this document resp.. For example, not all symptoms in the applications match those in this booklet. You are ask to put in some grain of salt here and there (indicated by text in *italic font*). All entered facts will trigger further action by various other users and will result in additional data. These resulting data will then be compared with the expected data to provide another evaluation method.

Entries by the users are made from Monday to Friday only.

Tasks as Hospital Focal Person (ExD)

Concerning exercise disease¹:

before 10 AM

- 1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfill your duty as a Hospital focal person.
 - ... list of possible cases (person information with symptoms)
- 1. Some patients have died. Please notify this via SORMAS-N.
 - ... list of persons that have died

¹ according to the daily information given in the tasks section of the day

Daily Tasks (Hospital Focal Person)

 $Day\ 8 - 2015 \text{--} 06 \text{--} 08 - Mon\ 8\ Jun$

before 10 AM

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focal person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

$Day \ 9 - 2015 - 06 - 09 - Tue \ 9 \ Jun$

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

$Day\ 10\ -\ 2015\text{-}06\text{-}10\ -\ Wed\ 10\ Jun$

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 11 - 2015-06-11 - Thu 11 Jun

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 12 - 2015-06-12 - Fri 12 Jun

$before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

Symptomatic Person²

 2 Person -3322

Name	Yemisi Onyema	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1981-10-22	
Has	Ololade Iloenyosi female 64 1950-07-25	
as	Colleague	
Marital State	NA	
Home Address	Degema Close Bangbowo Kajola Oyo	
Phone-1	+234-706-8255467 mobile	
Phone-2	+234-813-8761864 NA	
Occupation	NA	
Onset of Symptoms	2015-06-12	
Date of Death	NA	
Fever Temp.	NA 39.4	
Lethargy	yes	
Muscle Pain	yes	
Headache	NA	
Stomach Pain	NA	
Diarrhea	NA	
Vomiting	NA	
Breathing Difficultie	s no	
Difficulty Swallowing	g no	
Hiccup	no	
Unexplained Bleedin	ng no	
Anorexia	no	
Maculo-papular Ras	h no	

2. Some patients have died. Please notify this via SORMAS-N.

Ther are no persons that died today.

Unexplained Sudden Death no

$Day\ 15 - 2015 - 06 - 15 - Mon\ 15\ Jun$

$before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

Symptomatic Person³

 3 Person -2718

Name	Ogoma Datong
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$female \dots NA \dots NA$
Marital State	divorced (not living common law)
Home Address	Ezekwesili Crescent Olupira Ibarapa North Oyo
Phone-1	+234-809-8431033 mobile
Phone-2	NA NA
Occupation	railway carriage and wagon inspector
Onset of Symptoms	2015-06-15

Onset of Symptoms	2015-06-15
Date of Death	NA
Fever Temp.	yes 40.6
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no
<u> </u>	

2. Some patients have died. Please notify this via SORMAS-N.

Day 16 - 2015-06-16 - Tue 16 Jun

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

$Day\ 17-2015 \hbox{--} 06 \hbox{--} 17-Wed\ 17\ Jun$

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

$Day\ 18-2015 ext{-}06 ext{-}18-Thu\ 18\ Jun$

$before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

Symptomatic Person⁴

4 Person – 3847

Name	Omolara Adenowo
Sex Age DoB	female $35 1979-03-11$
Marital State	NA
Home Address	Shehu Crescent Odo Ona Ibadan North West Oyo
Phone-1	0705-9140280 mobile
Phone-2	NA landline
Occupation	burial service
O	9017 06 10
Onset of Symptoms	2015-06-18
Date of Death	NA NA
Fever \dots Temp.	$NA \dots NA$
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden D	Death NA

2. Some patients have died. Please notify this via SORMAS-N.

Day 19 - 2015-06-19 - Fri 19 Jun

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 22 - 2015-06-22 - Mon 22 Jun

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 23 - 2015-06-23 - Tue 23 Jun

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 24 - 2015-06-24 - Wed 24 Jun

$before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

$Symptomatic\ Person^{5}$

 5 Person -2716

Name	Kolufunse Edeh
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $12 2003-06-04$
Marital State	NA
Home Address	Mohamadu Ribadu Elekule Ibarapa North Oyo
Phone-1	+234-806-3767097 NA
Phone-2	NA NA
Occupation	school pupil
Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	yes NA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	s no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	g no
Anorexia	NA
Maculo-papular Rash	n no
Unexplained Sudden	Death no

Symptomatic Person⁶

 6 Person -3892

Name	Okhesomi Akpovi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $42 \dots 1973-07-03$
Marital State	single (not living common law)
Home Address	Igbinidu Str \dots Jericho \dots Ibadan North West \dots Oyo
Phone-1	038-6039840 landline
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	yes \dots NA
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

Symptomatic Person⁷

 7 Person -4433

Name	Obiora Osanebi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$male \dots NA \dots 1978-01-19$
Marital State	NA
Home Address	Asata StreetBaboSaki WestOyo
Phone-1	+234-38-5181770 NA
Phone-2	+234-806-2333750 NA
Occupation	ticket collector (inspector)

Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	NA 39.6
Lethargy	no
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

 $2.\,$ Some patients have died. Please notify this via SORMAS-N.

 $Ther \ are \ no \ persons \ that \ died \ today.$

$Day\ 25-2015 ext{-}06 ext{-}25-Thu\ 25\ Jun$

$before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

$Symptomatic\ Person^{8}$

 8 Person -2695

Name	Sesugh Aminu
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $24 \dots NA$
Marital State	single (not living common law)
Home Address	Iche Kris Street Adegbola Ibarapa North Oyo
Phone-1	NA mobile
Phone-2	+234-813-1058611 mobile
Occupation	NA
Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	yes 38.4
Lethargy	yes

Onset of Symptoms	2015 - 06 - 24
Date of Death	NA
Fever Temp.	yes 38.4
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	NA
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

Symptomatic Person⁹

 9 Person -2886

Name	Oluwatofunmi Obiajunwa
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1979-01-04
Marital State	NA
Home Address	Mike Akhigbe Way Dahunsi Atiba Oyo
Phone-1	NA mobile
Phone-2	0809-4574586 NA
Occupation	multimedia designer

Onset of Symptoms	2015-06-25
Date of Death	NA
Fever Temp.	yes 39.9
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	NA

2. Some patients have died. Please notify this via SORMAS-N.

Day 26 - 2015-06-26 - Fri 26 Jun

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

 $Case\ of\ death^{10}$

Name	Sesugh Aminu
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 24 NA
Date of Death	2015-06-26

 10 Person -2695

Day 29 - 2015-06-29 - Mon 29 Jun

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

 $Case\ of\ death^{11}$

 11 Person – 2716

Name	Kolufunse Edeh
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 12 2003-06-04
Date of Death	2015-06-29
Date of Death	2010-00-29

Case of $death^{12}$

¹² Person – 3892

Name	Okhesomi Akpovi
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $42 \dots 1973$ -07-03
Date of Death	2015-06-29

 $Day \ 30 - 2015 \text{-} 06 \text{-} 30 - Tue \ 30 \ Jun$

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

$Day \ 31 - 2015 - 07 - 01 - \ Wed \ 1 \ Jul$

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

 $Day \ 32 - 2015 - 07 - 02 - Thu \ 2 \ Jul$

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 33 - 2015-07-03 - Fri 3 Jul

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 36 - 2015-07-06 - Mon 6 Jul

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 37 - 2015-07-07 - Tue 7 Jul

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 38 - 2015-07-08 - Wed 8 Jul

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 39 - 2015-07-09 - Thu 9 Jul

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about $exercise\ disease.$ Use them to fulfil your duty as a $Hospital\ focal$ person.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

Day 40 - 2015-07-10 - Fri 10 Jul

 $before\ 10\ AM$

1. You have the following information about patients or health care workers in your facility about exercise disease. Use them to fulfil your duty as a Hospital focalperson.

There are no symptomatic persons today.

2. Some patients have died. Please notify this via SORMAS-N.

3 The End

You have successfully reached the end of the SORMAS-N pilot. There are no more data for you to enter. Please do not forget to fill out the logbook and hand it in to Dr. Ebiwumi Aikhionbare. We appreciate your feedback, which is of great importance for improving the performance of SORMAS.

> Thank you very much for participating in the SORMAS-N field test. We hope you had a pleasant time.