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 Temilore Brann	Okeho General Hospital	Kajola	HFP-OY-KEH-4

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.

Symptomatic Person²

² Person – 3298

Name	Onyinye Alozie	
$Sex \dots Age \dots DoB$	male NA 2002-12-19	
Marital State	single (not living common law)	
Home Address	Aria Street Bale Bode Kajola Oyo	
Phone-1	+234-813-1362025 mobile	
Phone-2	NA NA	
Occupation	NA	
Onset of Symptoms	2015-06-08	
Date of Death	NA	
Fever Temp.	$yes \dots NA$	
Lethargy	NA	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	s no	
Difficulty Swallowing	g no	
Hiccup	no	
Unexplained Bleedin	ng no	
Anorexia	no	
Maculo-papular Rasl	h no	
Unexplained Sudden	Death no	

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 focalperson.

$Symptomatic\ Person^{\color{red}3}$

 3 Person -3193

Name	Ololade Iloenyosi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $64 1950-07-25$
Marital State	widowed (not living common law)
Home Address	Melina Close Ago Kajola Oyo
Phone-1	NA NA
Phone-2	NA NA
Occupation	high-rise work specialist (steeplejack)

Onset of Symptoms	2015-06-08
Date of Death	NA
Fever Temp.	yes 39.7
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

$Symptomatic\ Person^4$

 4 Person -3308

Name	Innocent Yakubu
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1951-09-14
Marital State	married (and not separated)
Home Address	Gregory Mbah Street Agunyansuneja Kajola Oyo
Phone-1	+234-805-4783376 mobile
Phone-2	NA NA
Occupation	patent agent

Onset of Symptoms	2015-06-09
Date of Death	NA
Fever Temp.	NA 38.6
Lethargy	NA
Muscle Pain	NA
Headache	NA
Stomach Pain	NA
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	no
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.

$Case\ of\ death^5$

Name	Onyinye Alozie
$\mathrm{Sex}\dots\mathrm{DoB}\dots\mathrm{Age}$	male NA 2002-12-19
Date of Death	2015-06-09

⁵ Person – 3298

Day 10 - 2015-06-10 - 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.

Symptomatic Person⁶

 6 Person -3284

Name	Ogađen Iroha
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 24 \dots NA$
Marital State	NA
Home Address	Otuniyo StreetIlluaKajolaOyo
Phone-1	+234-38-1334824 NA
Phone-2	+234-38-9354965 landline
Occupation	NA
Onset of Symptoms	2015-06-10
Date of Death	NA
Fever Temp.	ves NA

Onset of Symptoms	2015-06-10
Date of Death	NA
Fever Temp.	yesNA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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.

There are no symptomatic persons today.

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

Case of death⁷

Name	Ogađen Iroha
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $\dots 24 \dots NA$
Date of Death	2015-06-12

 7 Person -3284

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.

$Symptomatic\ Person^{8}$

 8 Person -3211

Name	Madukairo Alimi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$male \dots 30 \dots NA$
Marital State	widowed (not living common law)
Home Address	Link L Bale Bode Kajola Oyo
Phone-1	038-5655154 NA
Phone-2	0809-5095939 NA
Occupation	soldier
Onset of Symptoms	2015-06-15
Date of Death	NA
Fever Temp.	yes 38.9
Lethargy	no
Muscle Pain	yes

Date of Death	IVA
Fever Temp.	yes 38.9
Lethargy	no
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	no

Symptomatic Person⁹

 9 Person -3215

Name	Chisom Sambo
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1982-11-05
Marital State	divorced (not living common law)
Home Address	Anike Ugwu Street Aiyetoro Kajola Oyo
Phone-1	NA mobile
Phone-2	NA NA
Occupation	real estate agent (estate agent)

Onset of Symptoms	2015-06-15
Date of Death	NA
Fever Temp.	yes 40.9
Lethargy	yes
Muscle Pain	no
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	NA

 $2.\,$ 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 focalperson.

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.

$Symptomatic\ Person^{\hbox{\scriptsize 10}}$

 10 Person -3236

Name	Nkoyo Tor
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $52 \dots NA$
Marital State	single (not living common law)
Home Address	Kaduna airport link road Oke Oge Kajola Oyo
Phone-1	+234-706-9939215 NA
Phone-2	NA NA
Occupation	watercourse manager (river administrator)

Onset of Symptoms	2015-06-18
Date of Death	NA
Fever Temp.	yes 40.8
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	no

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

Case of $death^{11}$

 11 Person -3215

Name	Chisom Sambo
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female NA 1982-11-05
Date of Death	2015-06-18

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 $Hospital\ focal$ person.

$Symptomatic\ Person^{\mbox{\scriptsize 12}}$

 12 Person -3345

 13 Person -3345

Name	Ada Gobir
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female \dots NA \dots NA
Marital State	NA
Home Address	gab-akpata street Abule Ojo Kajola Oyo
Phone-1	+234-708-5979083 mobile
Phone-2	NA mobile
Occupation	art glazier and window-pane maker (craft glazier)

Onset of Symptoms	2015-06-18
Date of Death	2015-06-19
Fever Temp.	yes 40.3
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	NA
Unexplained Sudden Death	yes

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

2015-06-19

Case of $death^{13}$

Date of Death

 $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$

Name

Ada Gobir $female\,\dots NA\,\dots NA$

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 focalperson.

$Symptomatic\ Person^{14}$

 14 Person -3397

Name	Nkimdi Ajunwa
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $34 1981-03-29$
Marital State	single (not living common law)
Home Address	Ristila close Joloko Kajola Oyo
Phone-1	0806-9608950 NA
Phone-2	038-8687717 NA
Occupation	psychiatrist
Onset of Symptoms	2015-06-22
Date of Death	NA
Fever Temp.	yes 40.3
Lethargy	yes
Muscle Pain	no
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden I	Death no

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 $Hospital\ focal$ person.

There are no symptomatic persons today.

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

Day 25 - 2015-06-25 - 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 $Hospital\ focal$ person.

There are no symptomatic persons today.

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 $Hospital\ focal$ person.

There are no symptomatic persons today.

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

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 focalperson.

$Symptomatic\ Person^{\hbox{\bf 15}}$

 15 Person -3287

Name	Sochikaima Iheanacho
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $33 \dots 1982-02-26$
Marital State	widowed (not living common law)
Home Address	Eghosa Street Oha Kajola Oyo
Phone-1	+234-801-4666552 mobile
Phone-2	NA NA
Occupation	customs officer (customs inspector)

Onset of Symptoms Date of Death	2015-06-29 NA
Fever Temp.	NA 38.1
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
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.

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

 $before\ 10\ AM$

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.

$Day \ 31 - 2015 \text{--} 07 \text{--} 01 - \ Wed \ 1 \ Jul$

 $before\ 10\ AM$

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.

 $Case\ of\ death^{\bf 16}$

Name	Sochikaima Iheanacho
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female 33 1982-02-26
Date of Death	2015-07-02

 16 Person -3287

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.

$Symptomatic\ Person^{17}$

 17 Person -3256

Name	Adejoke Amokachi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 55 \dots NA$
Marital State	married (and not separated)
Home Address	Chris Enendu Crescent Olose Kajola Oyo
Phone-1	+234-803-2850377 mobile
Phone-2	NA NA
Occupation	producer of leather goods (leather goods worker)

Onset of Symptoms	2015-07-03
Date of Death	NA
Fever Temp.	yesNA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	NA
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	no

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.

$Day\ 38-2015\text{-}07\text{-}08-\ Wed\ 8\ Jul$

$before\ 10\ AM$

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 focalperson.

$Symptomatic\ Person^{18}$

 18 Person – 3134

Name	Omotese Ezeh
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1960-07-22
Marital State	married (and not separated)
Home Address	Choka Street Joloko Kajola Oyo
Phone-1	0705-2197024 mobile
Phone-2	NA NA
Occupation	fish warden (water keeper or bailiff)

Onset of Symptoms	2015-07-08
Date of Death	NA
Fever Temp.	yes 40.6
Lethargy	NA
Muscle Pain	NA
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	NA
Unexplained Bleeding	NA
Anorexia	NA
Maculo-papular Rash	NA
Unexplained Sudden Death	no

$Symptomatic\ Person^{19}$

 19 Person -3265

Name	Godfrey Abdullahi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $16 1999-07-04$
Marital State	single (not living common law)
Home Address	Jakande Close Awha Kajola Oyo
Phone-1	NA mobile
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-07-08
Date of Death	NA
Fever Temp.	$\mathrm{no}\dots\mathrm{NA}$
Lethargy	NA
Muscle Pain	no
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

 $2.\,$ 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.

$Symptomatic\ Person^{\hbox{\bf 20}}$

 20 Person – 3144

Name Sex Age DoB Marital State Home Address Phone-1	Ekpeyoawan Kabokeme female15NA single (not living common law) Isiwemwenro StrOtuKajolaOyo 038-1545695 landline
Phone-2	NA NA
Occupation	trainee
Onset of Symptoms	2015-07-09
Date of Death	NA
Fever Temp.	yes 39.
Lethargy	NA
Muscle Pain	no
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	s no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	g NA

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

NA

no

Ther are no persons that died today.

Anorexia

Maculo-papular Rash

Unexplained Sudden Death

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.

$Symptomatic\ Person^{{\bf 21}}$

²¹ Person – 3339

Name	Olufunso Sambo
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1972-04-11
Marital State	divorced (not living common law)
Home Address	Williams Street Opateye Kajola Oyo
Phone-1	0803-4489806 mobile
Phone-2	+234-806-6935791 mobile
Occupation	radio and tv transmission engineering technician

Onset of Symptoms	2015-07-10
Date of Death	NA
Fever Temp.	NANA
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	no

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.