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
Mr Ibinabo Ararume	Ja'oji PHC	Tarauni	HFP-KN-TRN-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.

There are no symptomatic persons today.

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

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.

There are no symptomatic persons today.

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 - 2015-06-18 - 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 $Hospital\ focal$ person.

There are no symptomatic persons today.

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 $Hospital\ focal$ 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 focalperson.

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 Person²

 2 Person - 1785

Name	Ekom Sode	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1960-02-11	
Marital State	single (not living common law)	
Home Address	Oshin Street Hausawa Tarauni Kano	
Phone-1	NA landline	
Phone-2	NA NA	
Occupation	NA	
Onset of Symptoms	2015-06-29	
Date of Death	NA	
Fever Temp.	NA 38.5	
Lethargy	NA	
Muscle Pain	no	
Headache	yes	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	NA	
Difficulty Swallowing	no	
Hiccup	no	
Unexplained Bleeding	g no	
Anorexia	no	
Maculo-papular Rash	no no	
Unexplained Sudden	Death no	

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.

 $Case\ of\ death^3$

Name Ekom Sode $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$ female . . . NA . . . 1960-02-11 Date of Death 2015-06-30

³ Person – 1785

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

$before\ 10\ AM$

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 focalperson.

Symptomatic Person⁴

4 Person – 1874

Name	Chidima Osagie	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 27 NA	
Marital State	married (and not separated)	
Home Address	Penguin Close Rinji Tarauni Kano	
Phone-1	0703-9250634 NA	
Phone-2	NA landline	
Occupation	NA	
Onset of Symptoms	2015-07-01	
Date of Death	NA	
Fever \dots Temp.	$no \dots NA$	
Lethargy	yes	
Muscle Pain	yes	
Headache	NA	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	s NA	
Difficulty Swallowing	g no	
Hiccup	NA	
Unexplained Bleeding	g no	
Anorexia	no	
Maculo-papular Rash	n no	
Unexplained Sudden	Death no	

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

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

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

 $before\ 10\ AM$

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 $Hospital\ focal$ person.

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 focalperson.

Symptomatic Person⁵

 5 Person - 1793

Name	Amara Akinyemi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1980-10-13
Has	Efemena Dabiri female 41 1973-06-16
as	Ex-Partner
Marital State	widowed (not living common law)
Home Address	Abagana CloseKofar KuduTarauniKano
Phone-1	NA NA
Phone-2	0708-8492669 mobile
Occupation	dental surgery assistant (dental nurse)

Onset of Symptoms	2015-07-09
Date of Death	NA
Fever Temp.	yes 39.2
Lethargy	NA
Muscle Pain	yes
Headache	NA
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

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.

Symptomatic Person⁶

 6 Person - 1915

Sex Age DoB female 44 NA Marital State NA Home Address Penguin Close Rinji Tarauni Kano Phone-1 0809-7508557 NA Phone-2 0706-4220117 mobile Occupation NA Onset of Symptoms 2015-07-10 Date of Death NA Fever Temp. yes NA Lethargy yes Muscle Pain yes Headache yes Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA Unexplained Sudden Death NA	Name	Olasubomi Joseph	
Home Address Penguin Close Rinji Tarauni Kano Phone-1 0809-7508557 NA Phone-2 0706-4220117 mobile Occupation NA Onset of Symptoms 2015-07-10 Date of Death NA Fever Temp. yes NA Lethargy yes Muscle Pain yes Headache yes Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 44 \dots NA$	
Phone-1 0809-7508557 NA Phone-2 0706-4220117 mobile Occupation NA Onset of Symptoms 2015-07-10 Date of Death NA Fever Temp. yes NA Lethargy yes Muscle Pain yes Headache yes Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Marital State	NA	
Phone-2 0706-4220117 mobile Occupation NA Onset of Symptoms 2015-07-10 Date of Death NA Fever Temp. yes NA Lethargy yes Muscle Pain yes Headache yes Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Maculo-papular Rash NA	Home Address	Penguin Close Rinji Tarauni Kano	
Occupation NA Onset of Symptoms 2015-07-10 Date of Death NA Fever Temp. yes NA Lethargy yes Muscle Pain yes Headache yes Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Maculo-papular Rash NA	Phone-1	0809-7508557 NA	
Onset of Symptoms Date of Death NA Fever Temp. Lethargy yes Muscle Pain Headache yes Stomach Pain Diarrhea NA Vomiting Breathing Difficulties NA Difficulty Swallowing Hiccup Unexplained Bleeding NA NA NA NA Onset of Symptoms NA yes Lethargy yes NA NA NA NA NA NA NA NA NA NA	Phone-2	0706-4220117 mobile	
Date of Death Fever Temp. Lethargy yes Muscle Pain Headache yes Stomach Pain Diarrhea NA Vomiting Breathing Difficulties NA Difficulty Swallowing Hiccup Unexplained Bleeding NA	Occupation	NA	
Date of Death Fever Temp. Lethargy yes Muscle Pain Headache yes Stomach Pain Diarrhea NA Vomiting Breathing Difficulties NA Difficulty Swallowing Hiccup Unexplained Bleeding NA	0 + 50 +	2015 05 10	
Fever Temp. yes NA Lethargy yes Muscle Pain yes Headache yes Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA			
Lethargy yes Muscle Pain yes Headache yes Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Date of Death	NA	
Muscle Pain yes Headache yes Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Fever \dots Temp.	$yes \dots NA$	
Headache yes Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Lethargy	yes	
Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Muscle Pain	yes	
Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Headache	yes	
Vomiting no Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Stomach Pain	no	
Breathing Difficulties NA Difficulty Swallowing NA Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Diarrhea	NA	
Difficulty Swallowing Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Vomiting	no	
Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Breathing Difficulties	NA	
Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Difficulty Swallowing	NA	
Anorexia no Maculo-papular Rash NA	Hiccup	no	
Maculo-papular Rash NA	Unexplained Bleeding	no	
• •	Anorexia	no	
Unexplained Sudden Death NA	Maculo-papular Rash	NA	
	Unexplained Sudden I	Death NA	

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

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

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.