BNI, HPI, HZI, NFELTP, RKI, SAP

SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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Contents

Introduction 4

Daily Tasks (Hospital Focal Person) 5

The End 31

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 Oula Omeje	Elkeedam Clinic	Irepo	HFP-OY-KSH-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.

$Day\ 19 - 2015 \text{-} 06 \text{-} 19 - Fri\ 19\ Jun$

$before\ 10\ AM$

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.

$Symptomatic\ Person^{\color{red}2}$

 2 Person -3585

Name	Omolara Ogada
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $14 2001-09-01$
Marital State	single (not living common law)
Home Address	Road 10 Abule Soro Irepo Oyo
Phone-1	NA mobile
Phone-2	NA NA
Occupation	school pupil

Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	yes 40.5
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

$Symptomatic\ Person^3$

 3 Person -3677

Name	Omoye Usman
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 2002-10-16
Marital State	single (not living common law)
Home Address	ST. JAME'S STREET OFF OKPAMEN LANE Bosaro Irepo Oyo
Phone-1	NA mobile
Phone-2	NA NA
Occupation	school pupil

Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	yes 40.
Lethargy	NA
Muscle Pain	NA
Headache	NA
Stomach Pain	NA
Diarrhea	NA
Vomiting	NA
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 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 focalperson.

Symptomatic Person⁴

 4 Person -3643

Name	Uche Gobir
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $63 \dots 1951$ -11-26
Marital State	NA
Home Address	Abuja Line Komi Irepo Oyo
Phone-1	0708-4372492 NA
Phone-2	NA mobile
Occupation	rubber operator (rubber process operative)
Onset of Symptoms	2015-06-23

Onset of Symptoms	2015-06-23
Date of Death	NA
Fever Temp.	NA 38.5
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

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 focalperson.

There are no symptomatic persons today.

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

 $Case\ of\ death^{f 5}$

Name	Uche Gobir
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 63 1951-11-26
Date of Death	2015-06-25

 5 Person -3643

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 Person⁶

⁶ Person – 3569

Name Eno-Obong Simon Sex Age DoB female NA 1998-05-09 Marital State single (not living common law) Home Address Holy Ghost Close Abule Soro Irepo Oyo Phone-1 0705-6103490 NA Phone-2 NA mobile Occupation trainee Onset of Symptoms Date of Death NA Fever Temp. NA NA Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA Unexplained Sudden Death no		
Marital State single (not living common law) Home Address Holy Ghost Close Abule Soro Irepo Oyo Phone-1 0705-6103490 NA Phone-2 NA mobile Occupation trainee Onset of Symptoms 2015-06-29 Date of Death NA Fever Temp. NA NA Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Maculo-papular Rash NA	Name	Eno-Obong Simon
Home Address Holy Ghost Close Abule Soro Irepo Oyo Phone-1 0705-6103490 NA Phone-2 NA mobile Occupation trainee Onset of Symptoms 2015-06-29 Date of Death NA Fever Temp. NA NA Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Maculo-papular Rash NA	$Sex \dots Age \dots DoB$	female NA 1998-05-09
Phone-1 0705-6103490 NA Phone-2 NA mobile Occupation trainee Onset of Symptoms 2015-06-29 Date of Death NA Fever Temp. NA NA Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Marital State	single (not living common law)
Phone-2 NA mobile Occupation trainee Onset of Symptoms 2015-06-29 Date of Death NA Fever Temp. NA NA Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Home Address	Holy Ghost Close Abule Soro Irepo Oyo
Occupation trainee Onset of Symptoms 2015-06-29 Date of Death NA Fever Temp. NA NA Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Phone-1	0705-6103490 NA
Onset of Symptoms Date of Death NA Fever Temp. NA NA Lethargy Yes Muscle Pain Headache NA Stomach Pain Diarrhea NO Vomiting NO Breathing Difficulties Difficulty Swallowing Hiccup NO Unexplained Bleeding NA NA NA NA NA NA	Phone-2	NA mobile
Date of Death NA Fever Temp. NA NA Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Maculo-papular Rash NA	Occupation	trainee
Date of Death NA Fever Temp. NA NA Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Maculo-papular Rash NA		
Fever Temp. NA NA Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Maculo-papular Rash NA	· -	2015-06-29
Lethargy yes Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Maculo-papular Rash NA	Date of Death	NA
Muscle Pain yes Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Fever Temp.	$NA \dots NA$
Headache no Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Lethargy	yes
Stomach Pain NA Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Muscle Pain	yes
Diarrhea no Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Headache	no
Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Stomach Pain	NA
Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Diarrhea	no
Difficulty Swallowing no 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	no
Unexplained Bleeding no Anorexia no Maculo-papular Rash NA	Difficulty Swallowing	no
Anorexia no Maculo-papular Rash NA	Hiccup	no
Maculo-papular Rash NA	Unexplained Bleeding	no
	Anorexia	no
Unexplained Sudden Death no	Maculo-papular Rash	NA
	Unexplained Sudden I	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.

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

 $before\ 10\ AM$

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 focalperson.

Symptomatic Person⁷

⁷ Person – 3419

Sex Age DoB Marital State Home Address Phone-1	Esema Kanu male NA 1964-05-01 widowed (not living common law) Obosi Close Ajetowa Irepo Oyo 0706-3472730 mobile NA NA	
Occupation	burial service	
Onset of Symptoms Date of Death	2015-07-02 NA	
Fever Temp. Lethargy Muscle Pain Headache	NA 39.6 yes yes yes	
Stomach Pain Diarrhea Vomiting Breathing Difficulties Difficulty Swallowing Hiccup	no no no no no no	
Unexplained Bleeding	no	
Anorexia Maculo-papular Rash Unexplained Sudden I	no no Death no	

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

Case of death⁸

⁸ Person – 3569

Name	Eno-Obong Simon
$\mathrm{Sex}\dots\mathrm{DoB}\dots\mathrm{Age}$	female NA 1998-05-09
Date of Death	2015-07-02

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.

 ${\it Case \ of \ death}^9$

Name	Esema Kanu
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	$male \dots NA \dots 1964\text{-}05\text{-}01$
Date of Death	2015-07-03

 9 Person -3419

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.

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

 10 Person -3527

Name	Onyinye Ezinwa		
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $57 cdots 1958-05-04$		
Marital State	married (and not separated)		
Home Address	Eleyele RoadSoroIrepoOyo		
Phone-1	NA landline		
Phone-2	NA NA		
Occupation	NA		
Onset of Symptoms	2015-07-08		
Date of Death	NA		
Fever Temp.	yes 40.1		
Lethargy	NA		
Muscle Pain	yes		
Headache	no		
Stomach Pain	NA		
Diarrhea	no		
Vomiting	NA		

no

NA

no

no

 $_{
m no}$

NA

no

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

Ther are no persons that died today.

Breathing Difficulties

Difficulty Swallowing

Unexplained Bleeding

Maculo-papular Rash

Unexplained Sudden Death

Hiccup

Anorexia

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.

 $Symptomatic\ Person^{11}$

 11 Person -3479

Name	Olaoluwa Iwuji
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $51 1963-09-07$
Has	Innocent Chikwe male $16 \dots 1999-05-20$
as	Friend
Marital State	widowed (not living common law)
Home Address	Ben Mbamalu StreetKosigiIrepoOyo
Phone-1	+234-38-7949547 landline
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-07-10
Date of Death	NA
Fever Temp.	yes 39.9
Lethargy	yes
Muscle Pain	no
Headache	yes
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	NA
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.