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# SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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1 Introduction

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 Adeyinka Olowola	Chiranci PHC	Kumbotso	HFP-KN-KBT-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 disease<sup>1</sup>:  
*before 10 AM*

<sup>1</sup> according to the daily information given in the tasks section of the day

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*

## 2 Daily Tasks (*Hospital Focal Person*)

*Day 8 – 2015-06-08 – 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.

*There are no persons that died today.*

*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.

*There are no persons that died today.*

*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 focal person*.

*There are no symptomatic persons today.*

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

*There are no persons that died today.*

*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.

*There are no persons that died today.*



*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 focal person*.

*Symptomatic Person*<sup>2</sup>

<sup>2</sup> Person – 1015

Name	Okebunor Danmusa
Sex ... Age ... DoB	male ... 24 ... 1991-04-22
Marital State	living common law
Home Address	Ofordile Street ... Yan Lemo ... Kumbotso ... Kano
Phone-1	NA NA
Phone-2	NA NA
Occupation	soldier
Onset of Symptoms	2015-06-12
Date of Death	NA
Fever ... Temp.	yes ... 40.9
Lethargy	NA
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	no
Unexplained Sudden Death	no

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

*There are no persons that died today.*

*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 focal person*.

*There are no symptomatic persons today.*

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

*There are no persons that died today.*

*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.

*There are no persons that died today.*

*Day 17 – 2015-06-17 – 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.

*There are no persons that died today.*

*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.

*There are no persons that died today.*

*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*.

*There are no symptomatic persons today.*

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

*There are no persons that died today.*

*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.

*There are no persons that died today.*

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*.

*Symptomatic Person*<sup>3</sup>

<sup>3</sup> Person – 920

Name	Oludare Alli
Sex ... Age ... DoB	male ... 34 ... NA
Marital State	widowed (not living common law)
Home Address	Chief Hyacinth Udeani Street ... Gra ... Kumbotso ... Kano
Phone-1	+234-801-8881656 NA
Phone-2	NA NA
Occupation	fashion designer
Onset of Symptoms	2015-06-23
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	NA
Muscle Pain	yes
Headache	NA
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	NA

*Symptomatic Person*<sup>4</sup>

<sup>4</sup> Person – 967

Name	Omotese Adigun
Sex ... Age ... DoB	female ... 33 ... 1981-07-11
Marital State	NA
Home Address	Oshola Street ... Unguwar Turawa ... Kumbotso ... Kano
Phone-1	0803-7738187 mobile
Phone-2	NA NA
Occupation	NA



Onset of Symptoms	2015-06-23
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
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.

*There are no persons that died today.*

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*.

*Symptomatic Person*<sup>5</sup>

<sup>5</sup> Person – 941

Name	Ekanem Oyakhire
Sex ... Age ... DoB	male ... 38 ... 1976-12-06
Has ...	Omowunmi Dako ... female ... 25 ... 1990-09-03
as ...	Ex-Wife
Marital State	NA
Home Address	Salt Lake St ... Zawaciki ... Kumbotso ... Kano
Phone-1	0706-1738462 NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-24
Date of Death	NA
Fever ... Temp.	yes ... 40.8
Lethargy	yes
Muscle Pain	yes
Headache	no
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	NA

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

*There are no persons that died today.*

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*.

*Symptomatic Person*<sup>6</sup>

<sup>6</sup> Person – 915

Name	Omowunmi Dako
Sex ... Age ... DoB	female ... 25 ... 1990-09-03
Marital State	divorced (not living common law)
Home Address	Zumuratu Street ... Yan Kusa ... Kumbotso ... Kano
Phone-1	0818-8329706 NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-25
Date of Death	NA
Fever ... Temp.	yes ... 39.3
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
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.

*There are no persons that died today.*

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*.

*Symptomatic Person*<sup>7</sup>

<sup>7</sup> Person – 902

Name	Chibuzoa Amueke
Sex ... Age ... DoB	male ... 44 ... NA
Marital State	married (and not separated)
Home Address	Sultan Abubakar Way ... Baburawa ... Kumbotso ... Kano
Phone-1	NA mobile
Phone-2	0801-7180022 mobile
Occupation	nurse
Onset of Symptoms	2015-06-26
Date of Death	NA
Fever ... Temp.	NA ... 39.2
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	NA
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

*Symptomatic Person*<sup>8</sup>

<sup>8</sup> Person – 1049

Name	Stella Afolabi
Sex ... Age ... DoB	female ... 44 ... 1970-07-15
Marital State	NA
Home Address	Ugbochime Street ... Kafin Alu ... Kumbotso ... Kano
Phone-1	NA mobile
Phone-2	0802-6149732 mobile
Occupation	physician

Onset of Symptoms	2015-06-26
Date of Death	NA
Fever ... Temp.	yes ... 39.1
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	yes
Vomiting	yes
Breathing Difficulties	yes
Difficulty Swallowing	no
Hiccup	yes
Unexplained Bleeding	NA
Anorexia	NA
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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

*There are no persons that died today.*

*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.

*There are no persons that died today.*

*Day 30 – 2015-06-30 – 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.

*There are no persons that died today.*

*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.

*Case of death*<sup>9</sup>

<sup>9</sup> Person – 915

Name	Omowunmi Dako
Sex ... DoB ... Age	female ... 25 ... 1990-09-03
Date of Death	2015-07-01



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*.

Symptomatic Person<sup>10</sup>

<sup>10</sup> Person – 910

Name	Ibukunoluwa Abaye
Sex ... Age ... DoB	female ... NA ... 1952-09-10
Marital State	NA
Home Address	Fadipe Street ... Dan Auta ... Kumbotso ... Kano
Phone-1	+234-818-2102648 mobile
Phone-2	NA NA
Occupation	textile printer
Onset of Symptoms	2015-07-02
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
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.

*There are no persons that died today.*

*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.

*There are no persons that died today.*

*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 focal person*.

*There are no symptomatic persons today.*

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

*There are no persons that died today.*

*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.

*Case of death*<sup>11</sup>

<sup>11</sup> Person – 910

Name	Ibukunoluwa Abaye
Sex ... DoB ... Age	female ... NA ... 1952-09-10
Date of Death	2015-07-07

*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.

*There are no persons that died today.*

*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.

*There are no persons that died today.*

*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 focal person*.

*There are no symptomatic persons today.*

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

*There 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.*