

BNI, HPI, HZI, NFELTP, RKI, SAP

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 |
|----------------|---------------|----------|--------------|
| Mr Osagie Bada | Nasiha Clinic | Kumbotso | HFP-KN-KBT-3 |

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

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*.

Symptomatic Person²

² Person – 1009

| | |
|--------------------------|--|
| Name | Chukwudi Igiebor |
| Sex ... Age ... DoB | male ... 32 ... 1982-12-22 |
| Marital State | NA |
| Home Address | Amechi Obi Crescent ... Kofar Kudu ... Kumbotso ... Kano |
| Phone-1 | 064-1302895 NA |
| Phone-2 | NA NA |
| Occupation | nurse |
| Onset of Symptoms | 2015-06-08 |
| Date of Death | NA |
| Fever ... Temp. | yes ... 38.3 |
| Lethargy | yes |
| Muscle Pain | NA |
| Headache | yes |
| 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.

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.

*Case of death*³

³ Person – 1009

| | |
|---------------------|----------------------------|
| Name | Chukwudi Igiebor |
| Sex ... DoB ... Age | male ... 32 ... 1982-12-22 |
| Date of Death | 2015-06-10 |

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*⁴

⁴ Person – 1012

| | |
|--------------------------|--|
| Name | Yahaya Oluehi |
| Sex ... Age ... DoB | male ... NA ... NA |
| Marital State | living common law |
| Home Address | UNEC Road ... Kumbotso ... Kumbotso ... Kano |
| Phone-1 | NA NA |
| Phone-2 | NA NA |
| Occupation | plywood maker |
| Onset of Symptoms | 2015-06-12 |
| Date of Death | NA |
| Fever ... Temp. | NA ... 38.7 |
| Lethargy | yes |
| Muscle Pain | yes |
| Headache | yes |
| Stomach Pain | no |
| Diarrhea | no |
| Vomiting | NA |
| Breathing Difficulties | no |
| Difficulty Swallowing | no |
| Hiccup | no |
| Unexplained Bleeding | no |
| Anorexia | NA |
| Maculo-papular Rash | no |
| Unexplained Sudden Death | no |

*Symptomatic Person*⁵

⁵ Person – 1024

| | |
|---------------------|--|
| Name | Chinyere Keita |
| Sex ... Age ... DoB | male ... 29 ... NA |
| Marital State | NA |
| Home Address | Alagbebi Street ... Yan Lemo ... Kumbotso ... Kano |
| Phone-1 | NA mobile |
| Phone-2 | NA NA |
| Occupation | NA |

| | |
|--------------------------|------------|
| Onset of Symptoms | 2015-06-12 |
| Date of Death | NA |
| Fever ... Temp. | yes ... NA |
| Lethargy | yes |
| Muscle Pain | yes |
| Headache | yes |
| Stomach Pain | NA |
| Diarrhea | no |
| Vomiting | NA |
| Breathing Difficulties | no |
| Difficulty Swallowing | no |
| Hiccup | NA |
| 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*.

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 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.

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*.

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 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.

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.

There 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.

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*.

Symptomatic Person⁶

⁶ Person – 864

| | |
|--------------------------|---|
| Name | Ololade Nworuh |
| Sex ... Age ... DoB | male ... 63 ... 1951-09-19 |
| Marital State | NA |
| Home Address | Patience Olukayode Crescent ... Walawai ... Kumbotso ... Kano |
| Phone-1 | 064-8731622 landline |
| Phone-2 | 0803-1479790 mobile |
| Occupation | tram driver |
| Onset of Symptoms | 2015-07-06 |
| Date of Death | NA |
| Fever ... Temp. | yes ... NA |
| Lethargy | NA |
| Muscle Pain | NA |
| Headache | NA |
| Stomach Pain | no |
| Diarrhea | NA |
| Vomiting | no |
| Breathing Difficulties | no |
| 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 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.

There are no persons that died today.

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.

*Case of death*⁷

⁷ Person – 864

| | |
|---------------------|----------------------------|
| Name | Ololade Nworuh |
| Sex ... DoB ... Age | male ... 63 ... 1951-09-19 |
| Date of Death | 2015-07-08 |

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.*