

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 Ugoh Maduabum	Fanda PHC	Albasu	HFP-KN-ABS-2

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 Person*²

² Person – 197

Name	Eniola Odegbami
Sex ... Age ... DoB	female ... 61 ... 1954-05-26
Marital State	divorced (not living common law)
Home Address	Fifth Lane ... Hausawa Hadi ... Albasu ... Kano
Phone-1	+234-705-1390569 mobile
Phone-2	NA NA
Occupation	stuntman (stuntwoman)
Onset of Symptoms	2015-06-08
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	NA
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.

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*.

*Symptomatic Person*³

³ Person – 4

Name	Chiburem Dabiri
Sex ... Age ... DoB	female ... 25 ... NA
Marital State	NA
Home Address	Udorji Crescent ... Acika ... Albasu ... Kano
Phone-1	NA NA
Phone-2	064-3097922 landline
Occupation	glass making machine operator
Onset of Symptoms	2015-06-09
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	NA
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	NA

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*.

*Symptomatic Person*⁴

⁴ Person – 57

Name	Osabuhien Ofere
Sex ... Age ... DoB	male ... NA ... NA
Marital State	married (and not separated)
Home Address	Agbonlahor Str ... Unguwar Kuka ... Albasu ... Kano
Phone-1	0708-5045025 NA
Phone-2	NA NA
Occupation	police officer
Onset of Symptoms	2015-06-10
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
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	NA

*Symptomatic Person*⁵

⁵ Person – 146

Name	Nyasha Yakubu
Sex ... Age ... DoB	female ... 16 ... 1999-01-15
Marital State	single (not living common law)
Home Address	Ogiegbane Street ... Sarina ... Albasu ... Kano
Phone-1	0706-4488248 mobile
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-06-10
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	no
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 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*.

*Symptomatic Person*⁶

⁶ Person – 281

Name	Adaeze Envoh
Sex ... Age ... DoB	female ... 25 ... NA
Marital State	living common law
Home Address	Badaru Street ... Sakwaya ... Albasu ... Kano
Phone-1	+234-802-4114667 NA
Phone-2	+234-805-1872555 NA
Occupation	quality inspector
Onset of Symptoms	2015-06-11
Date of Death	NA
Fever ... Temp.	NA ... 40.8
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
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.

*Case of death*⁷

⁷ Person – 197

Name	Eniola Odegbami
Sex ... DoB ... Age	female ... 61 ... 1954-05-26
Date of Death	2015-06-11

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*.

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 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.

*Case of death*⁸

⁸ Person – 57

Name	Osabuhien Ofere
Sex ... DoB ... Age	male ... NA ... NA
Date of Death	2015-06-15

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*.

*Symptomatic Person*⁹

⁹ Person – 261

Name	Enweliku Sani
Sex ... Age ... DoB	male ... NA ... 1972-11-05
Marital State	NA
Home Address	Monrovia Street ... Sarina ... Albasu ... Kano
Phone-1	NA NA
Phone-2	+234-803-5568646 NA
Occupation	NA
Onset of Symptoms	2015-06-17
Date of Death	NA
Fever ... Temp.	yes ... 39.5
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	NA
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.

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*.

*Symptomatic Person*¹⁰

¹⁰ Person – 216

Name	Abiakam Kerry
Sex ... Age ... DoB	male ... 56 ... NA
Marital State	separated (not living common law)
Home Address	Uyi Lane ... Achika ... Albasu ... Kano
Phone-1	0809-9840334 mobile
Phone-2	NA NA
Occupation	hand lacemaker
Onset of Symptoms	2015-07-01
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
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 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 Person¹¹

¹¹ Person – 3

Name	Ugoh Maduabum
Sex ... Age ... DoB	male ... 13 ... 2002-01-29
Marital State	NA
Home Address	Monrovia Street ... Sarina ... Albasu ... Kano
Phone-1	+234-703-6666648 mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-02
Date of Death	NA
Fever ... Temp.	yes ... 38.2
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
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 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*.

*Symptomatic Person*¹²

¹² Person – 152

Name	Oluwatofunmi Elahor
Sex ... Age ... DoB	female ... 57 ... 1957-06-26
Marital State	NA
Home Address	Nogheghase Str ... Acika ... Albasu ... Kano
Phone-1	NA landline
Phone-2	NA NA
Occupation	entertainment officer
Onset of Symptoms	2015-07-03
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	no
Muscle Pain	no
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	NA

*Symptomatic Person*¹³

¹³ Person – 252

Name	Olaoluwa Ilori
Sex ... Age ... DoB	male ... 39 ... NA
Marital State	NA
Home Address	Paache Close ... Sakwaya ... Albasu ... Kano
Phone-1	064-1610843 landline
Phone-2	0807-9011041 NA
Occupation	burial service

Onset of Symptoms	2015-07-03
Date of Death	NA
Fever ... Temp.	yes ... 39.2
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	NA
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.

*Case of death*¹⁴

¹⁴ Person – 216

Name	Abiakam Kerry
Sex ... DoB ... Age	male ... 56 ... NA
Date of Death	2015-07-03

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*.

Symptomatic Person¹⁵

¹⁵ Person – 82

Name	Odera Envoh
Sex ... Age ... DoB	female ... 41 ... 1974-03-25
Marital State	NA
Home Address	Zuwa Dodoma Street ... Sakwaya ... Albasu ... Kano
Phone-1	+234-807-5354263 NA
Phone-2	NA NA
Occupation	out-of-school educator
Onset of Symptoms	2015-07-07
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	NA
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.

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.

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*.

*Symptomatic Person*¹⁶

¹⁶ Person – 16

Name	Enosaze Olowola
Sex ... Age ... DoB	male ... 40 ... 1975-04-01
Marital State	married (and not separated)
Home Address	Aniagu Street ... Albasu ... Albasu ... Kano
Phone-1	0803-9123219 mobile
Phone-2	NA NA
Occupation	financial analyst
Onset of Symptoms	2015-07-09
Date of Death	NA
Fever ... Temp.	NA ... 39.4
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	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

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

*Case of death*¹⁷

¹⁷ Person – 261

Name	Enweliku Sani
Sex ... DoB ... Age	male ... NA ... 1972-11-05
Date of Death	2015-07-09

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*.

*Symptomatic Person*¹⁸

¹⁸ Person – 210

Name	Ldemudia Oshikoya
Sex ... Age ... DoB	male ... 45 ... 1969-12-13
Marital State	married (and not separated)
Home Address	Ajayi Street ... Albasu ... Albasu ... Kano
Phone-1	0706-3536711 mobile
Phone-2	NA NA
Occupation	mining mechanic (mining fitter)
Onset of Symptoms	2015-07-10
Date of Death	NA
Fever ... Temp.	yes ... 40.5
Lethargy	NA
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
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.

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.*