BNI, HPI, HZI, NFELTP, RKI, SAP

# SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

Copyright © 2015 BNI, HPI, HZI, NFELTP, RKI, SAP

Licensed under the Apache License, Version 2.0 (the "License"); you may not use this file except in compliance with the License. You may obtain a copy of the License at http://www.apache.org/licenses/LICENSE-2.0. Unless required by applicable law or agreed to in writing, software distributed under the License is distributed on an "AS IS" BASIS, WITHOUT WARRANTIES OR CONDITIONS OF ANY KIND, either express or implied. See the License for the specific language governing permissions and limitations under the License.

First printing, June 2015

# Contents

Introduction 4

Daily Tasks (Hospital Focal Person) 5

The End 30

#### 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 Stella Ogungbe	Agede PHC	Irepo	HFP-OY-KSH-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 disease<sup>1</sup>:

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

<sup>1</sup> 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 focalperson.

#### Symptomatic Person<sup>2</sup>

<sup>2</sup> Person – 3437

Name Sex Age DoB Marital State Home Address Phone-1	male single (r Appleto NA NA		3-09-22
Phone-2 Occupation	NA NA trainee		
Onset of Symptoms		2015-06-09	
Date of Death		NA	
Fever Temp.		yesNA	
Lethargy		NA	
Muscle Pain		yes	
Headache		yes	
Stomach Pain		no	
Diarrhea		no	
Vomiting		no	
Breathing Difficulties	3	no	
Difficulty Swallowing	S	no	
Hiccup		no	
Unexplained Bleedin	g	no	
Anorexia		no	
Maculo-papular Rasl	n	NA	
Unexplained Sudden	Death	NA	

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

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

### $Day\ 10\ -\ 2015\text{-}06\text{-}10\ -\ Wed\ 10\ Jun$

 $before\ 10\ AM$ 

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 focalperson.

Symptomatic Person<sup>3</sup>

 $^{3}$  Person -3666

Name	Ebube Akinola
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $13 \dots NA$
Has	Adeniji Olunloyo male 48 1966-06-30
as	Friend
Marital State	NA
Home Address	Balabina Street Kosigi Irepo Oyo
Phone-1	+234-809-6982414 mobile
Phone-2	0806-5633021 mobile
Occupation	NA
Onset of Symptoms	2015-06-10
Date of Death	NA NA
Fever $\dots$ Temp.	$NA \dots NA$
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	yes
Diarrhea	no
Vomiting	no
Breathing Difficulties	yes
Difficulty Swallowing	yes
Hiccup	yes
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden I	Death no

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

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

## 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 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.

#### Symptomatic Person<sup>4</sup>

 $^{4}$  Person -3542

Name Aryee Tompolo Sex Age DoB male 39 NA Marital State widowed (not living common law) Home Address Ngwunwani Lane Ajetowa Irepo Oyo Phone-1 +234-809-1154007 NA Phone-2 0818-9581204 NA Occupation nurse  Onset of Symptoms 2015-06-19 Date of Death NA  Fever Temp. yes 39.2 Lethargy yes Muscle Pain no Headache no 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 no		
Marital State widowed (not living common law) Home Address Ngwunwani Lane Ajetowa Irepo Oyo Phone-1 +234-809-1154007 NA Phone-2 0818-9581204 NA Occupation nurse  Onset of Symptoms 2015-06-19 Date of Death NA  Fever Temp. yes 39.2 Lethargy yes Muscle Pain no Headache no Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Name	Aryee Tompolo
Home Address Ngwunwani Lane Ajetowa Irepo Oyo Phone-1 +234-809-1154007 NA Phone-2 0818-9581204 NA Occupation nurse  Onset of Symptoms 2015-06-19 Date of Death NA  Fever Temp. yes 39.2 Lethargy yes Muscle Pain no Headache no  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no  Unexplained Bleeding no Anorexia no Maculo-papular Rash no	$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $\dots 39 \dots NA$
Phone-1 +234-809-1154007 NA Phone-2 0818-9581204 NA Occupation nurse  Onset of Symptoms 2015-06-19 Date of Death NA  Fever Temp. yes 39.2 Lethargy yes Muscle Pain no Headache no  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no  Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Marital State	widowed (not living common law)
Phone-2 Occupation  Onset of Symptoms Date of Death  NA  Fever Temp. Lethargy yes Muscle Pain Headache no  Stomach Pain Diarrhea NA  Vomiting Breathing Difficulties no Difficulty Swallowing Hiccup  Unexplained Bleeding  Anorexia Maculo-papular Rash  Onset 190  2015-06-19 NA  NA  NA  NA  NA  Pever 39.2  Lethargy yes Muscle Pain no Do Hocup no  Unexplained Bleeding no Anorexia no Maculo-papular Rash	Home Address	Ngwunwani Lane Ajetowa Irepo Oyo
Occupation nurse  Onset of Symptoms 2015-06-19 Date of Death NA  Fever Temp. yes 39.2 Lethargy yes Muscle Pain no Headache no  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no  Unexplained Bleeding no Maculo-papular Rash no	Phone-1	+234-809-1154007  NA
Onset of Symptoms Date of Death NA  Fever Temp. Lethargy yes Muscle Pain Headache no  Stomach Pain Diarrhea NA  Vomiting Breathing Difficulties Difficulty Swallowing Hiccup Unexplained Bleeding NA  NA  NA  NO  Unexplained Bleeding NO  Maculo-papular Rash NA	Phone-2	0818-9581204 NA
Date of Death  NA  Fever Temp.  Lethargy yes Muscle Pain no Headache no  Stomach Pain Diarrhea NA  Vomiting Breathing Difficulties no Difficulty Swallowing Hiccup no  Unexplained Bleeding NA	Occupation	nurse
Date of Death  NA  Fever Temp.  Lethargy yes Muscle Pain no Headache no  Stomach Pain Diarrhea NA  Vomiting Breathing Difficulties no Difficulty Swallowing Hiccup no  Unexplained Bleeding NA		
Fever Temp. yes 39.2  Lethargy yes  Muscle Pain no  Headache no  Stomach Pain no  Diarrhea NA  Vomiting no  Breathing Difficulties no  Difficulty Swallowing no  Hiccup no  Unexplained Bleeding no  Anorexia no  Maculo-papular Rash no	Onset of Symptoms	2015-06-19
Lethargy yes  Muscle Pain no  Headache no  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no  Unexplained Bleeding no Maculo-papular Rash no	Date of Death	NA
Muscle Pain no Headache no  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no  Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Fever Temp.	yes 39.2
Headache no  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no  Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Lethargy	yes
Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Muscle Pain	no
Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Headache	no
Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Stomach Pain	no
Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Diarrhea	NA
Difficulty Swallowing no Hiccup no  Unexplained Bleeding no  Anorexia no Maculo-papular Rash no	Vomiting	no
Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Breathing Difficulties	no
Unexplained Bleeding no  Anorexia no Maculo-papular Rash no	Difficulty Swallowing	no
Anorexia no Maculo-papular Rash no	Hiccup	no
Maculo-papular Rash no	Unexplained Bleeding	no
	Anorexia	no
Unexplained Sudden Death no	Maculo-papular Rash	no
	Unexplained Sudden l	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 Person<sup>5</sup>

 $^{5}$  Person -3604

Symptomatic 1 erson	
Name	Oba Ni Ohun Alli
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1998-08-16
Has	Chuma Igwebuike male 20 1995-06-05
as	Friend
Marital State	NA
Home Address	Niyi Okunbi Street Eleke Irepo Oyo
Phone-1	NA NA
Phone-2	NA NA
Occupation	trainee
Onset of Symptoms	2015-06-23
Date of Death	NA
Fever Temp.	NA 40.9
Lethargy	no

2015-06-23
NA
NA 40.9
no
NA
no
no
no
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  $Hospital\ focal$ 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 Person<sup>6</sup>

 $^{6}$  Person -3502

Name	Affiong Elumelu
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $63 1951-11-07$
Marital State	widowed (not living common law)
Home Address	Olukole Street Odo Ogun Irepo Oyo
Phone-1	NA NA
Phone-2	NA NA
Occupation	heating engineer (heating and ventilating engineer)

Onset of Symptoms	2015-06-29
Date of Death	NA
Fever Temp.	NA 40.8
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
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.

#### $Day \ 30 - 2015 \text{-} 06 \text{-} 30 - Tue \ 30 \ Jun$

#### $before\ 10\ AM$

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 focalperson.

#### Symptomatic Person<sup>7</sup>

 $^{7}$  Person -3589

Name	Ikeoluwatomiwaopayemi Envoh
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1951-09-03
Marital State	single (not living common law)
Home Address	Boyejo Street Ago Fulani Irepo Oyo
Phone-1	+234-38-743636 landline
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-30

Onset of Symptoms	2015-06-30
Date of Death	NA
Fever Temp.	NA 38.9
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	no
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.

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

 $before\ 10\ AM$ 

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.

There are no symptomatic persons today.

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

Case of death<sup>8</sup>

Name	Affiong Elumelu
$\mathrm{Sex}\dots\mathrm{DoB}\dots\mathrm{Age}$	male 63 1951-11-07
Date of Death	2015-07-02

 $^{8}$  Person -3502

#### 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  $Hospital\ focal$ 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<sup>9</sup>

 $^{9}$  Person -3633

Name	Kasheina Gyasi
$Sex \dots Age \dots DoB$	female $53 1961-12-30$
Marital State	widowed (not living common law)
Home Address	Ezemba Street Eleke Irepo Oyo
Phone-1	0813-8084169 mobile
Phone-2	NA NA
Occupation	soldier
Onset of Symptoms	2015-07-10
Date of Death	NA
Fever Temp.	yes 39.5
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
Breathing Difficulties	s no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	g no
Anorexia	NA

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

no

Ther are no persons that died today.

Maculo-papular Rash

Unexplained Sudden Death

#### 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.