BNI, HPI, HZI, NFELTP, RKI, SAP

# SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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#### 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
Mr Mosaku Choji	Tajudden Clinic	Kumbotso	HFP-KN-KBT-4

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 - 2015-06-08 - 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<sup>2</sup>

 $^{2}$  Person -883

Sex Age DoB Marital State Home Address Phone-1 Phone-2	Efe Henty male NA 1966-09-25 married (and not separated) Church Street Dorayi Babba Cikin Gari Kumbotso Kano NA mobile NA NA NA
Onset of Symptoms	2015-06-08
Date of Death	NA
Fever Temp.	yes NA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden I	Death no

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 - 2015-06-10 - 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 focalperson.

#### Symptomatic Person<sup>3</sup>

 $^{3}$  Person -898

Name	Olubowale Ekoku	
$Sex \dots Age \dots DoB$	male $\dots 39 \dots NA$	
Marital State	widowed (not living	common law)
Home Address	EGUAGIE STREET	ΓYan KusaKumbotsoKano
Phone-1	0703-6813755  NA	
Phone-2	064-9041771 NA	
Occupation	electrical equipment	inspector
0 1 (0 1	2017 06 10	
Onset of Symptoms	2015-06-10	
Date of Death	NA	
Fever $\dots$ Temp.	$\mathrm{yes}\dots\mathrm{NA}$	
Lethargy	NA	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	s NA	
Difficulty Swallowing	NA	
Hiccup	no	
Unexplained Bleedin	g no	
Anorexia	no	
Maculo-papular Rash	n no	

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

Ther are no persons that died today.

Unexplained Sudden Death

### 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.

There are no symptomatic persons today.

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

Case of death<sup>4</sup>

Name	Efe Henty
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	$male \dots NA \dots 1966\text{-}09\text{-}25$
Date of Death	2015-06-11

4 Person – 883

## 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 focalperson.

There are no symptomatic persons today.

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

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

Name	Olubowale Ekoku
$Sex \dots DoB \dots Age$	male $\dots 39 \dots NA$
Date of Death	2015-06-16

 $^{5}$  Person -898

## $Day\ 17-2015 \hbox{--} 06 \hbox{--} 17-Wed\ 17\ Jun$

 $before\ 10\ AM$ 

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>6</sup>

 $^{6}$  Person - 1028

Name	Ozor Kanayo
$Sex \dots Age \dots DoB$	male $15 2000-04-20$
Marital State	single (not living common law)
Home Address	Olamijuyin Avenue Dan Auta Kumbotso Kano
Phone-1	0803-2148234 mobile
Phone-2	NA mobile
Occupation	apprentice
Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	yes 38.8
Lethargy	NA
Muscle Pain	NA
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
Breathing Difficulties	s no
Difficulty Swallowing	g NA
Hiccup	NA
Unexplained Bleeding	g no
Anorexia	no
Maculo-papular Rash	n 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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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.

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

<sup>7</sup> Person – 1109

Name	Aryee Khreis	
$Sex \dots Age \dots DoB$	male NA 1971-04-	07
Marital State	divorced (not living com	mon law)
Home Address	Kigo Road Layin Yal	ya LallokiKumbotsoKano
Phone-1	+234-64-680796 landline	
Phone-2	064- $9691357$ landline	
Occupation	teacher	
Onset of Symptoms	2015-06-24	
Date of Death	NA	
Fever Temp.	NANA	
Lethargy	yes	
Muscle Pain	NA	
Headache	yes	
Stomach Pain	NA	
Diarrhea	NA	
Vomiting	yes	
Breathing Difficulties	yes	
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.

### Case of death<sup>8</sup>

<sup>8</sup> Person – 1028

Name	Ozor Kanayo
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 15 2000-04-20
Date of Death	2015-06-25

#### 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>9</sup>

 $^{9}$  Person - 953

Name	Chidima Kiladejo
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $31 1983-04-06$
Marital State	NA
Home Address	Edebor osule close Yankatsare Kumbotso Kano
Phone-1	064-6228747 NA
Phone-2	NA NA
Occupation	palmists
Onset of Symptoms	2015-06-29
Date of Death	NA
Fever Temp.	yesNA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	s NA
Difficulty Swallowing	g no
Hiccup	no
Unexplained Bleedin	ng no
Anorexia	no
Maculo-papular Rasl	h no

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

Unexplained Sudden Death

 $^{10}$  Person -965

Name	Samiatu Abeni
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1983-10-26
Has	Okoro Esehagu male 46 1968-09-18
as	Ex-Husband
Marital State	single (not living common law)
Home Address	julius udabor avenue Gurun Gawa Kumbotso Kano
Phone-1	+234-706-3001852  NA
Phone-2	NA NA
Occupation	NA

NA

Onset of Symptoms Date of Death	2015-06-29 NA
Fever Temp.	yesNA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	NA

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

# ${\it Case \ of \ death}^{11}$

Name	Aryee Khreis
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male NA 1971-04-07
Date of Death	2015-06-29

 $^{11}$  Person – 1109

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

 $before\ 10\ AM$ 

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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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

 $Case\ of\ death^{12}$ 

Name	Chidima Kiladejo
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $31 \dots 1983$ -04-06
Date of Death	2015-07-02

 $^{12}$  Person -953

#### 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.

 $Case\ of\ death^{\hbox{\bf 13}}$ 

Name	Samiatu Abeni
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female NA 1983-10-26
Date of Death	2015-07-03

 $^{13}$  Person -965

#### 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.

## $Symptomatic\ Person^{14}$

 $^{14}$  Person -962

Name	Chisom Akume	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 44 \dots NA$	
Marital State	single (not living common law)	
Home Address	Ofordile Street Yan Lemo Kumbotso Kano	
Phone-1	NA mobile	
Phone-2	NA NA	
Occupation	fire officer	
Onset of Symptoms	2015-07-06	
Date of Death	NA	
Fever Temp.	yes NA	
Lethargy	yes	
Muscle Pain	yes	
Headache	NA	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	s NA	
Difficulty Swallowing	no	
Hiccup	no	
Unexplained Bleeding	g no	
Anorexia	no	
Maculo-papular Rash	n NA	
Unexplained Sudden	Death NA	

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 focalperson.

There are no symptomatic persons today.

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

Case of  $death^{15}$ 

Name	Chisom Akume
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $\dots 44 \dots NA$
Date of Death	2015-07-07

 $^{15}$  Person -962

#### 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 focalperson.

 $Symptomatic\ Person {\color{red}^{16}}$ 

 $^{16}$  Person - 1100

Name	Olubowale Ndukwu	
$Sex \dots Age \dots DoB$	male NA 1959-10-11	
Marital State	NA	
Home Address	Awore Street Tudun Maliki Kumbotso Kano	
Phone-1	NA landline	
Phone-2	NA NA	
Occupation	NA	
	2015 07 09	
Onset of Symptoms	2015-07-08	
Date of Death	NA	
Fever $\dots$ Temp.	$\mathrm{no} \ldots \mathrm{NA}$	
Lethargy	yes	
Muscle Pain	NA	
Headache	yes	
Stomach Pain	no	
Diarrhea	NA	
Vomiting	no	
Breathing Difficulties	s no	
Difficulty Swallowing	no	
Hiccup	no	
Unexplained Bleeding	g no	
Anorexia	no	
Maculo-papular Rash	n NA	
Unexplained Sudden	Death NA	

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.

There are no symptomatic persons today.

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

Case of  $death^{17}$ 

Name	Olubowale Ndukwu
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male NA 1959-10-11
Date of Death	2015-07-10

 $^{17}$  Person – 1100

#### 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.