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 Azi Aikhionbare	Tsangaya PHC	Albasu	HFP-KN-ABS-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)

 $Day\ 8 - 2015 \text{--} 06 \text{--} 08 - Mon\ 8\ Jun$ 

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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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

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

 $before\ 10\ AM$ 

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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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

## 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.

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

 $^{2}$  Person -122

Name	Chicobe Adebowale	
$Sex \dots Age \dots DoB$	female 30 1984-10-26	
Marital State	single (not living common law)	
Home Address	Jeff Udeoha Street Daho Albasu Kano	
Phone-1	NA mobile	
Phone-2	NA NA	
Occupation	woodworking operator (wood machinist)	
Onset of Symptoms	2015-06-15	
Date of Death	NA	
Fever Temp.	yes 38.9	
Lethargy	yes	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	NA	
Diarrhea	no	
Vomiting	no	
Breathing Difficultie	s no	
Difficulty Swallowing	g NA	
Hiccup	no	
Unexplained Bleedin	g NA	
Anorexia	no	
Maculo-papular Rasl	n NA	

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

Ther are no persons that died today.

Unexplained Sudden Death

### 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 - 2015-06-17 - 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 focalperson.

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

 $^{3}$  Person -235

Name	Abieyuwa Nwakaeme	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 32 \dots NA$	
Marital State	married (and not separated)	
Home Address	Sonata Street Sarina Albasu Kano	
Phone-1	0803-6376752 mobile	
Phone-2	NA mobile	
Occupation	NA	
Onset of Symptoms	2015-06-17	
Date of Death	NA NA	
Fever $\dots$ Temp.	yes $\dots 40.1$	
Lethargy	yes	
Muscle Pain	yes	
Headache	NA	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	s no	
Difficulty Swallowing	g no	
Hiccup	no	
Unexplained Bleeding	g NA	
Anorexia	no	
Maculo-papular Rash	n no	
Unexplained Sudden	Death NA	

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.

 $There\ are\ no\ symptomatic\ persons\ today.$ 

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

Case of death<sup>4</sup>

Name	Abieyuwa Nwakaeme
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $\dots 32 \dots NA$
Date of Death	2015-06-19

 $^{4}$  Person -235

#### 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>5</sup>

 $^{5}$  Person -138

Name	Oluwatofunmi Oluehi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $50 1964-07-29$
Marital State	living common law
Home Address	Akubu e Umudineze Street Albasu Albasu Kano
Phone-1	+234-806-1177507 mobile
Phone-2	NA mobile
Occupation	marine engineer (ship's engineer and machine operator)

Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	NA 38.7
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	yes
Diarrhea	yes
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.

#### 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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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>6</sup>

 $^{6}$  Person -250

Ijeoma Ekoku
female $43 1972-04-17$
Chukwudi Kwikajet male 46 1968-11-10
Ex-Husband
married (and not separated)
Peace Close Bataiya Albasu Kano
+234-818-8504815 mobile
NA NA
NA

0 4 9	
Onset of Symptoms	2015-06-30
Date of Death	NA
Fever Temp.	$\mathrm{yes}\dots\mathrm{NA}$
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	no

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 focalperson.

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

 $^{7}$  Person -213

Name	Precious Dako
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $54 1961-03-23$
Has	Gollibe Ajibola female 64 1950-12-20
as	Friend
Marital State	NA
Home Address	Ezeagu Igbudu Street Huguma Albasu Kano
Phone-1	NA mobile
Phone-2	064-293253 NA
Occupation	NA
Onset of Symptoms	2015-07-01
Date of Death	NA

Onset of Symptoms	2015-07-01
Date of Death	NA
Fever Temp.	yes 39.1
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	no

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

## ${\it Case \ of \ death}^8$

8 Person – 250

Name	Ijeoma Ekoku
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female 43 1972-04-17
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.

There are no symptomatic persons today.

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

#### 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.

#### Symptomatic Person<sup>9</sup>

<sup>9</sup> Person – 217

Name	Akhilomen Amina
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $53 1961-12-17$
Marital State	NA
Home Address	Igwe Harford Agana Street Unguwar Kuka Albasu Kano
Phone-1	064-3605858 NA
Phone-2	NA NA
Occupation	fortune teller
Onset of Symptoms	2015-07-08
Date of Death	NA
Fever Temp.	NA 38.5
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	s no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	g no

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

 $_{
m no}$ 

no

NA

Ther are no persons that died today.

Anorexia

Maculo-papular Rash

Unexplained Sudden Death

#### 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 focalperson.

## $Symptomatic\ Person {\color{red}^{10}}$

 $^{10}$  Person – 230

Name	Decale Oya Decale Olanare	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1954-04-21	
Marital State	NA	
Home Address	Salvation Road Sayasaya Albasu Kano	
Phone-1	NA landline	
Phone-2	NA NA	
Occupation	NA	
Onset of Symptoms	2015-07-09	
Date of Death	NA	
Fever Temp.	NA 40.7	
T -41	****	

Onset of Symptoms	2015-07-09
Date of Death	NA
Fever Temp.	NA 40.7
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	NA

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.

#### 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.