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# 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 Olatunbosun Ekoku	General Hospital	Ibarapa North	HFP-OY-AYT-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>&</sup>lt;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>

 $^{2}$  Person -2653

Name	Ching Ajilore	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $39 1976-03-27$	
Has	Osazemen Etafia male 57 1957-09-22	
as	Colleague	
Marital State	single (not living common law)	
Home Address	Nnaji Street Ajegunle Ibarapa North Oyo	
Phone-1	0802-3246531 NA	
Phone-2	NA NA	
Occupation	hardener	
Onset of Symptoms	2015-06-09	
Date of Death	NA NA	
Fever $\dots$ Temp.	$yes \dots 40.8$	
Lethargy	no	
Muscle Pain	NA	
Headache	yes	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	s no	
Difficulty Swallowing	g no	
Hiccup	no	
Unexplained Bleedin	g NA	
Anorexia	no	
Maculo-papular Rash	h no	
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  $Hospital\ focal$ 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.

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.

 $Case\ of\ death^{3}$ 

Name	Ching Ajilore
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 39 1976-03-27
Date of Death	2015-06-16

 $^{3}$  Person -2653

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

 $before\ 10\ AM$ 

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 focalperson.

Symptomatic Person<sup>4</sup>

 $^{4}$  Person -2810

Name	Akaazua Okogha	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$male \dots 21 \dots NA$	
Has	Maryjane Erese female $18 \dots 1996$ -11-24	
as	Colleague	
Marital State	married (and not separated)	
Home Address	Olofin Street Ajegunle Ibarapa North Oyo	
Phone-1	NA NA	
Phone-2	NA NA	
Occupation	student	
Onset of Symptoms	2015-06-18	
Date of Death	NA	

Onset of Symptoms	2015-06-18
Date of Death	NA
Fever Temp.	NA 38.4
Lethargy	NA
Muscle Pain	no
Headache	no
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	no

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

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

#### 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 focalperson.

There are no symptomatic persons today.

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  $Hospital\ focal$ 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  $Hospital\ focal$ 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>5</sup>

 $^{5}$  Person -2732

Name	Akinola Ojokolo
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $34 1980-12-22$
Marital State	married (and not separated)
Home Address	Oyewole Street Asaka Ibarapa North Oyo
Phone-1	038-9569041 landline
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-06-30
Date of Death	NA
Fever Temp.	yesNA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
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>6</sup>

 $^{6}$  Person -2789

Name	Salim Efevberha
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $28 \dots NA$
Has	Ugochukwu Friday male 29 1985-03-12
as	Non-Marital Partner
Marital State	married (and not separated)
Home Address	Adisa Bashua Street Abule Aborisade Ibarapa North Oyo
Phone-1	038-7839161 landline
Phone-2	NA NA
Occupation	police officer
Onset of Symptoms	2015-07-01
Date of Death	NA

Onset of Symptoms Date of Death	2015-07-01 NA
Fever Temp.	yes 40.8
Lethargy	no
Muscle Pain	yes
Headache	no
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
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.

 $Day \ 32 - 2015 - 07 - 02 - Thu \ 2 \ Jul$ 

 $before\ 10\ AM$ 

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.

 ${\it Case \ of \ death}^{7}$ 

Name	Akinola Ojokolo
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male $34 \dots 1980 - 12 - 22$
Date of Death	2015-07-02

 $^{7}$  Person -2732

#### 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.

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.