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 |
|-------------------|-------------|--------------|--------------|
| Mrs Mujee Bot Kan | Dawanau PHC | Dawakin Tofa | HFP-KN-DTF-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

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 - 2015-06-10 - 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 Person²

 2 Person -410

| Name | Udensi Akilu | | |
|--|---|--|--|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male $43 1971-10-18$ | | |
| Marital State | married (and not separated) | | |
| Home Address | Rasak Okoya Close Miltara Dawakin Tofa Kano | | |
| Phone-1 | 0813-5573998 mobile | | |
| Phone-2 | NA NA | | |
| Occupation | sales assistant (salesperson) | | |
| | | | |
| Onset of Symptoms | 2015-06-10 | | |
| Date of Death | NA | | |
| Forces Toron | NT A NT A | | |

| Onset of Symptoms Date of Death | 2015-06-10 NA |
|---------------------------------|------------------|
| Fever Temp. | NANA |
| Lethargy | yes |
| Muscle Pain | yes |
| Headache | yes |
| Stomach Pain | no |
| Diarrhea | NA |
| Vomiting | NA |
| Breathing Difficulties | NA |
| 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 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 Person³

³ Person – 409

| Name | Enweli | ku Olajuwon | |
|--|--|----------------|-----------|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male . | 23 1992- | 04-14 |
| Marital State | single | (not living co | mmon law) |
| Home Address | Olympic Close Yaratu Dawakin Tofa Kano | | |
| Phone-1 | +234-6 | 64-6475585 N | A |
| Phone-2 | NA NA | A | |
| Occupation | teacher | r | |
| | | | |
| Onset of Symptoms | | 2015-06-11 | |
| Date of Death | | NA | |
| Fever Temp. | | yes 40.3 | |
| Lethargy | | yes | |
| Muscle Pain | | yes | |
| Headache | | yes | |
| Stomach Pain | | no | |
| Diarrhea | | no | |
| Vomiting | | no | |
| Breathing Difficulties | 8 | no | |
| Difficulty Swallowing | 5 | no | |
| Hiccup | | NA | |
| Unexplained Bleedin | g | NA | |
| Anorexia | | no | |
| Maculo-papular Rasl | n | no | |
| Unexplained Sudden | Death | NA | |

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.

Symptomatic Person⁴

4 Person – 408

| Name | Oluwakemi Onubiyi | |
|--|---------------------------------------|--|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male $25 \dots NA$ | |
| Marital State | single (not living common law) | |
| Home Address | Inabere Street Jali Dawakin Tofa Kano | |
| Phone-1 | +234-708-3224301 mobile | |
| Phone-2 | NA NA | |
| Occupation | burial service | |
| | | |
| Onset of Symptoms | 2015-06-15 | |
| Date of Death | NA NA | |
| Fever \dots Temp. | yes $\dots 39.3$ | |
| Lethargy | no | |
| Muscle Pain | yes | |
| Headache | NA | |
| Stomach Pain | no | |
| Diarrhea | no | |
| Vomiting | no | |
| Breathing Difficulties | no | |
| Difficulty Swallowing | no | |
| Hiccup | NA | |
| Unexplained Bleeding | g 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 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.

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 focalperson.

Symptomatic Person⁵

 5 Person -527

| Name | Jennefer Effiom | |
|--|--|--|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | female $NA \dots NA$ | |
| Has | Olafimihan Ekubia male 21 1994-03-18 | |
| as | Friend | |
| Marital State | married (and not separated) | |
| Home Address | Matama Avenue Dawakin Tofa Dawakin Tofa Kano | |
| Phone-1 | +234-705-6829519 NA | |
| Phone-2 | NA NA | |
| Occupation | soldier | |

| Onset of Symptoms | 2015 - 06 - 22 |
|--------------------------|----------------|
| Date of Death | NA |
| Fever Temp. | yesNA |
| Lethargy | yes |
| Muscle Pain | no |
| Headache | yes |
| Stomach Pain | no |
| Diarrhea | no |
| Vomiting | no |
| Breathing Difficulties | NA |
| 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.

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

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 focalperson.

Symptomatic Person⁶

 6 Person -359

| Name | Ogunde Idahor | |
|--|-----------------------------------|--|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male $39 \dots 1976-04-19$ | |
| Marital State | NA | |
| Home Address | Odoula RoadBadumeDawakin TofaKano | |
| Phone-1 | +234-706-6163660 mobile | |
| Phone-2 | NA NA | |
| Occupation | NA | |
| | | |
| Onset of Symptoms | 2015-06-23 | |
| Date of Death | NA | |

| Onset of Symptoms | 2015-06-23 |
|--------------------------|------------|
| Date of Death | NA |
| Fever Temp. | yesNA |
| Lethargy | yes |
| Muscle Pain | yes |
| Headache | yes |
| Stomach Pain | no |
| Diarrhea | NA |
| Vomiting | NA |
| 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.

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.

$Day\ 25-2015 ext{-}06 ext{-}25-Thu\ 25\ Jun$

$before\ 10\ AM$

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.

$Symptomatic\ Person^{\bf 7}$

 7 Person -319

| Name | Ijeoma Duke | | |
|--|---|--|--|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | female $34 1981-05-05$ | | |
| Marital State | widowed (not living common law) | | |
| Home Address | Amodu Ojikutu Street Tsarkakiya Dawakin Tofa Kano | | |
| Phone-1 | +234-806-8385309 mobile | | |
| Phone-2 | +234-809-9319242 NA | | |
| Occupation | waste incineration plant worker | | |
| | | | |
| Onset of Symptoms | 2015-06-25 | | |
| Date of Death | NA | | |

| Onset of Symptoms | 2015-06-25 |
|--------------------------|------------|
| Date of Death | NA |
| Fever Temp. | yesNA |
| Lethargy | yes |
| Muscle Pain | yes |
| Headache | yes |
| Stomach Pain | NA |
| Diarrhea | no |
| Vomiting | no |
| Breathing Difficulties | NA |
| Difficulty Swallowing | no |
| Hiccup | NA |
| Unexplained Bleeding | NA |
| Anorexia | no |
| Maculo-papular Rash | no |
| Unexplained Sudden Death | no |

$Symptomatic\ Person^{8}$

 8 Person -392

| Name | Tiwatopelodolurun Dada |
|--|---|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | female $\dots 17 \dots NA$ |
| Has | Osabuhien Ezeji male 37 1977-08-15 |
| as | Co-Traveller |
| Marital State | single (not living common law) |
| Home Address | Professor Kunmi Akingbhin Street Gobirawa Dawakin Tofa Kano |
| Phone-1 | NA mobile |
| Phone-2 | NA NA |
| Occupation | school pupil |

| Onset of Symptoms | 2015-06-25 |
|--------------------------|------------|
| Date of Death | NA |
| Fever Temp. | yesNA |
| Lethargy | yes |
| Muscle Pain | NA |
| Headache | NA |
| Stomach Pain | no |
| Diarrhea | NA |
| 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 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.

$Day\ 29 - 2015 \hbox{--} 06 \hbox{--} 29 - Mon\ 29\ Jun$

$before\ 10\ AM$

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.

$Symptomatic\ Person ^{\bf 9}$

 9 Person -363

| Name | Oula Omodiagbe |
|--|---|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | female $26 1988-10-19$ |
| Has | Osose Egbele female 20 1995-05-22 |
| as | Colleague |
| Marital State | divorced (not living common law) |
| Home Address | Ovie-whisky close Kwa Dawakin Tofa Kano |
| Phone-1 | NA mobile |
| Phone-2 | NA NA |
| Occupation | court executive officer (bailiff) |

| i | |
|--------------------------|------------|
| Onset of Symptoms | 2015-06-29 |
| Date of Death | NA |
| Fever Temp. | yesNA |
| Lethargy | NA |
| Muscle Pain | yes |
| Headache | yes |
| 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 |

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

 10 Person -570

| Name | Oba Ni Ohun Ohu |
|--|---------------------------------------|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | $male \dots 12 \dots NA$ |
| Marital State | NA |
| Home Address | Berkley Street Sabo Dawakin Tofa Kano |
| Phone-1 | 0806-5835847 mobile |
| Phone-2 | NA NA |
| Occupation | school pupil |

| Onset of Symptoms | 2015-06-29 |
|--------------------------|------------|
| Date of Death | NA |
| Fever Temp. | yes 40.6 |
| Lethargy | yes |
| Muscle Pain | yes |
| Headache | yes |
| Stomach Pain | NA |
| Diarrhea | no |
| Vomiting | no |
| Breathing Difficulties | no |
| Difficulty Swallowing | NA |
| Hiccup | no |
| Unexplained Bleeding | no |
| Anorexia | NA |
| Maculo-papular Rash | NA |
| Unexplained Sudden Death | NA |
| | |

 $2.\,$ 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.

 $Symptomatic\ Person^{11}$

 11 Person – 401

| Name | Essang Kwikajet |
|--|--|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male $37 1977-05-07$ |
| Marital State | living common law |
| Home Address | Garrick Close Dumawa Dawakin Tofa Kano |
| Phone-1 | NA mobile |
| Phone-2 | 064-6610898 landline |
| Occupation | farm worker or farm labourer |
| Onset of Symptoms | 2015-06-30 |
| Date of Death | NA |
| —————————————————————————————————————— | |
| Fever \dots Temp. | $yes \dots 39.5$ |
| Lethargy | yes |
| Muscle Pain | NA |
| Headache | NA |
| Stomach Pain | no |
| Diarrhea | NA |
| Vomiting | no |
| Breathing Difficulties | no |
| Difficulty Swallowing | no |
| Hiccup | no |
| Unexplained Bleeding | no |
| Anorexia | NA |
| Maculo-papular Rash | no |
| Unexplained Sudden I | 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.

$Symptomatic\ Person^{\mbox{\scriptsize 12}}$

 12 Person -495

| Name | Olaoluwa Obleajula |
|--|--|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male NA 1958-07-27 |
| Marital State | NA |
| Home Address | Leadway Assurance Avenue Tumfafi Dawakin Tofa Kano |
| Phone-1 | +234-706-8709054 mobile |
| Phone-2 | NA NA |
| Occupation | NA |
| | |

| 2015-07-01 |
|------------|
| NA |
| yes 39.6 |
| NA |
| yes |
| yes |
| no |
| no |
| no |
| no |
| NA |
| no |
| |

$Symptomatic\ Person^{\hbox{\scriptsize 13}}$

 13 Person -546

| Name | Chinedu Chikwelu |
|--|--|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male NA $1974-02-23$ |
| Has | Ciara Oni female 45 1970-08-01 |
| as | Wife |
| Marital State | NA |
| Home Address | Anifowoshe Street Dumawa Dawakin Tofa Kano |
| Phone-1 | NA landline |
| Phone-2 | NA mobile |
| Occupation | telecommunications cable fitter |

| Ongot of Communications | 2015 07 01 |
|--------------------------|------------|
| Onset of Symptoms | 2015-07-01 |
| Date of Death | NA |
| Fever Temp. | NA 38.2 |
| Lethargy | NA |
| Muscle Pain | yes |
| Headache | yes |
| Stomach Pain | NA |
| Diarrhea | NA |
| Vomiting | NA |
| Breathing Difficulties | NA |
| Difficulty Swallowing | no |
| 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.

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.

$Symptomatic\ Person^{14}$

 14 Person – 487

| Name | Akintade Yeiyah |
|--|--|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | female $\dots 46 \dots NA$ |
| Marital State | married (and not separated) |
| Home Address | Remi Oluwude Street Gwammaja Dawakin Tofa Kano |
| Phone-1 | 064-5313174 NA |
| Phone-2 | NA NA |
| Occupation | teacher |
| | |
| Onset of Symptoms | 2015-07-02 |
| Date of Death | NA |
| Fever Temp. | NA40. |
| Lethargy | NA |
| Muscle Pain | yes |
| Headache | yes |
| Stomach Pain | no |
| Diarrhea | no |
| Vomiting | no |
| | |

| Hiccup | no |
|--------------------------|----|
| Unexplained Bleeding | no |
| Anorexia | no |
| Maculo-papular Rash | no |
| Unexplained Sudden Death | NA |

Breathing Difficulties

Difficulty Swallowing

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

NA

no

$Day\ 33-2015\text{-}07\text{-}03-Fri\ 3\ Jul$

$before\ 10\ AM$

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.

$Symptomatic\ Person^{15}$

 15 Person -420

| Name | Tamunodieprieye Olatuga |
|--|---|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | female $38 1977-01-13$ |
| Has | Emmanuela Nworuh female 32 1983-03-20 |
| as | Friend |
| Marital State | living common law |
| Home Address | Amen Avenue Geza Yangia Dawakin Tofa Kano |
| Phone-1 | +234-805-9501219 NA |
| Phone-2 | NA NA |
| Occupation | burial service |
| | |
| 0 1 00 1 | 2017 07 02 |

| Onset of Symptoms | 2015-07-03 |
|--------------------------|------------|
| Date of Death | NA |
| Fever Temp. | yes 40.3 |
| Lethargy | yes |
| Muscle Pain | NA |
| 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 | no |

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

 16 Person – 447

| Name | Chukwunonso Marwa |
|--|---|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male $22 1992-07-21$ |
| Marital State | NA |
| Home Address | Police Children School Entrance Road \dots Tsarkakiya \dots Dawakin Tofa \dots Kano |
| Phone-1 | +234-64-9672581 landline |
| Phone-2 | 0703-4944805 mobile |
| Occupation | tailor or dressmaker (tailor and dressmaker) |

| 0 | 2015 05 00 |
|--------------------------|------------|
| Onset of Symptoms | 2015-07-03 |
| Date of Death | NA |
| Fever Temp. | yes 40. |
| Lethargy | yes |
| Muscle Pain | yes |
| Headache | yes |
| Stomach Pain | no |
| Diarrhea | NA |
| Vomiting | no |
| Breathing Difficulties | NA |
| Difficulty Swallowing | no |
| Hiccup | NA |
| Unexplained Bleeding | no |
| Anorexia | no |
| Maculo-papular Rash | NA |
| Unexplained Sudden Death | no |

$Symptomatic\ Person^{17}$

 17 Person – 522

| Name | Azi Bozimo |
|--|---|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male NA 1967-09-03 |
| Marital State | NA |
| Home Address | Rasak Okoya Close Miltara Dawakin Tofa Kano |
| Phone-1 | +234-64-7324669 landline |
| Phone-2 | NA NA |
| Occupation | blast-furnaceman or -woman |

| Onset of Symptoms | 2015-07-03 |
|--------------------------|------------|
| Date of Death | NA |
| Fever Temp. | NA 39.4 |
| Lethargy | yes |
| Muscle Pain | yes |
| Headache | NA |
| Stomach Pain | NA |
| Diarrhea | no |
| Vomiting | no |
| 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.

 $Case\ of\ death^{18}$

 19 Person -570

| Name Sex DoB Age Date of Death | Chinedu Chikwelu male NA 1974-02-23 2015-07-03 |
|--------------------------------|--|
| Case of death ¹⁹ | |
| Name | Oba Ni Ohun Ohu |
| Sex DoB Age Date of Death | male 12 NA 2015-07-03 |
| Date of Death | 2010-07-05 |

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 focalperson.

$Symptomatic\ Person^{{\color{red}20}}$

 20 Person -523

| Name | Oluwabunmi Ofere |
|--|---------------------------------------|
| $\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$ | male NA 1955-12-13 |
| Marital State | married (and not separated) |
| Home Address | Ikwerre Road Badume Dawakin Tofa Kano |
| Phone-1 | NA NA |
| Phone-2 | NA mobile |
| Occupation | NA |
| | |
| Onset of Symptoms | 2015-07-06 |
| Date of Death | NA |
| Fever Temp. | yes 39.8 |
| Lethargy | yes |
| Muscle Pain | NA |
| Headache | yes |
| Stomach Pain | no |
| Diarrhea | no |
| Vomiting | no |
| Breathing Difficulties | no |
| Difficulty Swallowing | no |
| Hiccup | no |
| Unexplained Bleeding | NA |
| Anorexia | NA |
| Maculo-papular Rash | no |
| Unexplained Sudden l | Death no |

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

Case of $death^{21}$

 21 Person – 495

| Name | Olaoluwa Obleajula |
|--|--------------------|
| $\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$ | male NA 1958-07-27 |
| Date of Death | 2015-07-07 |
| | |

$Case\ of\ death^{22}$

 22 Person – 522

| Name | Azi Bozimo |
|--|--------------------|
| $\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$ | male NA 1967-09-03 |
| Date of Death | 2015-07-07 |

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.

 ${\it Case \ of \ death}^{23}$

²³ Person – 447

| Name | Chukwunonso Marwa |
|---------------------------|--------------------|
| $Sex \dots DoB \dots Age$ | male 22 1992-07-21 |
| Date of Death | 2015-07-08 |

Case of death²⁴

 24 Person -487

| Name | Akintade Yeiyah |
|--|----------------------------|
| $\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$ | female $\dots 46 \dots NA$ |
| Date of Death | 2015-07-08 |

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.