

BNI, HPI, HZI, NFELTP, RKI, SAP

# SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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1 Introduction

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 Oludare Omodiagbe	Victory foundation	Ibarapa North	HFP-OY-AYT-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*

<sup>1</sup> according to the daily information given in the tasks section of the day

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*

## 2 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*.

*There are no symptomatic persons today.*

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

*There are no persons that died today.*

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*.

*Symptomatic Person*<sup>2</sup>

<sup>2</sup> Person – 2568

Name	Ekpeyoawan Egerega
Sex ... Age ... DoB	female ... 22 ... 1992-08-29
Marital State	living common law
Home Address	Iche Kris Street ... Adegbola ... Ibarapa North ... Oyo
Phone-1	+234-801-7643340 mobile
Phone-2	0705-5357529 mobile
Occupation	ceramics or pottery maker
Onset of Symptoms	2015-06-09
Date of Death	NA
Fever ... Temp.	yes ... 41.
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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

*There are no persons that died today.*

*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 focal person*.

*There are no symptomatic persons today.*

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

*There are no persons that died today.*

*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.

*There 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 focal person*.

*There are no symptomatic persons today.*

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

*There are no persons that died today.*

*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 focal person*.

*There are no symptomatic persons today.*

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

*There 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.

*There are no persons that died today.*

*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 focal person*.

*There are no symptomatic persons today.*

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

*There are no persons that died today.*

*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.

*There 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 focal person*.

*There are no symptomatic persons today.*

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

*There are no persons that died today.*

*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.

*There 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 focal person*.

*Symptomatic Person*<sup>3</sup>

<sup>3</sup> Person – 2824

Name	Ayotide Amadiume
Sex ... Age ... DoB	female ... 61 ... NA
Marital State	married (and not separated)
Home Address	Eldusi Ave ... Obatade ... Ibarapa North ... Oyo
Phone-1	+234-38-4247648 landline
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-23
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	NA
Muscle Pain	NA
Headache	no
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
Hiccup	NA
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	NA

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

*There are no persons that died today.*



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*.

*Symptomatic Person*<sup>4</sup>

<sup>4</sup> Person – 2551

Name	Olubowale Akwashiki
Sex ... Age ... DoB	male ... 58 ... NA
Marital State	NA
Home Address	Sinari Daranijo Street ... Abule Bello ... Ibarapa North ... Oyo
Phone-1	+234-38-3078335 NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-23
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	NA
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	NA

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

*There are no persons that died today.*

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*.

Symptomatic Person<sup>5</sup>

<sup>5</sup> Person – 2558

Name	Osazemen Etafia
Sex ... Age ... DoB	male ... 57 ... 1957-09-22
Has ... as ...	Edoja Barka ... male ... 18 ... 1996-11-22 Friend
Marital State	living common law
Home Address	Fammar - Kadigawa - Unguwar Gai Road ... Alaja ... Ibarapa North ... Oyo
Phone-1	0813-2764982 NA
Phone-2	+234-818-7081147 mobile
Occupation	power truck driver
Onset of Symptoms	2015-06-25
Date of Death	NA
Fever ... Temp.	yes ... 39.8
Lethargy	yes
Muscle Pain	no
Headache	no
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
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.

*There are no persons that died today.*

*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 focal person*.

*There are no symptomatic persons today.*

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

*Case of death*<sup>6</sup>

<sup>6</sup> Person – 2824

Name	Ayotide Amadiume
Sex ... DoB ... Age	female ... 61 ... NA
Date of Death	2015-06-26

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*.

*Symptomatic Person*<sup>7</sup>

<sup>7</sup> Person – 2657

Name	Adeleke Mudasiru
Sex ... Age ... DoB	male ... 35 ... 1979-10-13
Marital State	NA
Home Address	Obariase street ... Alabi ... Ibarapa North ... Oyo
Phone-1	038-9539855 landline
Phone-2	NA NA
Occupation	physician
Onset of Symptoms	2015-06-29
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	yes
Muscle Pain	NA
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	NA
Unexplained Sudden Death	no

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

*There are no persons that died today.*

*Day 30 – 2015-06-30 – 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.

*There are no persons that died today.*

*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.

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

<sup>8</sup> Person – 2558

Name	Osazemen Etafia
Sex ... DoB ... Age	male ... 57 ... 1957-09-22
Date of Death	2015-07-01

*Case of death*<sup>9</sup>

<sup>9</sup> Person – 2657

Name	Adeleke Mudasiru
Sex ... DoB ... Age	male ... 35 ... 1979-10-13
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.

*There are no persons that died today.*

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*.

Symptomatic Person<sup>10</sup>

<sup>10</sup> Person – 2678

Name	Salim Mshelia
Sex ... Age ... DoB	male ... NA ... NA
Marital State	living common law
Home Address	Iloabanafo Avenue ... Amusan ... Ibarapa North ... Oyo
Phone-1	0809-7057312 mobile
Phone-2	NA NA
Occupation	songwriter
Onset of Symptoms	2015-07-03
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	NA
Muscle Pain	no
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
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.

*There are no persons that died today.*



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 focal person*.

Symptomatic Person<sup>11</sup>

<sup>11</sup> Person – 2699

Name	Anike Shanu
Sex ... Age ... DoB	female ... NA ... 2001-08-12
Marital State	NA
Home Address	Victoria Street ... Elewure ... Ibarapa North ... Oyo
Phone-1	+234-802-4207856 mobile
Phone-2	+234-805-5559143 mobile
Occupation	school pupil
Onset of Symptoms	2015-07-06
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
Headache	no
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	NA
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.

*There are no persons that died today.*

*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.

*There are no persons that died today.*

*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.

*There are no persons that died today.*

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*.

*Symptomatic Person*<sup>12</sup>

<sup>12</sup> Person – 2705

Name	Ofey Agooba
Sex ... Age ... DoB	female ... NA ... 1961-07-07
Marital State	living common law
Home Address	Ogunsowobo Street ... Bansa ... Ibarapa North ... Oyo
Phone-1	038-6409630 landline
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-09
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
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.

*There are no persons that died today.*

*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 focal person*.

*There are no symptomatic persons today.*

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

*Case of death*<sup>13</sup>

<sup>13</sup> Person – 2551

Name	Olubowale Akwashiki
Sex ... DoB ... Age	male ... 58 ... NA
Date of Death	2015-07-10

### 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.*