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 Adeyemi Njoku	Alheri Clinic	Gwarzo	HFP-KN-GRZ-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

- 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 focalperson.

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

 $^{2}$  Person -807

Name	Ajiriohene Adokwe	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 17 \dots 199$	8-03-17
Marital State	NA	
Home Address	Asuoha Lane Sal	oon Garin KayyuGwarzoKano
Phone-1	0813-2755632 mobil	9
Phone-2	+234-818-7435717 N	JA
Occupation	school pupil	
Onset of Symptoms	2015-06-11	
Date of Death	NA	
Fever Temp.	yes $\dots$ NA	
Lethargy	yes	
Muscle Pain	NA	
Headache	yes	
Stomach Pain	NA	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	no	
Difficulty Swallowing	NA	
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.

#### 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.

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

 $^{3}$  Person -623

Name	Attahlerne Oni
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1976-07-19
Marital State	living common law
Home Address	Babs Ladipo Street Jambahagawa Gwarzo Kano
Phone-1	0703-9770468 mobile
Phone-2	NA NA
Occupation	craft glass etcher
	2017 00 10
Onset of Symptoms	2015-06-12
Date of Death	NA NA
Fever $\dots$ Temp.	NA38.7
Lethargy	yes
Muscle Pain	no
Headache	yes
Stomach Pain	NA
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
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.

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

#### 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 focalperson.

#### Symptomatic Person<sup>4</sup>

 $^4$  Person -605

Name	Akintommywa Ihemadu
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $\dots 24 \dots 1990-10-12$
Marital State	single (not living common law)
Home Address	Aideyan Street Kara Gwarzo Kano
Phone-1	+234-813-9036187 NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-15
Date of Death	NA
Fever Temp.	yes 38.9
Lethargy	no
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	s no
Difficulty Swallowing	, NA
Hiccup	no
Unexplained Bleedin	g no
Anorexia	NA
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 no

## 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	Attahlerne Oni
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male NA 1976-07-19
Date of Death	2015-06-16

 $^{5}$  Person -623

### 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>6</sup>

 $^{6}$  Person -650

Name	Ching Imasuen
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male 17 1997-11-25
Marital State	NA
Home Address	Augustine Onwalu Street $\dots$ Kumbawa $\dots$ Gwarzo $\dots$ Kano
Phone-1	+234-706-3043802 mobile
Phone-2	NA NA
Occupation	school pupil

Onset of Symptoms	2015-06-17
Date of Death	NA
Fever Temp.	noNA
Lethargy	no
Muscle Pain	yes
Headache	no
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	NA

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

### Case of death<sup>7</sup>

 $^{7}$  Person -605

Name	Akintommywa Ihemadu
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 24 1990-10-12
Date of Death	2015-06-17

### $Day\ 18-2015 ext{-}06 ext{-}18-Thu\ 18\ Jun$

#### $before\ 10\ AM$

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>8</sup>

 $^{8}$  Person -687

Name	Clinton Imasuen
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $37 1978-03-18$
Has	Ejiogu Usman female 36 1978-11-17
as	Wife
Marital State	married (and not separated)
Home Address	Funso Martins Street Riman Taini Gwarzo Kano
Phone-1	NA NA
Phone-2	NA mobile
Occupation	soldier

Onset of Symptoms	2015-06-17
Date of Death	NA
Fever Temp.	yes $\dots 40$ .
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.

## $Case\ of\ death^9$

<sup>9</sup> Person – 650

Name	Ching Imasuen
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 17 1997-11-25
Date of Death	2015-06-18

### $Day\ 19 - 2015 \text{-} 06 \text{-} 19 - Fri\ 19\ Jun$

### $before\ 10\ AM$

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

 $^{10}$  Person -736

Name	Umahi Amokachi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male 29 1986-01-21
Marital State	living common law
Home Address	Akanji StreetJankollawaGwarzoKano
Phone-1	0801-1360213 mobile
Phone-2	NA NA
Occupation	film designer (film set designer)

Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	yes 38.4
Lethargy	yes
Muscle Pain	yes
Headache	no
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
Anorexia	NA
Maculo-papular Rash	NA
Unexplained Sudden Death	NA

## $Symptomatic\ Person^{11}$

 $^{11}$  Person – 781

Nwachalu Inyam
female $15 1999-07-18$
Kosisochukwuo Afikuyomi female 12 2002-09-12
Friend
NA
College Road Ogui Ungwan Dankyandi Gwarzo Kano
064-7592366 landline
NA NA
apprentice

Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	yesNA
Lethargy	NA
Muscle Pain	NA
Headache	NA
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
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 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  $Hospital\ focal$ 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 focalperson.

### $Symptomatic\ Person^{12}$

 $^{12}$  Person -575

Name	Osazemen Oyeledun
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $19 \dots NA$
Marital State	NA
Home Address	Wilmer Crescent Makada Gwarzo Kano
Phone-1	0809-2569339 mobile
Phone-2	NA NA
Occupation	physician
Onset of Symptoms	2015-07-01
Date of Death	NA
Fever Temp.	yes 39.5
Lethargy	yes
Muscle Pain	ves

Onset of Symptoms	2015 - 07 - 01
Date of Death	NA
Fever Temp.	yes 39.5
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

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

 $^{13}$  Person -787

Name	Yewande Birninkudu
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1963-03-10
Marital State	living common law
Home Address	Abomimi Link Yan Medi Gwarzo Kano
Phone-1	+234-703-5874545 mobile
Phone-2	NA NA
Occupation	orthotic or prosthetic technician

Onset of Symptoms	2015-07-01
Date of Death	NA
Fever Temp.	yes $\dots 39.3$
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	NA
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

## $Symptomatic\ Person^{14}$

 $^{14}$  Person -857

Name	Odogwu Akwashiki
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $12 2002-06-10$
Marital State	single (not living common law)
Home Address	Akin-Olugbade Street Ungwan Shida Gwarzo Kano
Phone-1	0708-9995980 NA
Phone-2	+234-64-8240903 landline
Occupation	school pupil

Onset of Symptoms	2015-07-01
Date of Death	NA
Fever Temp.	noNA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
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.

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

#### 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.

 $Symptomatic\ Person^{15}$ 

 $^{15}$  Person – 574

Name	Temilore Katsina
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $54 1960-09-07$
Marital State	NA
Home Address	Chief Eric Obiechina Crescent Yan Bashi Gwarzo Kano
Phone-1	0802-6961309 mobile
Phone-2	NA NA
Occupation	fringe (trimmings maker)
Onset of Symptoms	2015-07-02
Date of Death	NA
Fever Temp.	yesNA

Onset of Symptoms Date of Death	2015-07-02 NA
Fever Temp.	yesNA
Lethargy	no
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	NA
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	NA

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 focalperson.

## $Symptomatic\ Person^{\hbox{\bf 16}}$

 $^{16}$  Person -690

Name	Olubowale Somide
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$male \dots 41 \dots NA$
Has	Obioma Kontagora female 19 1995-09-25
as	Friend
Marital State	married (and not separated)
Home Address	Edo Str Jamboriji Gwarzo Kano
Phone-1	+234-801-2210852 mobile
Phone-2	NA NA
Occupation	fashion designer

2015-07-03
NA
noNA
yes
NA
no

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 focalperson.

## $Symptomatic\ Person^{17}$

 $^{17}$  Person -836

Name	Ololade Tompolo		
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $44 \dots 1971-01-25$		
Marital State	living common law		
Home Address	Bayajidda Road Kutumburi Gwarzo Kano		
Phone-1	0806-5736095 NA		
Phone-2	NA NA		
Occupation	NA		
Onset of Symptoms	2015-07-08		
Date of Death	NA		
Fever Temp.	yes 39.1		
Lethargy	yes		
Muselo Pain	TOC		

Onset of Symptoms	2010-01-00
Date of Death	NA
Fever Temp.	yes 39.1
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	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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.

## $Symptomatic\ Person^{{\color{blue}18}}$

 $^{18}$  Person -802

Name	Osazemen Niger
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $19 1995-06-09$
Has	Adebowale Guda male 63 1952-03-22
as	Friend
Marital State	married (and not separated)
Home Address	Obiagu Ituku StreetKayuGwarzoKano
Phone-1	0705-7344113 NA
Phone-2	NA NA
Occupation	nurse

Onset of Symptoms	2015-07-10
Date of Death	NA
Fever Temp.	yes 39.4
Lethargy	yes
Muscle Pain	yes
Headache	no
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	no

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

## $Case\ of\ death^{19}$

Name Olubowale Somide  $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$  $male\,\dots 41\,\dots NA$ Date of Death 2015-07-10

<sup>19</sup> Person – 690

#### 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.