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 Arome Ubido	Oroki Medical Centre	Atiba	HFP-OY-FMT-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.

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

 $before\ 10\ AM$

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 Person²

² Person – 3018

Name	Tiwatopelodolurun Tom		
$Sex \dots Age \dots DoB$	female $57 \dots 1958-03-05$		
Marital State	married (and not separated)		
Home Address	Oko StreetOde Pupa IjuAtibaOyo		
Phone-1	038-7986412 NA		
Phone-2	0818-6466708 mobile		
Occupation	biochemist		
Onset of Symptoms	2015-06-11		
Date of Death	NA		
Fever Temp.	$NA \dots NA$		
Lethargy	yes		
Muscle Pain	NA		
Headache	NA		
Stomach Pain	no		
Diarrhea	no		
Vomiting	no		
Breathing Difficulties	NA		
Difficulty Swallowing	no		
Hiccup	no		
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.

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 Person³

³ Person – 2998

Name	Olubowale Akwashiki	
Sex Age DoB	male 12 2003-10-04	
Has	Onoyem Okwara male 22 1992-06-14	
as	Colleague	
Marital State	NA	
Home Address	Ayodele Babalola Close Agbende Atiba Oyo	
Phone-1	NA mobile	
Phone-2	NA NA	
Occupation	school pupil	
Onset of Symptoms	2015-06-15	
Date of Death	NA NA	
Fever \dots Temp.	yes 39.1	
Lethargy	NA	
Muscle Pain	NA	
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 D	Death no	

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 $Hospital\ focal$ person.

Symptomatic Person⁴

 4 Person -2953

Name	Oluwanifesimi Saidu		
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 29 1986-04-03		
Marital State	married (and not separated)		
Home Address	Ebohon street Al	kanoAtibaOyo	
Phone-1	NA mobile		
Phone-2	+234-708-7055624 mobile		
Occupation	NA		
Onset of Symptoms	2015-06-16		
Date of Death	NA		
Fever \dots Temp.	yes $\dots 40.1$		
Lethargy	NA		
Muscle Pain	yes		
Headache	yes		
Stomach Pain	no		
Diarrhea	NA		
Vomiting	NA		
Breathing Difficulties	NA		
Difficulty Swallowing	no		
Hiccup	no		

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

no

 $_{
m no}$

no

NA

Ther are no persons that died today.

Unexplained Bleeding

Maculo-papular Rash

Unexplained Sudden Death

Anorexia

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 Person⁵

 5 Person -2887

Name Ijeoma Aileru Sex Age DoB female 25 1989-06-30 Marital State married (and not separated) Home Address Linus Eze Street Ajombadi Atiba Oyo Phone-1 038-7467746 landline Phone-2 +234-813-9196833 mobile Occupation NA Onset of Symptoms Date of Death NA Fever Temp. NA 40.9 Lethargy NA Muscle Pain yes 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			
Marital State married (and not separated) Home Address Linus Eze Street Ajombadi Atiba Oyo Phone-1 038-7467746 landline Phone-2 +234-813-9196833 mobile Occupation NA Onset of Symptoms 2015-06-17 Date of Death NA Fever Temp. NA 40.9 Lethargy NA Muscle Pain yes 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	Name	Ijeoma Aileru	
Home Address Linus Eze Street Ajombadi Atiba Oyo Phone-1 038-7467746 landline Phone-2 +234-813-9196833 mobile Occupation NA Onset of Symptoms 2015-06-17 Date of Death NA Fever Temp. NA 40.9 Lethargy NA Muscle Pain yes 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	$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 25 1989-06-30	
Phone-1 038-7467746 landline Phone-2 +234-813-9196833 mobile Occupation NA Onset of Symptoms 2015-06-17 Date of Death NA Fever Temp. NA 40.9 Lethargy NA Muscle Pain yes 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	Marital State	married (and not separated)	
Phone-2 +234-813-9196833 mobile Occupation NA Onset of Symptoms 2015-06-17 Date of Death NA Fever Temp. NA 40.9 Lethargy NA Muscle Pain yes 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	Home Address	Linus Eze Street Ajombadi Atiba Oyo	
Occupation NA Onset of Symptoms 2015-06-17 Date of Death NA Fever Temp. NA 40.9 Lethargy NA Muscle Pain yes Headache NA Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Maculo-papular Rash no	Phone-1	038-7467746 landline	
Onset of Symptoms Date of Death NA Fever Temp. Lethargy NA Muscle Pain Headache NA Stomach Pain Diarrhea NA Vomiting Breathing Difficulties Difficulty Swallowing Hiccup Unexplained Bleeding NA 2015-06-17 NA NA NA NA NA NA NA NA Stomach Pain NA NO Diarrhea NA Vomiting NO Difficulty Swallowing NO Difficulty Swall	Phone-2	+234-813-9196833 mobile	
Date of Death NA Fever Temp. Lethargy NA Muscle Pain Headache NA Stomach Pain Diarrhea NA Vomiting Breathing Difficulties Difficulty Swallowing Hiccup Unexplained Bleeding Anorexia Maculo-papular Rash NA NA NA NA NA NA NA NA NA N	Occupation	NA	
Date of Death NA Fever Temp. Lethargy NA Muscle Pain Headache NA Stomach Pain Diarrhea NA Vomiting Breathing Difficulties Difficulty Swallowing Hiccup Unexplained Bleeding Anorexia Maculo-papular Rash NA NA NA NA NA NA NA NA NA N			
Fever Temp. NA 40.9 Lethargy NA Muscle Pain yes 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	v -	2015-06-17	
Lethargy NA Muscle Pain yes 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	Date of Death	NA NA	
Muscle Pain yes 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	Fever Temp.	$NA \dots 40.9$	
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	Lethargy	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	Muscle Pain	yes	
Diarrhea NA Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Headache	NA	
Vomiting no Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Stomach Pain	no	
Breathing Difficulties no Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Diarrhea	NA	
Difficulty Swallowing no Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Vomiting	no	
Hiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Breathing Difficulties	no	
Unexplained Bleeding no Anorexia no Maculo-papular Rash no	Difficulty Swallowing	no	
Anorexia no Maculo-papular Rash no	Hiccup	no	
Maculo-papular Rash no	Unexplained Bleeding	g no	
	Anorexia	no	
Unexplained Sudden Death no	Maculo-papular Rash	no	
	Unexplained Sudden l	Death no	

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

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

$before\ 10\ AM$

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 Person⁶

 6 Person -2847

Name	Blessing Salami		
$Sex \dots Age \dots DoB$	male $46 \cdot \cdot 1969-03-05$		
Marital State	married (and not separated)		
Home Address	Wilson Close Orokoroko Atiba Oyo		
Phone-1	0705-5573441 mobile		
Phone-2	NA mobile		
Occupation	burial service		
Onset of Symptoms	2015-06-18		
Date of Death	NA		
Fever Temp.	yes 40.7		
Lethargy	no		
Muscle Pain	yes		
Headache	yes		
Stomach Pain	no		
Diarrhea	NA		
Vomiting	NA		
Breathing Difficulties	no		
Difficulty Swallowing	no		
Hiccup	no		
Unexplained Bleeding	no		
Anorexia	no		
Maculo-papular Rash	no		
Unexplained Sudden l	Death no		

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.

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

Name	Olubowale Akwashiki
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 12 2003-10-04
Date of Death	2015-06-19

 7 Person -2998

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.

$Symptomatic\ Person^{8}$

⁸ Person – 2949

Name	Efemena Edet	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 64 \dots NA$	
Marital State	NA	
Home Address	Oyewole StreetGoronjoAtibaOyo	
Phone-1	+234-705-1097993 NA	
Phone-2	NA mobile	
Occupation	police officer	
Onset of Symptoms	2015-06-30	
Date of Death	NA	
Fever Temp.	yesNA	
Lethargy	yes	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	NA	
Diarrhea	NA	
Vomiting	NA	
Breathing Difficulties	no	
Difficulty Swallowing	no	
Hiccup	no	
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 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 Person⁹

⁹ Person – 2951

Name	Eraikhoba Akwashiki
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA $1972-10-09$
Marital State	living common law
Home Address	Akwuke Police Barracks Road \dots Ekefa \dots Atiba \dots Oyo
Phone-1	NA landline
Phone-2	NA NA
Occupation	soldier
Onset of Symptoms	2015-07-02
Date of Death	NA
Fever Temp.	yes 38.3
Lethargy	NA
Muscle Pain	no
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	g no
Anorexia	NA
Maculo-papular Rash	no

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

Ther are no persons that died today.

Unexplained Sudden Death NA

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.

There are no symptomatic persons today.

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

 $Case\ of\ death^{10}$

Name	Efemena Edet
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $\dots 64 \dots NA$
Date of Death	2015-07-03

 10 Person -2949

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 focalperson.

$Symptomatic\ Person^{11}$

 11 Person – 3099

Name	Ndubuisi Nguirmamaramama
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male 23 1991-07-27
Marital State	living common law
Home Address	Eze Close Onisa Atiba Oyo
Phone-1	NA landline
Phone-2	NA NA
Occupation	concrete worker (concreter)

Onset of Symptoms	2015-07-09
Date of Death	NA
Fever Temp.	NA 38.3
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
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 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.