

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
Mrs Chizoba Sodje	Boroboro Health centre	Atiba	HFP-OY-FMT-3

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*.

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

<sup>2</sup> Person – 2884

Name	Obehi Onyearugbulem
Sex ... Age ... DoB	male ... NA ... 1968-10-08
Marital State	widowed (not living common law)
Home Address	Upper 3rd Ivbiore Street ... Idiya ... Atiba ... Oyo
Phone-1	NA NA
Phone-2	NA NA
Occupation	nurse
Onset of Symptoms	2015-06-08
Date of Death	NA
Fever ... Temp.	NA ... 39.4
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
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.

*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*.

*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 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*.

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

<sup>3</sup> Person – 3035

Name	Chinenye Thompson
Sex ... Age ... DoB	female ... 17 ... 1997-06-10
Marital State	married (and not separated)
Home Address	Mike Eze Crescent ... Biro ... Atiba ... Oyo
Phone-1	+234-703-7056575 mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-11
Date of Death	NA
Fever ... Temp.	NA ... 38.4
Lethargy	NA
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	no
Unexplained Sudden Death	NA

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*.

*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 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 – 2978

Name	Ajiriohene Ibekwe
Sex ... Age ... DoB	female ... 63 ... 1952-04-16
Marital State	NA
Home Address	Chinedu Onyia Crescent ... Alagba ... Atiba ... Oyo
Phone-1	0802-8208894 mobile
Phone-2	0803-2100830 mobile
Occupation	NA
Onset of Symptoms	2015-06-24
Date of Death	NA
Fever ... Temp.	yes ... 38.7
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
Breathing Difficulties	NA
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.

*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*.

*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 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.

*There are no persons that died today.*

*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.

*Case of death*<sup>5</sup>

<sup>5</sup> Person – 2978

Name	Ajiriohene Ibekwe
Sex ... DoB ... Age	female ... 63 ... 1952-04-16
Date of Death	2015-06-29

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*.

*Symptomatic Person*<sup>6</sup>

<sup>6</sup> Person – 2922

Name	Temilore Ojokolo
Sex ... Age ... DoB	female ... 62 ... 1952-08-27
Marital State	married (and not separated)
Home Address	Shell Trustees Close ... Gbena Gbena ... Atiba ... Oyo
Phone-1	NA mobile
Phone-2	NA NA
Occupation	pharmacist
Onset of Symptoms	2015-06-30
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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

<sup>7</sup> Person – 3120

Name	Arnissa Babalakin
Sex ... Age ... DoB	female ... 28 ... 1986-05-10
Marital State	NA
Home Address	Mike Akhigbe Way ... Dahunsi ... Atiba ... Oyo
Phone-1	+234-38-7083615 landline
Phone-2	NA mobile
Occupation	orthotist (prosthetist)

Onset of Symptoms	2015-06-30
Date of Death	NA
Fever ... Temp.	NA ... 39.2
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

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 – 2922

Name	Temilore Ojokolo
Sex ... DoB ... Age	female ... 62 ... 1952-08-27
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*.

*There are no symptomatic persons today.*

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

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

<sup>9</sup> Person – 3120

Name	Arnissa Babalakin
Sex ... DoB ... Age	female ... 28 ... 1986-05-10
Date of Death	2015-07-03

*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*.

*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 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*.

*Symptomatic Person*<sup>10</sup>

<sup>10</sup> Person – 3086

Name	Ciara Oladele
Sex ... Age ... DoB	female ... NA ... 1988-03-18
Marital State	NA
Home Address	Afo Labi Street ... Igbayilola ... Atiba ... Oyo
Phone-1	NA mobile
Phone-2	0803-5303194 mobile
Occupation	NA
Onset of Symptoms	2015-07-08
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
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.

*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>11</sup>

<sup>11</sup> Person – 3073

Name	Edoja Oyesanya
Sex ... Age ... DoB	male ... 26 ... 1988-11-11
Marital State	single (not living common law)
Home Address	Nwigbo Street ... Olode ... Atiba ... Oyo
Phone-1	+234-38-5053804 NA
Phone-2	NA landline
Occupation	NA
Onset of Symptoms	2015-07-09
Date of Death	NA
Fever ... Temp.	yes ... 38.4
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	NA
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	NA
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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

<sup>12</sup> Person – 3087

Name	Chinedu Izonritei
Sex ... Age ... DoB	male ... NA ... 1954-06-27
Marital State	separated (not living common law)
Home Address	Nnokwa Street ... Awon ... Atiba ... Oyo
Phone-1	+234-805-3450700 NA
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-07-09
Date of Death	NA
Fever ... Temp.	yes ... 39.7
Lethargy	NA
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	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.

*There are no persons that died today.*

### 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.*