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	Table 1: Your Coordinates.
Mrs Al Derafaka Aradeon	Dawaki General hospital	Dawakin Tofa	HFP-KN-DTF	-4

#### 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.

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

 $^{2}$  Person -404

Name	Odera Ojomoh
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $53 1961-01-11$
Marital State	divorced (not living common law)
Home Address	Orazuluike Close Nasarawa Dawakin Tofa Kano
Phone-1	+234-64-3099771 landline
Phone-2	NA mobile
Occupation	surgical toolmaker (surgery toolmaker)

Onset of Symptoms	2015-06-08
Date of Death	NA
Fever Temp.	NA 38.6
Lethargy	no
Muscle Pain	no
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	no
Unexplained Sudden Death	no

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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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.

There are no symptomatic persons today.

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.

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.

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

 $^{3}$  Person -485

Name	Oluwafunke Babalola
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 21 1993-08-10
Marital State	single (not living common law)
Home Address	Tanko Tete Crescent Unguwar Gabas Dawakin Tofa Kano
Phone-1	+234-64-5263198 landline
Phone-2	NA mobile
Occupation	fitter (mechanic or fitter)

Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	yes 40.6
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	NA
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 focalperson.

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

 $^{4}$  Person -430

Name	Kenya Ikimi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 52 \dots NA$
Marital State	NA
Home Address	Dan Tatashi to Gwarzo Road Duwatsu Dawakin Tofa Kano
Phone-1	0703-6405261 mobile
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-06-23
Date of Death	NA
Fever Temp.	NA38.7
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	NA
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.

## 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 focalperson.

#### Symptomatic Person<sup>5</sup>

 $^{5}$  Person -444

Name	Oluwabunmi Aikhi	ionbare
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 196	67-06-17
Marital State	married (and not s	separated)
Home Address	Ama-Abor Street .	Kunnawa Dawakin Tofa Kano
Phone-1	NA NA	
Phone-2	0803-6693002  NA	
Occupation	NA	
Onset of Symptoms	2015-06-24	_
Date of Death	NA	
Fever Temp.	yes 39.	_
Lethargy	NA	
Muscle Pain	NA	
Headache	NA	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	s no	
Difficulty Swallowing	no	
Hiccup	no	_
Unexplained Bleeding	g NA	_
Anorexia	no	
Maculo-papular Rash	n no	
Unexplained Sudden	Death no	

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.

 ${\it Case \ of \ death}^6$ 

Name	Kenya Ikimi
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $\dots 52 \dots NA$
Date of Death	2015-06-26

 $^{6}$  Person -430

#### 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 focalperson.

#### Symptomatic Person<sup>7</sup>

 $^{7}$  Person -565

Name	Sherifat Asiegbo
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1966-07-27
Has	Nwachalu Idiagbon female 56 1959-04-13
as	Ex-Partner
Marital State	widowed (not living common law)
Home Address	Ijoko Akute Road Bankaura Dawakin Tofa Kano
Phone-1	064-1613242 landline
Phone-2	NA NA
Occupation	butcher and sausage-maker
Onset of Symptoms	2015-06-30
Date of Death	NA

Onset of Symptoms	2015-06-30
Date of Death	NA
Fever Temp.	yes 38.2
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
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.

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

#### 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 focalperson.

#### Symptomatic Person<sup>8</sup>

<sup>8</sup> Person – 491

Name	Akaazua Baruwa
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1958-03-27
Marital State	married (and not separated)
Home Address	Chief Ogbaga Avenue Babban Ruga Dawakin Tofa Kano
Phone-1	+234-708-6845835 mobile
Phone-2	+234-818-2443756 mobile
Occupation	burial service

Onset of Symptoms	2015-07-01
Date of Death	NA
Fever Temp.	NANA
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	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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  $Hospital\ focal$ 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<sup>9</sup>

 $^{9}$  Person -457

Name	Adesoye Ameh		
Sex Age DoB	femaleNANA		
Marital State	NA		
Home Address	Adeyi Avenue Sabon Birni Dawakin Tofa Kano		
Phone-1	NA NA		
Phone-2	NA NA		
Occupation	pawnbroker		
Onset of Symptoms	2015-07-09		
Date of Death	NA		
Fever Temp.	yes NA		
Lethargy	NA		
Muscle Pain	yes		
Headache	no		
Stomach Pain	no		
Diarrhea	no		
Vomiting	NA		
Breathing Difficulties	NA		
Difficulty Swallowing	NA		
Hiccup	no		
Unexplained Bleeding	NA		
Anorexia	no		
Maculo-papular Rash	no		
Unexplained Sudden D	Death no		

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

 $^{10}$  Person -501

Name	Tolani Amachree
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 29 \dots NA$
Marital State	married (and not separated)
Home Address	Kashim Ibrahim Way Jobi Dawakin Tofa Kano
Phone-1	0802-8909563 NA
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-07-09
Date of Death	NA
Fever Temp.	yes 38.1
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
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 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.