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 Yakubu Effiom	Getso MCH	Gwarzo	HFP-KN-GRZ-1

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 focalperson.

Symptomatic Person²

 2 Person -600

Name	Adeleke Adigun
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$male \dots NA \dots NA$
Marital State	NA
Home Address	Aro Close Tudu Gwarzo Kano
Phone-1	064-6597462 landline
Phone-2	NA NA
Occupation	burial service
Onset of Symptoms	2015-06-09
Date of Death	NA NA
Fever \dots Temp.	yes 39.7
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	g no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden I	Death NA

$Symptomatic\ Person^3$

 3 Person -750

Name	Ololade Agunbiade
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$male \dots 46 \dots NA$
Has	Adze Adejobi male 26 1988-06-11
as	Friend
Marital State	single (not living common law)
Home Address	Akwa Close Riman Taini Gwarzo Kano
Phone-1	+234-64-3707521 landline
Phone-2	NA NA
Occupation	operator of numerically controlled machine tools

Onset of Symptoms	2015-06-09
Date of Death	NA
Fever Temp.	NA 38.2
Lethargy	NA
Muscle Pain	no
Headache	NA
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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

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

 $before\ 10\ AM$

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.

There are no symptomatic persons today.

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

Case of $death^4$

Name	Adeleke Adigun
$Sex \dots DoB \dots Age$	$male \dots NA \dots NA$
Date of Death	2015-06-11

 4 Person -600

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 Person⁵

 5 Person -584

Name	Tolani Kyari
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $39 1975-10-14$
Has	Nkimdi Success male $43 \dots 1972-02-03$
as	Colleague
Marital State	NA
Home Address	Arc.Ike Onwualu StreetBuremawa WajeGwarzoKano
Phone-1	0818-7969865 mobile
Phone-2	0809-9289759 NA
Occupation	NA
Onset of Symptoms	2015-06-15
Date of Death	NA
Fever \dots Temp.	$yes \dots NA$
Lethargy	no
Muscle Pain	yes
Headache	no
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	NA
Unexplained Sudden I	Death no

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

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

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.

$Day\ 17-2015 \hbox{--} 06 \hbox{--} 17-Wed\ 17\ Jun$

 $before\ 10\ AM$

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 focalperson.

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 Person⁶

 6 Person -599

Name	Yakubu Mmoh	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1989-03-11	
Has	Kingsley Bazighe male 20 1994-11-07	
as	Neighbor	
Marital State	married (and not separated)	
Home Address	Monaque Avenue Ungwan Maguzawa Gwarzo Kano	
Phone-1	0805-6865501 mobile	
Phone-2	064-5557112 landline	
Occupation	NA	
Onset of Symptoms	2015-06-19	
Date of Death	NA	
Fever Temp.	$yes \dots NA$	
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	NA	
Maculo-papular Rash	NA	
Unexplained Sudden I	Death NA	

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

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

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.

Case of death⁷

Name Tolani Kyari $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$ female . . . 39 . . . 1975-10-14 Date of Death 2015-06-22

 7 Person -584

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 focalperson.

Symptomatic Person⁸

⁸ Person – 799

Name	Osose Trill	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $21 \dots NA$	
Marital State	NA	
Home Address	Babs Ladipo Street Jan	nbahagawaGwarzoKano
Phone-1	0802-5679142 NA	
Phone-2	064-9977368 landline	
Occupation	NA	
Onset of Symptoms	2015-06-24	
Date of Death	NA	
Fever \dots Temp.	$\mathrm{no}\dots\mathrm{NA}$	
Lethargy	no	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	no	
Diarrhea	no	
Vomiting	NA	
Breathing Difficulties	no	
Difficulty Swallowing	NA	
Hiccup	NA	
Unexplained Bleeding	no	
Anorexia	no	
Maculo-papular Rash	no	
Unexplained Sudden I	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.

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.

There are no symptomatic persons today.

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

 ${\it Case \ of \ death}^9$

Name	Osose Trill
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $21 \dots NA$
Date of Death	2015-06-30

⁹ Person – 799

$Day \ 31 - 2015 - 07 - 01 - \ Wed \ 1 \ Jul$

 $before\ 10\ AM$

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.

 $Day \ 32 - 2015 - 07 - 02 - Thu \ 2 \ Jul$

 $before\ 10\ AM$

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 focalperson.

$Symptomatic\ Person {\color{red}^{10}}$

 10 Person -860

Name	Umahi Olajengbesi
$Sex \dots Age \dots DoB$	male $48 \dots 1966-08-10$
Marital State	single (not living common law)
Home Address	Orunishola Street Makada Gwarzo Kano
Phone-1	+234-807-9416161 mobile
Phone-2	NA NA
Occupation	nurse
O	2017 07 02
Onset of Symptoms	2015-07-03
Date of Death	NA
Fever \dots Temp.	$yes \dots NA$
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	s NA
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	g NA
Anorexia	no
Maculo-papular Rash	n NA

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

Ther are no persons that died today.

Unexplained Sudden Death NA

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 focalperson.

There are no symptomatic persons today.

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

 ${\it Case \ of \ death}^{11}$

Name	Umahi Olajengbesi
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male $48 \dots 1966$ -08-10
Date of Death	2015-07-07

 11 Person -860

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.

$Symptomatic\ Person ^{{\color{blue}12}}$

 12 Person -837

Name	Chinaware Iworima
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1972-08-24
Marital State	living common law
Home Address	Barra Street Zango Dan Nadada Gwarzo Kano
Phone-1	NA mobile
Phone-2	NA NA
Occupation	burial service
Onset of Symptoms	2015-07-08
Date of Death	NA
Fever Temp.	yes 40.5
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
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 no

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.

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.