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# 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
Mr Chinzor Oyeledun	Ahmadiyya Hospital	Nassarawa	HFP-KN-NSR-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

## 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*.

*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 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*.

*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 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*.

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

<sup>2</sup> Person – 1489

Name	Ayorogbami Latifu
Sex ... Age ... DoB	male ... 33 ... 1981-01-12
Has ...	Akintommywa Kyari ... male ... 52 ... 1962-04-07
as ...	Ex-Partner
Marital State	married (and not separated)
Home Address	Max Ozoaka Street ... Zango ... Nassarawa ... Kano
Phone-1	0703-9705517 NA
Phone-2	NA mobile
Occupation	optical component maker or lens grinder
Onset of Symptoms	2015-06-12
Date of Death	NA
Fever ... Temp.	NA ... 39.1
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
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.

*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*.

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

<sup>3</sup> Person – 1624

Name	Bukola Mamudu
Sex ... Age ... DoB	female ... 58 ... 1956-08-11
Marital State	single (not living common law)
Home Address	Ukwulu Close ... Kawaji ... Nassarawa ... Kano
Phone-1	NA NA
Phone-2	0806-6103021 mobile
Occupation	physician
Onset of Symptoms	2015-06-15
Date of Death	NA
Fever ... Temp.	yes ... 40.5
Lethargy	NA
Muscle Pain	NA
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	NA
Anorexia	NA
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 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*.

*Symptomatic Person*<sup>4</sup>

<sup>4</sup> Person – 1666

Name	Ugoh Ayeni
Sex ... Age ... DoB	male ... 27 ... 1987-11-20
Marital State	NA
Home Address	Omogegbe Avenue ... Badawa ... Nassarawa ... Kano
Phone-1	+234-813-8836393 mobile
Phone-2	+234-805-6763269 mobile
Occupation	NA
Onset of Symptoms	2015-06-17
Date of Death	NA
Fever ... Temp.	yes ... 39.7
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	no
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.

*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.

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

<sup>5</sup> Person – 1666

Name	Ugoh Ayeni
Sex ... DoB ... Age	male ... 27 ... 1987-11-20
Date of Death	2015-06-19

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*.

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

<sup>6</sup> Person – 1616

Name	Adze Ajunwa
Sex ... Age ... DoB	male ... 46 ... NA
Marital State	married (and not separated)
Home Address	Ezenwere Close ... Maganda ... Nassarawa ... Kano
Phone-1	0806-4614286 NA
Phone-2	NA NA
Occupation	ice-cream maker
Onset of Symptoms	2015-06-22
Date of Death	NA
Fever ... Temp.	yes ... 41.
Lethargy	yes
Muscle Pain	yes
Headache	no
Stomach Pain	NA
Diarrhea	NA
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 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>7</sup>

<sup>7</sup> Person – 1456

Name	Ikharo Ezech
Sex ... Age ... DoB	male ... NA ... 1988-10-22
Marital State	married (and not separated)
Home Address	ODEH STREET ... Dakata ... Nassarawa ... Kano
Phone-1	064-1224630 NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-23
Date of Death	NA
Fever ... Temp.	yes ... 38.9
Lethargy	NA
Muscle Pain	no
Headache	NA
Stomach Pain	no
Diarrhea	yes
Vomiting	NA
Breathing Difficulties	yes
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	no
Anorexia	NA
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 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*.

*Symptomatic Person*<sup>8</sup>

<sup>8</sup> Person – 1714

Name	Ekpeyoawan Onubogu
Sex ... Age ... DoB	female ... 36 ... NA
Marital State	living common law
Home Address	Justice Dan Ibekwe Road ... Tarauni ... Nassarawa ... Kano
Phone-1	NA mobile
Phone-2	NA mobile
Occupation	NA
Onset of Symptoms	2015-06-26
Date of Death	NA
Fever ... Temp.	yes ... 40.6
Lethargy	yes
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 Death	no

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

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

<sup>9</sup> Person – 1616

Name	Adze Ajunwa
Sex ... DoB ... Age	male ... 46 ... NA
Date of Death	2015-06-26

*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>10</sup>

<sup>10</sup> Person – 1456

Name	Ikharo Ezech
Sex ... DoB ... Age	male ... NA ... 1988-10-22
Date of Death	2015-06-29

*Case of death*<sup>11</sup>

<sup>11</sup> Person – 1714

Name	Ekpeyoawan Onubogu
Sex ... DoB ... Age	female ... 36 ... NA
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*.

*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 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*.

Symptomatic Person<sup>12</sup>

<sup>12</sup> Person – 1472

Name	Gollibe Ekpo
Sex ... Age ... DoB	female ... NA ... 1975-04-09
Marital State	single (not living common law)
Home Address	Amawbia Street ... Gra ... Nassarawa ... Kano
Phone-1	NA landline
Phone-2	+234-64-8885504 landline
Occupation	fashion designer
Onset of Symptoms	2015-07-01
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
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.

*There 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 focal person*.

Symptomatic Person<sup>13</sup>

<sup>13</sup> Person – 1558

Name	Iyokpesomi Amueke
Sex ... Age ... DoB	female ... 52 ... NA
Marital State	NA
Home Address	Omorie Str ... Hausawa ... Nassarawa ... Kano
Phone-1	064-6732695 landline
Phone-2	064-6550164 landline
Occupation	NA
Onset of Symptoms	2015-07-02
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	yes
Diarrhea	yes
Vomiting	no
Breathing Difficulties	yes
Difficulty Swallowing	yes
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.

*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>14</sup>

<sup>14</sup> Person – 1472

Name	Gollibe Ekpo
Sex ... DoB ... Age	female ... NA ... 1975-04-09
Date of Death	2015-07-03

*Case of death*<sup>15</sup>

<sup>15</sup> Person – 1558

Name	Iyokpesomi Amueke
Sex ... DoB ... Age	female ... 52 ... NA
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*.

Symptomatic Person<sup>16</sup>

<sup>16</sup> Person – 1609

Name	Omolade Nworuh
Sex ... Age ... DoB	male ... 57 ... 1958-04-15
Marital State	living common law
Home Address	Adeyemo Alakija Street ... Raudakeyi ... Nassarawa ... Kano
Phone-1	+234-64-5510010 NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-06
Date of Death	NA
Fever ... Temp.	yes ... 38.9
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
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.

*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*.

*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 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.

*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.*