BNI, HPI, HZI, NFELTP, RKI, SAP

# SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

Copyright © 2015 BNI, HPI, HZI, NFELTP, RKI, SAP

Licensed under the Apache License, Version 2.0 (the "License"); you may not use this file except in compliance with the License. You may obtain a copy of the License at http://www.apache.org/licenses/LICENSE-2.0. Unless required by applicable law or agreed to in writing, software distributed under the License is distributed on an "AS IS" BASIS, WITHOUT WARRANTIES OR CONDITIONS OF ANY KIND, either express or implied. See the License for the specific language governing permissions and limitations under the License.

First printing, June 2015

# Contents

Introduction 4

Daily Tasks (Hospital Focal Person) 5

The End 30

#### 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 Ibukunoluwa Ebor	Jobi Memorial Hospital, Paadi	Ibadan North East	HFP-0	OY-AGG-1

#### 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.

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  $Hospital\ focal$ 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 focalperson.

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

<sup>2</sup> Person – 2438

Name	Edoja Chiejine
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $\dots 41 \dots NA$
Marital State	single (not living common law)
Home Address	Nkpologwu Street Omiyale Ibadan North East Oyo
Phone-1	0703-3822562 NA
Phone-2	+234-38-2864604 landline
Occupation	craft metalworker and brazier
Onset of Symptoms	2015-06-16

Onset of Symptoms	2015-06-16
Date of Death	NA
Fever Temp.	yes 39.2
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	no
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 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 Person<sup>3</sup>

 $^{3}$  Person -2378

Name	Afulenu Orode
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1976-07-01
Has	Nadoca Ogbonna female 49 1966-03-14
as	Non-Marital Partner
Marital State	living common law
Home Address	Kabiyesi Street Madeko Ibadan North East Oyo
Phone-1	0703-1738842 NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-17
Date of Death	NA NA
Fever $\dots$ Temp.	$yes \dots 39.1$
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden I	Death NA

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

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

#### 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 focalperson.

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

 $^{4}$  Person -2362

Name	Ibironke Ogbu
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1970-03-09
Marital State	married (and not separated)
Home Address	Iheaka Street Akamo Ibadan North East Oyo
Phone-1	+234-807-3658482 mobile
Phone-2	NA NA
Occupation	teacher
Onset of Symptoms	2015-06-18
Date of Death	NA
Fever Temp.	noNA
T (1	D.T. A

Onset of Symptoms	2015-06-18
Date of Death	NA
Fever Temp.	noNA
Lethargy	NA
Muscle Pain	no
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
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.

#### 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.

#### $Day\ 22 - 2015 - 06 - 22 - Mon\ 22\ Jun$

 $before\ 10\ AM$ 

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 focalperson.

There are no symptomatic persons today.

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

 ${\it Case \ of \ death}^5$ 

Name	Afulenu Orode
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female NA 1976-07-01
Date of Death	2015-06-22

 $^{5}$  Person -2378

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 focalperson.

#### Symptomatic Person<sup>6</sup>

 $^{6}$  Person -2368

Name	Nwachalu Ayeni
Sex Age DoB	female NA 1968-08-22
Marital State	NA
Home Address	Adolphus Chukwuemeka Street $\dots$ Saka $\dots$ Ibadan North East $\dots$ Oyo
Phone-1	0801-6380839 mobile
Phone-2	NA NA
Occupation	art photographer

Onset of Symptoms	2015-06-30
Date of Death	NA
Fever Temp.	yes 40.9
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
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.

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

 $before\ 10\ AM$ 

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  $Hospital\ focal$ 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 focalperson.

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

 $^{7}$  Person -2319

Name	Chicobe Chiejine
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 49 \dots NA$
Marital State	living common law
Home Address	Edem Close Olunloyo Ibadan North East Oyo
Phone-1	NA NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-07
Date of Death	NA

2015-07-07
NA
yes 39.3
yes
yes
NA
NA
no
no
NA
NA
no
no
no
no
NA

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 focalperson.

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

 $^{8}$  Person – 2470

Name	Adaeze Erese
$Sex \dots Age \dots DoB$	female $\dots 34 \dots NA$
Marital State	living common law
Home Address	Power Line Street Saka Ibadan North East Oyo
Phone-1	+234-38-7640739 landline
Phone-2	NA NA
Occupation	physician
Onset of Symptoms	2015-07-08
Date of Death	NA
Fever Temp.	yes NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	g no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden	Death no

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  $Hospital\ focal$ person.

## Symptomatic Person<sup>9</sup>

<sup>9</sup> Person – 2414

Name	Adeloye Adeniken	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$3  \text{male} \dots 25 \dots 1990-01-05$	
Marital State	widowed (not living common law)	
Home Address	Odutayo Street Madeko Ibadan North East Oyo	
Phone-1	+234-705-8805179 mobile	
Phone-2	NA NA	
Occupation	student	
	_	
Onset of Symptoms	2015-07-09	
Date of Death	NA	
Fever Temp.	noNA	
Lethargy	yes	
Muscle Pain	yes	
Headache	NA	
Stomach Pain	no	
Diarrhea	no	
Vomiting	NA	

Difficulty Swallowing NAHiccup no Unexplained Bleeding no Anorexia no Maculo-papular Rash noUnexplained Sudden Death NA

Breathing Difficulties

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

 $_{
m no}$ 

#### 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.