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 Okoro Keita	Stholic Clinic	Kiru	HFP-KN-KKU-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 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 $Hospital\ focal$ 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 focalperson.

Symptomatic Person²

 2 Person -1393

Name	Ovieoghene Igiebor
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$\mathrm{male}\dots 17\dots \mathrm{NA}$
Has	Ayodele Anka male 43 1971-09-26
as	Friend
Marital State	single (not living common law)
Home Address	Abuja Street Dabga Kiru Kano
Phone-1	NA mobile
Phone-2	+234-64-3878303 landline
Occupation	NA
Onset of Symptoms	2015-06-11
Date of Death	NA

Onset of Symptoms	2015-06-11
Date of Death	NA
Fever Temp.	yes 38.2
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
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.

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.

 $Case\ of\ death^3$

Name	Ovieoghene Igiebor
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	$male\dots 17\dots NA$
Date of Death	2015-06-15

 3 Person -1393

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 Person⁴

 4 Person -1153

Name	Ebiwumi Utondu
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 31 \dots NA$
Marital State	NA
Home Address	Ishaku Road Ungwan Maikora Kiru Kano
Phone-1	NA mobile
Phone-2	NA landline
Occupation	craft metalworker and brazier
Onset of Symptoms	2015-06-16
Date of Death	NA
Fever Temp.	yes 38.3
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	g no
Anorexia	no
Maculo-papular Rash	n NA
Unexplained Sudden	Death no

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.

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	Ebiwumi Utondu
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $\dots 31 \dots NA$
Date of Death	2015-06-22

 5 Person - 1153

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 Person⁶

⁶ Person – 1271

	01 17 1	
Name	Oluwaseyanu Kyari	
Sex Age DoB	female $NA \dots NA$	
Marital State	single (not living common law)	
Home Address	Omofonmwan street Kapangaru Kiru Kano	
Phone-1	064-8880327 landline	
Phone-2	NA NA	
Occupation	NA	
Onset of Symptoms	2015-06-23	
Date of Death	NA	
Fever Temp.	NANA	
Lethargy	yes	
Muscle Pain	yes	
Headache	NA	
Stomach Pain	NA	
Diarrhea	NA	
Vomiting	no	
Breathing Difficulties	no	
Difficulty Swallowing	no	
Hiccup	no	
Unexplained Bleeding	g no	
Anorexia	no	
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

$Day\ 24 - 2015 - 06 - 24 - Wed\ 24\ Jun$

$before\ 10\ AM$

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 Person⁷

 7 Person – 1267

Name	Ololade Oyesanya
Sex Age DoB	male $49 \dots 1965-09-30$
Marital State	widowed (not living common law)
Home Address	Universal road Ungwan Galadima Kiru Kano
Phone-1	0703-9485545 mobile
Phone-2	0708-9570795 NA
Occupation	stonemason or stonecutter (stonemason)
Home Address Phone-1 Phone-2	Universal road Ungwan Galadima Kiru Kano 0703-9485545 mobile 0708-9570795 NA

Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	yes 39.6
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	NA

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 focalperson.

There are no symptomatic persons today.

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

Case of death⁸

Name	Ololade Oyesanya
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 49 1965-09-30
Date of Death	2015-06-25

⁸ Person – 1267

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.

Symptomatic Person⁹

⁹ Person – 1391

Name	Enoma Rumfa	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male 19 1995-07-09	
Marital State	single (not living common law)	
Home Address	Oke Awanu Street Yola Kiru Kano	
Phone-1	NA mobile	
Phone-2	NA NA	
Occupation	student	
Onset of Symptoms	2015-06-26	
Date of Death	NA	
Fever Temp.	noNA	
Lethargy	yes	
Mussla Dain	NT A	

Onset of Symptoms	2015 - 06 - 26
Date of Death	NA
Fever Temp.	noNA
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

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 focalperson.

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

 10 Person – 1172

Name	Gberbo Folarin	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $56 1959-07-03$	
Marital State	single (not living common law)	
Home Address	Aborishade Road Ungwan Tambaya Kiru Kano	
Phone-1	NA landline	
Phone-2	064-1408712 landline	
Occupation	NA	
Onset of Symptoms	2015-06-29	
Date of Death	NA	
Fever Temp.	$yes \dots 40.5$	
Lethargy	NA	
Muscle Pain	yes	
Headache	NA	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	NA	
Difficulty Swallowing	no	
Hiccup	no	
Unexplained Bleeding	g no	
Anorexia	NA	
Maculo-papular Rash	NA	
Unexplained Sudden	Death no	

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.

 $Symptomatic\ Person^{11}$

 11 Person – 1306

Name	Nas Sowande
$Sex \dots Age \dots DoB$	male $30 1985-01-31$
Marital State	NA
Home Address	Akwu-Ukwu Street Almajiri Kiru Kano
Phone-1	+234-806-1666844 mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-30
Date of Death	NA
Fever Temp.	$NA \dots NA$
Lethargy	no
Muscle Pain	yes
Headache	no
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	g no
Anorexia	no
Maculo-papular Rash	no
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 focalperson.

 $Symptomatic\ Person^{\mbox{\scriptsize 12}}$

 12 Person -1305

Name	Ekom Onikeke
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $17 1997-09-24$
Marital State	widowed (not living common law)
Home Address	Bernin Kebbi Crescent Yola Kiru Kano
Phone-1	0703-4234368 NA
Phone-2	NA NA
Occupation	school pupil
Onset of Symptoms	2015-07-01
Date of Death	NA
Fever Temp.	NANA
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	s no
Difficulty Swallowing	g NA
Hiccup	no
Unexplained Bleedin	g NA
Anorexia	no
Maculo-papular Rash	n NA
Unexplained Sudden	Death NA

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.

$Symptomatic\ Person^{\hbox{\scriptsize 13}}$

 13 Person – 1405

Name	Chukwudi Izonritei
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $58 \dots 1956-11-10$
Marital State	NA
Home Address	Ogugua Street Ungwan Sulai Kiru Kano
Phone-1	NA NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-02
Date of Death	NA
Fever Temp.	NA 40.
Lethargy	NA
Muscle Pain	no
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
Breathing Difficultie	s no
Difficulty Swallowing	g no
Hiccup	NA
Unexplained Bleedin	g no
Anorexia	NA
Maculo-papular Rasl	n no

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

Case of $death^{14}$

Unexplained Sudden Death

Gberbo Folarin Name $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$ female . . . 56 . . . 1959-07-03 Date of Death 2015-07-02

 14 Person -1172

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.

$Symptomatic\ Person^{{\color{blue}15}}$

 15 Person – 1247

Name	Osazemen Nguirmamaramama
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male161998-08-31
Marital State	single (not living common law)
Home Address	Wabler Way Gidan Saidu Kiru Kano
Phone-1	+234-806-3294270 mobile
Phone-2	+234-703-6598368 NA
Occupation	apprentice
Onset of Symptoms	2015-07-06
Date of Death	NA NA
Fever Temp.	$NA \dots NA$
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
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.

Case of $death^{16}$

 16 Person -1405

Name	Chukwudi Izonritei
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male $58 \dots 1956$ -11-10
Date of Death	2015-07-06

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 focalperson.

$Symptomatic\ Person^{17}$

 17 Person – 1225

Name	Chibuzoa Arinze	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $\dots 41 \dots NA$	
Marital State	living common law	
Home Address	West Road 9 Gwaja Kiru Kano	
Phone-1	+234-803-8806581 mobile	
Phone-2	NA mobile	
Occupation	soldier	
Onset of Symptoms	2015-07-08	
Date of Death	NA NA	
Fever \dots Temp.	yes $\dots 40.7$	
Lethargy	yes	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	no	
Diarrhea	NA	
Vomiting	no	
Breathing Difficulties	no	
Difficulty Swallowing	no	
Hiccup	NA	
Unexplained Bleeding	no no	
Anorexia	no	
Maculo-papular Rash	no	
Unexplained Sudden I	Death NA	

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

Case of $death^{18}$

Name Ekom Onikeke $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$ female $\dots 17$ $\dots 1997\text{-}09\text{-}24$ Date of Death 2015-07-08

 18 Person – 1305

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.