

BNI, HPI, HZI, NFELTP, RKI, SAP

SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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Contents

Introduction 4

Daily Tasks (Hospital Focal Person) 5

The End 31

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
Mrs Tamunodieprieve Emigo	Yako BCH	Kiru	HFP-KN-KKU-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 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

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*.

*Symptomatic Person*²

² Person – 1242

Name	Ayodele Anka
Sex ... Age ... DoB	male ... NA ... NA
Marital State	NA
Home Address	Road ... Gidan Mallam Idi ... Kiru ... Kano
Phone-1	+234-809-9902399 mobile
Phone-2	0708-5784006 NA
Occupation	driver of motor vehicles (motor vehicle driver)
Onset of Symptoms	2015-06-09
Date of Death	NA
Fever ... Temp.	NA ... 40.1
Lethargy	yes
Muscle Pain	yes
Headache	yes
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.

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*.

There are no symptomatic persons today.

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

*Case of death*³

³ Person – 1242

Name	Ayodele Anka
Sex ... DoB ... Age	male ... NA ... NA
Date of Death	2015-06-12

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*⁴

⁴ Person – 1383

Name	Lola Adokwe
Sex ... Age ... DoB	female ... 21 ... 1993-05-08
Has ...	Chinenyenwa Friday ... female ... 46 ... 1968-07-06
as ...	Co-Traveller
Marital State	NA
Home Address	NBA Avenue ... Gidan Maishinkafa ... Kiru ... Kano
Phone-1	NA mobile
Phone-2	NA mobile
Occupation	NA
Onset of Symptoms	2015-06-15
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	no
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.

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*⁵

⁵ Person – 1190

Name	Olatunji Rumfa
Sex ... Age ... DoB	male ... 51 ... 1963-06-22
Marital State	divorced (not living common law)
Home Address	Idiale Str ... Dumi ... Kiru ... Kano
Phone-1	+234-706-7804350 mobile
Phone-2	NA NA
Occupation	animator
Onset of Symptoms	2015-06-17
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	NA
Muscle Pain	no
Headache	no
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
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 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.

There 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 death*⁶

⁶ Person – 1190

Name	Olatunji Rumfa
Sex ... DoB ... Age	male ... 51 ... 1963-06-22
Date of Death	2015-06-22

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*.

*Symptomatic Person*⁷

⁷ Person – 1375

Name	Wuraola Akpovi
Sex ... Age ... DoB	female ... 48 ... NA
Marital State	living common law
Home Address	Udi Street ... Zanginawa ... Kiru ... Kano
Phone-1	0813-4932373 NA
Phone-2	NA NA
Occupation	building machine operator
Onset of Symptoms	2015-06-23
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	yes
Muscle Pain	no
Headache	no
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
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.

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*.

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 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.

*Case of death*⁸

⁸ Person – 1375

Name	Wuraola Akpovi
Sex ... DoB ... Age	female ... 48 ... NA
Date of Death	2015-06-25

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*.

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 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*.

*Symptomatic Person*⁹

⁹ Person – 1371

Name	Obioma Adewunmi
Sex ... Age ... DoB	female ... 16 ... 1999-10-02
Marital State	single (not living common law)
Home Address	Mount Crescent ... Unguwan Taiki ... Kiru ... Kano
Phone-1	+234-805-6767746 NA
Phone-2	NA NA
Occupation	school pupil
Onset of Symptoms	2015-06-29
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
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 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*.

Symptomatic Person¹⁰

¹⁰ Person – 1159

Name	Nkimdi Wahab
Sex ... Age ... DoB	male ... 35 ... 1980-08-04
Marital State	living common law
Home Address	Chapel Street ... Kabawa ... Kiru ... Kano
Phone-1	0807-9236985 NA
Phone-2	0706-9367175 mobile
Occupation	glazier
Onset of Symptoms	2015-06-29
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
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 Death	no

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*.

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 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*¹¹

¹¹ Person – 1329

Name	Osarenren Aniche
Sex ... Age ... DoB	male ... 63 ... NA
Has ... as ...	Osarenren Aniche ... male ... 63 ... 1951-10-29 Unkel
Marital State	living common law
Home Address	Olaitan Onasanya Street ... Baure ... Kiru ... Kano
Phone-1	+234-809-7296512 mobile
Phone-2	NA NA
Occupation	harpooner
Onset of Symptoms	2015-07-02
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	yes
Muscle Pain	yes
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.

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.

There are no persons that died today.

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*.

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 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*.

Symptomatic Person¹²

¹² Person – 1345

Name	Olubowale Kama
Sex ... Age ... DoB	male ... 36 ... NA
Marital State	NA
Home Address	Edumbah Street ... Duku ... Kiru ... Kano
Phone-1	NA mobile
Phone-2	NA landline
Occupation	meteorologist
Onset of Symptoms	2015-07-07
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	NA
Muscle Pain	NA
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
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.

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*.

*Symptomatic Person*¹³

¹³ Person – 1156

Name	Madukairo Maimalari
Sex ... Age ... DoB	male ... NA ... 1972-06-06
Marital State	single (not living common law)
Home Address	Sogbesan Close ... Ungwan Mayola ... Kiru ... Kano
Phone-1	+234-64-7062404 NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-09
Date of Death	NA
Fever ... Temp.	yes ... 38.6
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	NA
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

*Symptomatic Person*¹⁴

¹⁴ Person – 1308

Name	Monijesu Adenihun
Sex ... Age ... DoB	female ... 51 ... 1963-06-13
Marital State	widowed (not living common law)
Home Address	Egharevba street ... Karmo ... Kiru ... Kano
Phone-1	064-6192365 landline
Phone-2	NA NA
Occupation	soldier

Onset of Symptoms	2015-07-09
Date of Death	NA
Fever ... Temp.	NA ... 38.4
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
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.

*Case of death*¹⁵

¹⁵ Person – 1383

Name	Lola Adokwe
Sex ... DoB ... Age	female ... 21 ... 1993-05-08
Date of Death	2015-07-09

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*.

*Symptomatic Person*¹⁶

¹⁶ Person – 1207

Name	Ada Birninkudu
Sex ... Age ... DoB	female ... 59 ... 1955-08-16
Marital State	divorced (not living common law)
Home Address	Unity Street ... Ungwan Kwabe ... Kiru ... Kano
Phone-1	NA landline
Phone-2	NA NA
Occupation	teacher

Onset of Symptoms	2015-07-10
Date of Death	NA

Fever ... Temp.	yes ... 39.
Lethargy	yes
Muscle Pain	yes
Headache	yes

Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no

Unexplained Bleeding	NA
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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.

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.*