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 31

#### 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.
Mr Akindela Maduabum	Iwo road Health Centre	Ibadan North East	HFP-OY-A	GG-2

#### 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  $Hospital\ focal$ 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  $Hospital\ focal$ 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.

#### $Day\ 19 - 2015 \text{-} 06 \text{-} 19 - Fri\ 19\ Jun$

#### $before\ 10\ AM$

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.

## $Symptomatic\ Person^{\color{red}2}$

 $^{2}$  Person -2386

Name	Maryjane Asiegbo
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 56 \dots NA$
Marital State	separated (not living common law)
Home Address	Ojodu Street Madeko Ibadan North East Oyo
Phone-1	0801-5756966 NA
Phone-2	NA NA
Occupation	physician
Onset of Symptoms	2015-06-19
Date of Death	NA

Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	$NA \dots NA$
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

## $Symptomatic\ Person^3$

 $^{3}$  Person -2405

Name	Olatunbosun Ogugua
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1991-04-25
Marital State	married (and not separated)
Home Address	Gangan Community Road Madeko Ibadan North East Oyo
Phone-1	+234-809-7258935 mobile
Phone-2	NA NA
Occupation	student

Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	yes 39.3
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

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

 $^{4}$  Person -2407

Name	Faderera Bali
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 29 1986-04-22
Marital State	separated (not living common law)
Home Address	N namani Drive Olunloyo Ibadan North East Oyo
Phone-1	0703-9773252 NA
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	yes $\dots 40.5$
Lethargy	yes
Muscle Pain	yes
Headache	yes
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.

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

#### 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 focalperson.

#### Symptomatic Person<sup>5</sup>

<sup>5</sup> Person – 2281

Name	Ikharo Ahman	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $15 2000-02-20$	
Marital State	single (not living common law)	
Home Address	Cassandra St Omiyale Ibadan Nor	th East Oyo
Phone-1	NA mobile	
Phone-2	NA NA	
Occupation	NA	
Onset of Symptoms	2015-06-22	
Date of Death	NA	
Fever Temp.	$yes \dots 40.9$	
Lethargy	yes	
Muscle Pain	NA	
Headache	yes	
Stomach Pain	no	
Diarrhea	NA	
Vomiting	no	
Breathing Difficulties	s no	
Difficulty Swallowing	no	
Hiccup	no	
Unexplained Bleeding	g NA	
Anorexia	no	

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

NA

Ther are no persons that died today.

Maculo-papular Rash

Unexplained Sudden Death

#### 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.

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

 $^{6}$  Person -2293

Name	Omuwonuola Dyegh
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $12 2002-09-19$
Marital State	single (not living common law)
Home Address	Ogabi Road Omiyale Ibadan North East Oyo
Phone-1	+234-813-6163094 mobile
Phone-2	+234-813-2673012  NA
Occupation	school pupil
Onset of Symptoms	2015-06-26

Onset of Symptoms	2015-06-26
Date of Death	NA
Fever Temp.	NANA
Lethargy	NA
Muscle Pain	no
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	no
Unexplained Sudden Death	no

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

#### Case of death<sup>7</sup>

 $^{7}$  Person -2407

Name	Faderera Bali
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female 29 1986-04-22
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 focalperson.

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

 $^{8}$  Person -2402

Name	Chinzor Enzinwa
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $45 \dots 1969-11-13$
Marital State	NA
Home Address	Chuks Uche Close Omiyale Ibadan North East Oyo
Phone-1	+234-38-8414164 NA
Phone-2	NA NA
Occupation	shop cashier (checkout operator)
Onset of Symptoms	2015-06-29
Date of Death	NA
Fever Temp	ves 38 3

Onset of Symptoms	2015-06-29
Date of Death	NA
Fever Temp.	yes 38.3
Lethargy	yes
Muscle Pain	no
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	NA
Unexplained Sudden Death	NA

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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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.

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

<sup>9</sup> Person – 2293

Name	Omuwonuola Dyegh
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $12 \dots 2002-09-19$
Date of Death	2015-07-02
Case of death <sup>10</sup>	
Name	Chinzor Enzinwa
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 45 1969-11-13
Date of Death	2015-07-02

 $^{10}$  Person -2402

#### 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.

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.

 $Symptomatic\ Person^{11}$ 

 $^{11}$  Person – 2395

Name	Ikennah Amoo	
$Sex \dots Age \dots DoB$	male 48 1967-05-05	
Marital State	living common law	
Home Address	Nnamdi Azikiwe Street Saka Ibadan North East	Oyo
Phone-1	038-2776665 landline	
Phone-2	NA NA	
Occupation	lottery ticket street vendor	
Onset of Symptoms	2015-07-06	
Date of Death	NA	
Fever Temp.		
Lethargy	NA	
Muscle Pain	NA	
Headache	yes	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficultie	s no	
Difficulty Swallowing	g NA	
Hiccup	no	
Unexplained Bleedin	ng NA	
Anorexia	no	
Maculo-papular Rasl	h NA	

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

NA

Ther are no persons that died today.

Unexplained Sudden Death

#### 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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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.

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.