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
Mr Uche Mohamed	Gwarzo General Hospital	Gwarzo	HFP-KN-GRZ-4

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>&</sup>lt;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.

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

<sup>2</sup> Person – 842

Name	Adaze Iheruome
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $\dots 57 \dots 1958-01-31$
Marital State	NA
Home Address	Isieke Street Yadau Gwarzo Kano
Phone-1	0813-7280857 mobile
Phone-2	+234-813-1638102 mobile
Occupation	NA
Onset of Symptoms	2015-06-08
Date of Death	NA

Onset of Symptoms Date of Death	2015-06-08 NA
Fever Temp.	yes 39.
Lethargy	yes
Muscle Pain	no
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.

## $Day \ 9 - 2015 - 06 - 09 - Tue \ 9 \ Jun$

 $before\ 10\ AM$ 

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 - 2015-06-10 - 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 focalperson.

#### Symptomatic Person<sup>3</sup>

 $^{3}$  Person -648

Name	Ekom Azeez
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 27 1987-03-09
Has	Ajiriohene Adokwe female 17 1998-03-17
as	Colleague
Marital State	single (not living common law)
Home Address	Babs Ladipo Street Dogami Gwarzo Kano
Phone-1	NA landline
Phone-2	+234-64-290025 NA
Occupation	physician
Onset of Symptoms	2015-06-10
Date of Death	NA
Fever Temp.	$NA \dots NA$
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	g no
Anorexia	no
Maculo-papular Rash	n no

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

NA

Ther are no persons that died today.

Unexplained Sudden Death

## $Day\ 11-2015-06-11-Thu\ 11\ Jun$

## $before\ 10\ AM$

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.

## $Symptomatic\ Person^4$

 $^{4}$  Person -592

Name	Ololade Ogunbanwo Nzekwu
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 23 \dots NA$
Marital State	divorced (not living common law)
Home Address	Alli Olanipekun Street Buremawa Waje Gwarzo Kano
Phone-1	064-2049230 landline
Phone-2	NA NA
Occupation	NA

Onset of Symptoms	2015-06-11
Date of Death	NA
Fever Temp.	yes 40.5
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

## $Symptomatic\ Person^{5}$

 $^{5}$  Person -772

Name	Godwin Edoheart
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $50 \dots NA$
Marital State	separated (not living common law)
Home Address	Remi Oluwude Street $\dots$ Rafawa $\dots$ Gwarzo $\dots$ Kano
Phone-1	+234-64-2598809 landline
Phone-2	064-147738 landline
Occupation	NA

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

## 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  $Hospital\ focal$ person.

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>6</sup>

 $^{6}$  Person -636

Name	Oula Dikeh
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1975-10-21
Marital State	married (and not separated)
Home Address	Aideyan Street Kara Gwarzo Kano
Phone-1	+234-703-3109246 mobile
Phone-2	NA NA
Occupation	capital markets clerk or officer

Onset of Symptoms	2015-06-16
Date of Death	NA
Fever Temp.	yes 39.8
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	NA
Diarrhea	no
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.

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

 $^{7}$  Person -592

Name	Ololade Ogunbanwo Nzekwu
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $\dots 23 \dots NA$
Date of Death	2015-06-16

#### 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>8</sup>

 $^{8}$  Person -712

Name	Godwin Ewang
$Sex \dots Age \dots DoB$	male $16 \dots NA$
Marital State	single (not living common law)
Home Address	East Bypass Jamboriji Gwarzo Kano
Phone-1	NA mobile
Phone-2	+234-64-2667764  NA
Occupation	apprentice
Onset of Symptoms	2015-06-17
Date of Death	NA
Fever Temp.	yes 40.5
Lethargy	NA
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
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.

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

 $^{9}$  Person -772

Name	Godwin Edoheart
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male $\dots 50 \dots NA$
Date of Death	2015-06-17

## $Day\ 18-2015 ext{-}06 ext{-}18-Thu\ 18\ Jun$

 $before\ 10\ AM$ 

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.

 $There\ are\ no\ symptomatic\ persons\ today.$ 

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

 $Case\ of\ death^{10}$ 

Name	Oula Dikeh
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female NA 1975-10-21
Date of Death	2015-06-18

 $^{10}$  Person -636

#### 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.

 $Symptomatic\ Person^{11}$ 

 $^{11}$  Person – 680

Name Samia	atu Elegbede
Sex Age DoB female	e 33 1981-08-13
Marital State single	(not living common law)
Home Address Ladip	o Oluwole Street Dadarau Gwarzo Kano
Phone-1 NA la	andline
Phone-2 0802-3	3149502 NA
Occupation nurse	
0 + (0 +	2017 06 10
Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	NA 39.3
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	NA
Anorexia	NA
Maculo-papular Rash	no
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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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

 ${\it Case \ of \ death}^{12}$ 

Name	Godwin Ewang
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	$male\dots 16\dots NA$
Date of Death	2015-06-22

 $^{12}\,Person-712$ 

#### 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 focalperson.

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

 $^{13}$  Person -797

Name	Okwong Henshaw	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA 1992	2-10-03
Marital State	married (and not se	parated)
Home Address	Brimah Igho Street	$\dots$ Jaje $\dots$ Gwarzo $\dots$ Kano
Phone-1	NA mobile	
Phone-2	0809-3491992 mobil	e
Occupation	NA	
Onset of Symptoms	2015-06-24	
Date of Death	NA	
Date of Death	IVA	
Fever Temp.	$yes \dots NA$	
Lethargy	yes	
Muscle Pain	yes	
Headache	no	
Stomach Pain	NA	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	no	
Difficulty Swallowing	no	
Hiccup	NA	
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.

## Case of $death^{14}$

 $^{14}$  Person -680

Name	Samiatu Elegbede
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female 33 1981-08-13
Date of Death	2015-06-24

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.

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

 $^{15}$  Person -595

egnipionianie i croon	
Name	Omolara Kingsley
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots$ NA $\dots$ NA
Has	Tolani Kyari female 39 1975-10-14
as	Colleague
Marital State	married (and not separated)
Home Address	Igbehinadun Close Iliyasawa Gwarzo Kano
Phone-1	+234-703-1589172 mobile
Phone-2	+234-64-6652026 landline
Occupation	NA
Onset of Symptoms	2015-06-26
Date of Death	NA
Fever Temp.	NA 38.4
Lethargy	yes
M1- D-:	

Onset of Symptoms	2015-06-26
Date of Death	NA
Fever Temp.	NA 38.4
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	yes
Diarrhea	no
Vomiting	NA
Breathing Difficulties	NA
Difficulty Swallowing	yes
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 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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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

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

## $before\ 10\ AM$

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.

## $Symptomatic\ Person {\color{red}^{16}}$

 $^{16}$  Person -708

Name Okebunor Goje Sex Age DoB male 55 NA Marital State NA Home Address Sawyer Street Unguwan Dabai Gwarzo Kano Phone-1 NA landline Phone-2 +234-803-5135135 mobile Occupation carpenter  Onset of Symptoms Date of Death NA  Fever Temp. yes 39.3 Lethargy NA Muscle Pain yes Headache NA  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no Unexplained Sudden Death no		
Marital State NA Home Address Sawyer Street Unguwan Dabai Gwarzo Kano Phone-1 NA landline Phone-2 +234-803-5135135 mobile Occupation carpenter  Onset of Symptoms Date of Death NA  Fever Temp. yes 39.3 Lethargy NA Muscle Pain yes Headache NA  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no		· · · · · · · · · · · · · · · · · · ·
Home Address Sawyer Street Unguwan Dabai Gwarzo Kano Phone-1 NA landline Phone-2 +234-803-5135135 mobile Occupation carpenter  Onset of Symptoms Date of Death NA  Fever Temp. yes 39.3 Lethargy NA Muscle Pain yes Headache NA  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no	$Sex \dots Age \dots DoB$	male $\dots 55 \dots NA$
Phone-1 NA landline Phone-2 +234-803-5135135 mobile Occupation carpenter  Onset of Symptoms 2015-07-01 Date of Death NA  Fever Temp. yes 39.3 Lethargy NA Muscle Pain yes Headache NA  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA  Maculo-papular Rash no	Marital State	NA
Phone-2 Occupation  Carpenter  Onset of Symptoms Date of Death NA  Fever Temp. Lethargy NA Muscle Pain Headache NA  Stomach Pain Diarrhea NA  Vomiting Breathing Difficulties NA  Difficulty Swallowing Hiccup NA  Unexplained Bleeding NA  Maculo-papular Rash  NA  Done State of Symptoms Anorexia NA  2015-07-01 NA  yes 39.3  Lethargy NA NA  NA  NA  NA  NA  NA  NA  NA  NA	Home Address	Sawyer Street Unguwan Dabai Gwarzo Kano
Occupation carpenter  Onset of Symptoms 2015-07-01 Date of Death NA  Fever Temp. yes 39.3 Lethargy NA Muscle Pain yes Headache NA  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no	Phone-1	NA landline
Onset of Symptoms Date of Death NA  Fever Temp. Lethargy NA Muscle Pain Headache NA  Stomach Pain Diarrhea NA  Vomiting Breathing Difficulties NA  Unexplained Bleeding NA  Anorexia Maculo-papular Rash NA	Phone-2	+234-803-5135135 mobile
Date of Death  NA  Fever Temp.  Lethargy  NA  Muscle Pain  Yes  Headache  NA  Stomach Pain  Diarrhea  NA  Vomiting  Breathing Difficulties  NA  Difficulty Swallowing  Hiccup  NA  Unexplained Bleeding  NA  Maculo-papular Rash  NA  NA  NA  NA  Maculo-papular Rash	Occupation	carpenter
Date of Death  NA  Fever Temp.  Lethargy  NA  Muscle Pain  Yes  Headache  NA  Stomach Pain  Diarrhea  NA  Vomiting  Breathing Difficulties  NA  Difficulty Swallowing  Hiccup  NA  Unexplained Bleeding  NA  Maculo-papular Rash  NA  NA  NA  NA  Maculo-papular Rash		
Fever Temp. yes 39.3 Lethargy NA Muscle Pain yes Headache NA  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no	v -	
Lethargy NA Muscle Pain yes Headache NA  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no	Date of Death	NA
Muscle Pain yes Headache NA  Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no	Fever Temp.	yes 39.3
Headache NA  Stomach Pain no Diarrhea NA  Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no	Lethargy	NA
Stomach Pain no Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA Unexplained Bleeding NA Anorexia NA Maculo-papular Rash no	Muscle Pain	yes
Diarrhea NA Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA Unexplained Bleeding NA Anorexia NA Maculo-papular Rash no	Headache	NA
Vomiting no Breathing Difficulties NA Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no	Stomach Pain	no
Breathing Difficulties NA Difficulty Swallowing no Hiccup NA Unexplained Bleeding NA Anorexia NA Maculo-papular Rash no	Diarrhea	NA
Difficulty Swallowing no Hiccup NA  Unexplained Bleeding NA  Anorexia NA Maculo-papular Rash no	Vomiting	no
Hiccup NA Unexplained Bleeding NA Anorexia NA Maculo-papular Rash no	Breathing Difficulties	NA
Unexplained Bleeding NA  Anorexia NA  Maculo-papular Rash no	Difficulty Swallowing	no
Anorexia NA Maculo-papular Rash no	Hiccup	NA
Maculo-papular Rash no	Unexplained Bleeding	NA
	Anorexia	NA
Unexplained Sudden Death no	Maculo-papular Rash	no
	Unexplained Sudden I	Death no

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 focalperson.

## $Symptomatic\ Person^{17}$

 $^{17}$  Person -603

Name	Olasubomi Datoru	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $21 \dots NA$	
Marital State	widowed (not living common law)	
Home Address	Allen Lane Sabon Birni Gwarzo	. Kano
Phone-1	NA NA	
Phone-2	+234-806-8657521  NA	
Occupation	dentist or dental surgeon	
Onset of Symptoms	2015-07-02	
Date of Death	NA	
Fever Temp.	yes 38.3	
Lethargy	yes	
Muscle Pain	NA	
Headache	yes	
Stomach Pain	no	
Diarrhea	NA	
Vomiting	no	
Breathing Difficulties	s NA	
Difficulty Swallowing	no	
Hiccup	no	
Unexplained Bleeding	g no	
Anorexia	NA	
Maculo-papular Rash	n NA	

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

Ther are no persons that died today.

Unexplained Sudden Death

#### 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.

 $Case\ of\ death^{18}$ 

Name	Olasubomi Datoru
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female 21 NA
Date of Death	2015-07-06

 $^{18}$  Person -603

## 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.

 $Symptomatic\ Person^{19}$ 

 $^{19}$  Person -820

	Yakubu Owubokiri
$Sex \dots Age \dots DoB$	male NA 1957-08-01
Marital State	divorced (not living common law)
Home Address	Osa Crescent Iliyasawa Gwarzo Kano
Phone-1	NA mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-08
Date of Death	NA
Fever Temp.	$yes \dots 39.8$
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	NA
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden I	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.

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.

 $Case\ of\ death^{{\color{red}20}}$ 

Name	Yakubu Owubokiri
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male NA 1957-08-01
Date of Death	2015-07-10

 $^{20}$  Person -820

#### 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.