

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

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
Mr Okoro Osuchukwu	Baptist Medical centre Okeho	Kajola	HFP-OY-KEH-1

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 according to the daily information given in the tasks section of the day

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

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*.

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 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.

There are no persons that died today.

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*²

² Person – 3327

Name	Oladayo Oluyole
Sex ... Age ... DoB	male ... 34 ... 1980-08-06
Marital State	single (not living common law)
Home Address	Ilaje Alley ... Otu ... Kajola ... Oyo
Phone-1	0809-5152741 mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-15
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	NA
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 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*.

There are no symptomatic persons today.

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

*Case of death*³

³ Person – 3327

Name	Oladayo Oluyole
Sex ... DoB ... Age	male ... 34 ... 1980-08-06
Date of Death	2015-06-17

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.

There are no persons that died today.

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.

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*.

*Symptomatic Person*⁴

⁴ Person – 3248

Name	Ugochukwu Shonibare
Sex ... Age ... DoB	male ... 58 ... 1957-01-22
Marital State	single (not living common law)
Home Address	Uzodinma Close ... Isemi Ile ... Kajola ... Oyo
Phone-1	+234-801-3068833 mobile
Phone-2	NA mobile
Occupation	NA
Onset of Symptoms	2015-06-25
Date of Death	NA
Fever ... Temp.	yes ... 39.4
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
Hiccup	NA
Unexplained Bleeding	NA
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 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*.

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 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 Person*⁵

⁵ Person – 3309

Name	Chioma Offoin
Sex ... Age ... DoB	female ... 30 ... 1984-09-11
Marital State	living common law
Home Address	Ozoilo Street ... Olose ... Kajola ... Oyo
Phone-1	0809-8257790 mobile
Phone-2	NA landline
Occupation	registrar
Onset of Symptoms	2015-06-29
Date of Death	NA
Fever ... Temp.	yes ... 39.8
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
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 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*.

*Symptomatic Person*⁶

⁶ Person – 3386

Name	Nnaemeka Olajuwon
Sex ... Age ... DoB	male ... 55 ... 1959-03-07
Marital State	single (not living common law)
Home Address	Ogenyi Close ... Ago ... Kajola ... Oyo
Phone-1	NA mobile
Phone-2	NA NA
Occupation	specialist in animal husbandry (livestock specialist)
Onset of Symptoms	2015-07-01
Date of Death	NA
Fever ... Temp.	no ... NA
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.

*Case of death*⁷

⁷ Person – 3248

Name	Ugochukwu Shonibare
Sex ... DoB ... Age	male ... 58 ... 1957-01-22
Date of Death	2015-07-01

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.

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.

*Case of death*⁸

⁸ Person – 3386

Name	Nnaemeka Olajuwon
Sex ... DoB ... Age	male ... 55 ... 1959-03-07
Date of Death	2015-07-03

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*.

*Symptomatic Person*⁹

⁹ Person – 3273

Name	Ajiriohene Ezeife
Sex ... Age ... DoB	female ... 47 ... 1967-11-27
Marital State	living common law
Home Address	Ozolua Lane ... Oke Oge ... Kajola ... Oyo
Phone-1	0705-4861538 mobile
Phone-2	NA NA
Occupation	nurse
Onset of Symptoms	2015-07-06
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
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

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*.

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 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 Person¹⁰

¹⁰ Person – 3224

Name	Ndubuisi Akabueze
Sex ... Age ... DoB	male ... NA ... NA
Marital State	living common law
Home Address	Akatakpo Street ... Elewure Iju ... Kajola ... Oyo
Phone-1	0703-8900729 mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-09
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
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 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*¹¹

¹¹ Person – 3174

Name	Blessing Daku
Sex ... Age ... DoB	male ... 34 ... 1980-09-25
Has ...	Efuose Chukwumerije ... female ... 25 ... 1989-12-22
as ...	Ex-Wife
Marital State	living common law
Home Address	Ejigbo - Awo Road ... Apata ... Kajola ... Oyo
Phone-1	0801-6936351 mobile
Phone-2	NA NA
Occupation	pilot (harbours and ports)
Onset of Symptoms	2015-07-10
Date of Death	NA
Fever ... Temp.	yes ... 38.4
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
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.

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.*