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 33

#### 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
Mrs Chiburem Dabiri	Hungu PHC	Albasu	HFP-KN-ABS-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 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.

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

 $^{2}$  Person -1

Name	Nonso Fabunmi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $16 1998-08-14$
Has	Chicobe Adebowale female 30 1984-10-26
as	Friend
Marital State	NA
Home Address	Onuorie Street Sakwaya Albasu Kano
Phone-1	+234-802-9867422  NA
Phone-2	NA mobile
Occupation	apprentice
Onset of Symptoms	2015-06-15

Onset of Symptoms	2015-06-15
Date of Death	NA
Fever Temp.	yesNA
Lethargy	NA
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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

 $^{3}$  Person -2

Name	Sesugh Ogunode
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $17 1998-05-03$
Marital State	single (not living common law)
Home Address	Oko Central Kogin Huguma Albasu Kano
Phone-1	NA NA
Phone-2	+234-806-5151169 mobile
Occupation	school pupil

Onset of Symptoms	2015-06-15
Date of Death	NA
Fever Temp.	yes 40.1
Lethargy	NA
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
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.

## 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 focalperson.

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  $Hospital\ focal$ person.

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

4 Person – 164

Name	Adeyinka Ikeke	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $42 1972-08-08$	
Marital State	separated (not living common law)	
Home Address	Sir Charles Ozoude Street Daho Albasu Kano	
Phone-1	+234-803-3883088 mobile	
Phone-2	NA NA	
Occupation	fortune teller	
Onset of Symptoms	2015-06-18	
Date of Death	NA	
Fever Temp.	yes NA	
Lethargy	yes	
Muscle Pain	NA	
Headache	yes	
Stomach Pain	no	
Diarrhea	no	
Vomiting	NA	
Breathing Difficulties	NA	
Difficulty Swallowing	NA	

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

no

no

no

no

#### Case of death<sup>5</sup>

Hiccup

Anorexia

Unexplained Bleeding

Maculo-papular Rash

Unexplained Sudden Death

 $^{5}$  Person -2

Name	Sesugh Ogunode
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 17 1998-05-03
Date of Death	2015-06-19

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.

 ${\it Case \ of \ death}^6$ 

Date of Death

Name

Nonso Fabunmi  $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$  $male \dots 16 \dots 1998\text{-}08\text{-}14$ 2015 - 06 - 22

 $^{6}$  Person -1

## 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.

There are no symptomatic persons today.

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

## Day 29 - 2015-06-29 - Mon 29 Jun

#### $before\ 10\ AM$

Hiccup

Anorexia

Unexplained Bleeding

Maculo-papular Rash

Unexplained Sudden Death

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>7</sup>

 $^{7}$  Person -255

Name	Akhilomen Effiom	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $34 1981-03-03$	
Marital State	NA	
Home Address	Zuwa Dodoma Street Sakwaya Albasu Ka	ano
Phone-1	+234-64-1717451 landline	
Phone-2	NA NA	
Occupation	NA	
Onset of Symptoms	2015-06-29	
Date of Death	NA	
Fever Temp.	NA 40.1	
Lethargy	yes	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	NA	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	NA	
Difficulty Swallowing	NA	

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

no

NA

no

no

no

## $Day \ 30 - 2015 \text{-} 06 \text{-} 30 - Tue \ 30 \ Jun$

## $before\ 10\ AM$

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<sup>8</sup>

 $^{8}$  Person -29

Name	Omolade Bird
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $13 2002-04-21$
Has	Olayemi Oliha female 27 1987-01-09
as	Colleague
Marital State	single (not living common law)
Home Address	Johnson Ukwuani Close Ruru Albasu Kano
Phone-1	NA NA
Phone-2	NA NA
Occupation	school pupil
Onset of Symptoms	2015-06-29

Onset of Symptoms	2015-06-29
Date of Death	NA
Fever Temp.	NANA
Lethargy	yes
Muscle Pain	yes
Headache	NA
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	NA

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 focalperson.

There are no symptomatic persons today.

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

 $Case\ of\ death^9$ 

Name	Omolade Bird
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 13 2002-04-21
Date of Death	2015-07-02

 $^{9}$  Person -29

## 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.

 $Case\ of\ death^{10}$ 

Name	Akhilomen Effiom
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male $34 \dots 1981$ -03-03
Date of Death	2015-07-03

 $^{10}$  Person -255

## 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.

## 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 focalperson.

## $Symptomatic\ Person^{11}$

 $^{11}$  Person – 147

Name	Oluwamayowa Yaradua		
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male 31 1983-07-15		
Marital State	widowed (not living common law)		
Home Address	Igwe J O Mama Drive Daho Albasu Kano		
Phone-1	0813-9426674 mobile		
Phone-2	NA NA		
Occupation	police officer		
Onset of Symptoms	2015-07-09		
Date of Death	NA		

Onset of Symptoms	2015-07-09
Date of Death	NA
Fever Temp.	yesNA
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	no

## $Symptomatic\ Person^{\hbox{\scriptsize $12$}}$

 $^{12}$  Person – 151

Name	Eniola Ossai
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$female \dots NA \dots NA$
Marital State	single (not living common law)
Home Address	Anyanaeche Ibe Street Sayasaya Albasu Kano
Phone-1	0801-1548374 mobile
Phone-2	NA NA
Occupation	teacher

Onset of Symptoms	2015-07-09
Date of Death	NA
Fever Temp.	$NA \dots NA$
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	yes
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	yes
Hiccup	yes
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

# $Symptomatic\ Person^{13}$

 $^{13}$  Person -280

Name	Chioma Inyam
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $37 1977-07-31$
Has	Stella Uzochukwu female 33 1982-12-04
as	Co-Traveller
Marital State	NA
Home Address	Chief Peter Iloka Lane Hausawa Hadi Albasu Kano
Phone-1	+234-803-1976506 mobile
Phone-2	NA NA
Occupation	milling-machine operator

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