BNI, HPI, HZI, NFELTP, RKI, SAP

# SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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#### 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 Oluwakemi Kontagora	Isale Taba Maternity Centre	Saki West	HFP-OY-SHK-	1

#### 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 - 2015-06-08 - 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.

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

<sup>2</sup> Person – 4252

Name	Azikiwe Onyali	
Sex Age DoB	male 39 1975-08-28	
Marital State	divorced (not living common law)	
Home Address	Awe Street Mangoro Saki West Oyo	
Phone-1	038-5494721 NA	
Phone-2	+234-705-5164993 mobile	
Occupation	NA	
Onset of Symptoms	2015-06-08	
Date of Death	NA	
Fever Temp.	yes 38.7	
Lethargy	yes	
Muscle Pain	NA	
Headache	NA	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	

NA

no

no

NA

 $_{
m no}$ 

NA

no

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

Ther are no persons that died today.

Breathing Difficulties

Difficulty Swallowing

Unexplained Bleeding

Maculo-papular Rash

Unexplained Sudden Death

Hiccup

Anorexia

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

 $before\ 10\ AM$ 

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.

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

 $^{3}$  Person -4353

Name	Oluwabunmi Adeleke	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$male \dots 20 \dots NA$	
Marital State	living common law	
Home Address	Pelewura Close Mejo Saki West Oyo	
Phone-1	038-8940490 landline	
Phone-2	+234-807-6157954 mobile	
Occupation	NA	
Onset of Symptoms	2015-06-12	
Date of Death	NA	
Fever Temp.	yes 40.4	
Lethargy	no	
Muscle Pain	yes	
Headache	NA	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
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.

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

## $Day\ 15 - 2015 - 06 - 15 - Mon\ 15\ Jun$

## $before\ 10\ AM$

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 focalperson.

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

4 Person – 4266

Name	Nonso Khreis
$Sex \dots Age \dots DoB$	male $\dots 30 \dots NA$
Marital State	separated (not living common law)
Home Address	Woji Road Aiyekale Saki West Oyo
Phone-1	0813-4934620 NA
Phone-2	NA NA
Occupation	secondary school teacher
Onset of Symptoms	2015-06-15
Date of Death	NA
Fever Temp.	NANA
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	no
Maculo-papular Rash	NA
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  $Hospital\ focal$ 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 - 2015-06-19 - 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.

There are no symptomatic persons today.

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

#### 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.

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<sup>5</sup>

 $^{5}$  Person -4262

Name	Chinenye Bird
$Sex \dots Age \dots DoB$	female 28 1986-06-18
Marital State	separated (not living common law)
Home Address	Harbour Road Shaki Saki West Oyo
Phone-1	0806-6922229 NA
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-24
Date of Death	NA
Fever $\dots$ Temp.	$NA \dots 40.1$
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	s no
Difficulty Swallowing	g no
Hiccup	no
Unexplained Bleedin	g no
Anorexia	no

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

Maculo-papular Rash

Unexplained Sudden Death

<sup>6</sup> Person – 4449

Name	Ugochukwu Egerega
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$male \dots 50 \dots 1965-01-25$
Has	Akindela Offiah male 54 1960-08-30
as	Friend
Marital State	widowed (not living common law)
Home Address	Notre Dame Close Sabe Saki West Oyo
Phone-1	+234-38-2197218 landline
Phone-2	+234-38-9145652 NA
Occupation	teacher

no

NA

Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	yes 39.
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	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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 focalperson.

#### Symptomatic Person<sup>7</sup>

 $^{7}$  Person -4496

Name	Plangnan Iyam	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $12 2002-10-24$	
Has	Nifemi Afikuyomi male 28 1986-09-06	
as	Friend	
Marital State	NA	
Home Address	Chartered Bank Close Budoayiki Saki West Oyo	
Phone-1	0809-9948290 NA	
Phone-2	NA NA	
Occupation	school pupil	
Onset of Symptoms	2015-06-25	
Date of Death	NA	
Fever Temp.	NA 39.4	

Onset of Symptoms Date of Death	2015-06-25 NA
Fever Temp.	NA 39.4
Lethargy	no
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
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 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.

Case of death<sup>8</sup>

Name	Ugochukwu Egerega
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 50 1965-01-25
Date of Death	2015-06-26

<sup>8</sup> Person – 4449

#### 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.

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

 $before\ 10\ AM$ 

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.

#### 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.

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  $Hospital\ focal$ 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.