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

#### 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 Olatunbosun Kontagora	Ijo Primary Health Care Centre	Kajola	HFP-OY-KE	H-3	

#### 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 - 2015-06-10 - 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>2</sup>

 $^{2}$  Person -3259

Name	Nkimdi Uranta		
$Sex \dots Age \dots DoB$	male $\dots 40 \dots NA$		
Marital State	single (not living common law)		
Home Address	Jakande Close Awha Kajola Oyo		
Phone-1	NA NA		
Phone-2	NA NA		
Occupation	building inspector		
Onset of Symptoms	2015-06-10		
Date of Death	NA		
Fever Temp.	$\mathrm{no}  \dots \mathrm{NA}$		
Lethargy	NA		
Muscle Pain	no		
Headache	NA		
Stomach Pain	no		
Diarrhea	NA		
Vomiting	NA		
Breathing Difficulties	s NA		
Difficulty Swallowing	NA		
Hiccup	no		
Unexplained Bleeding	g no		
Anorexia	no		
Maculo-papular Rash	n NA		
Unexplained Sudden	Death NA		

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 -3238

Name	Ikeoluwatomiwaopayemi Dooyum	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1958-12-19	
Marital State	separated (not living common law)	
Home Address	Ezeama Street Onigbongbo Kajola Oyo	
Phone-1	+234-807-5525661 mobile	
Phone-2	NA NA	
Occupation	NA	
Onset of Symptoms	2015-06-12	

Onset of Symptoms	2015-06-12
Date of Death	NA
Fever Temp.	yes 38.8
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	NA

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>4</sup>

4 Person – 3292

Name	Madukairo Ohu
Sex Age DoB	male 12 2003-03-15
Marital State	single (not living common law)
Home Address	College Road Ogui Aiyetoro Kajola Oyo
Phone-1	+234-802-9594555 mobile
Phone-2	NA NA
Occupation	school pupil
Onset of Symptoms	2015-06-15
Date of Death	NA
Fever Temp.	yes 39.7
Lethargy	no
Muscle Pain	no
Headache	yes
Stomach Pain	NA
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	g 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 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.

Case of death<sup>5</sup>

Name	Ikeoluwatomiwaopayemi Dooyum
Sex DoB Age	female NA 1958-12-19
Date of Death	2015-06-16

<sup>5</sup> Person – 3238

# $Day\ 17-2015 \hbox{--} 06 \hbox{--} 17-Wed\ 17\ Jun$

 $before\ 10\ AM$ 

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 focalperson.

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

 $^{6}$  Person -3281

	0.1 0.1 1	
Name	Odogwu Oshaniwa	
$Sex \dots Age \dots DoB$	male NA 1975-11-08	
Marital State	NA	
Home Address	Taiwo Lane Alab	oebeKajolaOyo
Phone-1	NA mobile	
Phone-2	NA NA	
Occupation	geographer	
		<u>-</u>
Onset of Symptoms	2015-06-18	
Date of Death	NA	_
Fever Temp.	yes 40.8	_
Lethargy	NA	
Muscle Pain	yes	
Headache	NA	
Stomach Pain	no	_
Diarrhea	NA	
Vomiting	no	
Breathing Difficulties	s no	
Difficulty Swallowing	no no	
Hiccup	no	
Unexplained Bleedin	g NA	-
Anorexia	no	_
Maculo-papular Rash	n no	
Unexplained Sudden	Death no	

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

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

 $^{7}$  Person -3292

Name	Madukairo Ohu
$Sex \dots DoB \dots Age$	male 12 2003-03-15
Date of Death	2015-06-18

#### 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  $Hospital\ focal$ 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

 $before\ 10\ AM$ 

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 focalperson.

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

 $^{8}$  Person -3253

Name Sex Age DoB Marital State Home Address Phone-1 Phone-2	Olafimihan Timaya male 60 NA single (not living common law) Jakande Close Awha Kajola Oyo +234-708-7775344 NA NA NA		
Occupation	NA		
Onset of Symptoms Date of Death	2015-07-01 NA		
Fever Temp. Lethargy Muscle Pain Headache	yes 40. no NA yes		
Stomach Pain Diarrhea Vomiting Breathing Difficulties Difficulty Swallowing Hiccup			
Unexplained Bleeding	g no		
Anorexia Maculo-papular Rash	no n NA	•	

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

Ther are no persons that died today.

Unexplained Sudden Death

 $Day \ 32 - 2015 - 07 - 02 - Thu \ 2 \ Jul$ 

 $before\ 10\ AM$ 

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  $Hospital\ focal$ person.

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<sup>9</sup>

<sup>9</sup> Person – 3396

Name	Aniyemawen Ishiaku
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 17 1998-01-03
Marital State	living common law
Home Address	Akatakpo Street Elewure Iju Kajola Oyo
Phone-1	+234-38-6904916  NA
Phone-2	+234-38-6169203 landline
Occupation	NA
	0015 07 06
Onset of Symptoms	2015-07-06
Date of Death	NA NA
Fever $\dots$ Temp.	yes 38.2
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
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.

## 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 focalperson.

 $Symptomatic\ Person {\color{red}^{10}}$ 

 $^{10}$  Person -3208

3F		
Name	Ololade Uduak	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $61 \cdot \cdot 1954-04-30$	
Has	Adunni Gaha male 22 1992-03-09	
as	Friend	
Marital State	divorced (not living common law)	
Home Address	Chief Edward Nnaji Close Iwere Kajola Oyo	
Phone-1	+234-818-9413912 mobile	
Phone-2	+234-803-3898311 mobile	
Occupation	dresser	
Onset of Symptoms	2015-07-07	
Date of Death	NA	
Fever Temp.	yes 38.3	

Onset of Symptoms	2015-07-07
Date of Death	NA
Fever Temp.	yes 38.3
Lethargy	NA
Muscle Pain	no
Headache	yes
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 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.