BNI, HPI, HZI, NFELTP, RKI, SAP

SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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First printing, June 2015

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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
Mrs Bukola Onyearugbulem	State Hospital	Saki West	HFP-OY-SHK-2

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. 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

¹ 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.

Symptomatic Person²

² Person – 4291

Name	Kaneng Oshaniwa
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $45 \cdot \cdot 1969-03-08$
Marital State	separated (not living common law)
Home Address	Kabba RoadKobo IleSaki WestOyo
Phone-1	0806-6057162 NA
Phone-2	NA NA
Occupation	teacher
Onset of Symptoms	2015-06-09
Date of Death	NA
Fever Temp.	NANA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
Breathing Difficultie	s no
Difficulty Swallowing	g no
Hiccup	no
Unexplained Bleedin	g NA

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

no

no

Ther are no persons that died today.

Anorexia

Maculo-papular Rash

Unexplained Sudden Death

$Day\ 10\ -\ 2015\text{-}06\text{-}10\ -\ Wed\ 10\ Jun$

 $before\ 10\ AM$

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.

³ Person – 4291

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.

2015-06-15

 $Case\ of\ death^3$

 $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$

Date of Death

Name

Kaneng Oshaniwa female $\dots 45$ $\dots 1969\text{-}03\text{-}08$

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 - 2015-06-17 - 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 Person⁴

⁴ Person – 4499

Name	Karombie Oparathompson
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male NA $1984-04-27$
Marital State	NA
Home Address	Obakhavbaye Street Sabe Saki West Oyo
Phone-1	038-2685821 landline
Phone-2	NA NA
Occupation	physician
Onset of Symptoms	2015-06-17
Date of Death	NA NA
Fever \dots Temp.	$yes \dots 39.7$
Lethargy	NA
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	s no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	g no
Anorexia	no
Maculo-papular Rash	n no
Unexplained Sudden	Death no

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 focalperson.

Symptomatic Person⁵

 5 Person – 4265

Name	Ching Oyesanya
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $62 \cdot \cdot 1953-03-22$
Has	Chidiebere Ihemadu male 41 1974-03-05
as	Colleague
Marital State	married (and not separated)
Home Address	Bello Road Agoluabi Saki West Oyo
Phone-1	NA mobile
Phone-2	NA NA
Occupation	${\it funeral \ service \ assistant \ (funeral \ service \ worker)}$

Onset of Symptoms	2015-06-23
Date of Death	NA
Fever Temp.	yes 39.8
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
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.

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 focalperson.

Symptomatic Person⁶

⁶ Person – 4364

Name	Oladipo Uduak
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $\dots 36 \dots NA$
Marital State	NA
Home Address	Onu Ato Villa Road Budo Ige Saki West Oyo
Phone-1	+234-708-9887021 mobile
Phone-2	NA NA
Occupation	teacher
Onset of Symptoms	2015-06-25
Date of Death	NA
Fever Temp.	yes 39.
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	s no
Difficulty Swallowing	g no
Hiccup	NA
Unexplained Bleedin	g no
Anorexia	no
Maculo-papular Rash	h NA

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

Ther are no persons that died today.

Unexplained Sudden Death

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 $Hospital\ focal$ 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 $Hospital\ focal$ person.

Symptomatic Person⁷

 7 Person -4313

Name	Ogađen Ukuh	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 17 1997-01-09	
Marital State	living common law	
Home Address	igiehon street Ago Fulani Saki West Oyo	
Phone-1	0802-2524707 mobile	
Phone-2	NA NA	
Occupation	NA	
Onset of Symptoms	2015-07-02	
Date of Death	NA	
Fever Temp.	yes 39.	
Lethargy	yes	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	

Unexplained Bleeding no NAAnorexia Maculo-papular Rash no Unexplained Sudden Death NA

Breathing Difficulties

Difficulty Swallowing

Hiccup

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

NA

NA

no

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 focalperson.

$Symptomatic\ Person^{8}$

 8 Person – 4473

Name	Ovieoghene Ogomudia	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $18 1996-11-09$	
Marital State	married (and not separated)	
Home Address	Nonso Mba Street Ladele Saki West Oyo	
Phone-1	+234-38-6490232 landline	
Phone-2	NA NA	
Occupation	NA	
Onset of Symptoms	2015-07-07	

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

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.

There are no symptomatic persons today.

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

 ${\it Case \ of \ death}^9$

Name	Ovieoghene Ogomudia
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 18 1996-11-09
Date of Death	2015-07-08

 9 Person -4473

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.