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# SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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*First printing, June 2015*

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# 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 Edoja Oshoala	PHC Okeola	Ibarapa North	HFP-OY-AYT-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

## 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*.

*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 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.

*There are no persons that died today.*

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*.

*Symptomatic Person*<sup>2</sup>

<sup>2</sup> Person – 2749

Name	Kosisochukwu Obiora
Sex ... Age ... DoB	female ... 45 ... NA
Marital State	NA
Home Address	Aroworade Street ... Abule Aborisade ... Ibarapa North ... Oyo
Phone-1	+234-807-7112522 mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-18
Date of Death	NA
Fever ... Temp.	yes ... 39.1
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
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.*

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>3</sup>

<sup>3</sup> Person – 2553

Name	Loutoyopnica Celestine
Sex ... Age ... DoB	female ... 58 ... 1956-06-28
Has ... as ...	Nwachalu Igbinedion ... female ... 35 ... 1979-10-06 Colleague
Marital State	divorced (not living common law)
Home Address	Independence Avenue ... Gbelekale ... Ibarapa North ... Oyo
Phone-1	+234-803-6889444 mobile
Phone-2	NA NA
Occupation	geographer
Onset of Symptoms	2015-06-19
Date of Death	NA
Fever ... Temp.	yes ... 38.8
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
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.

*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*<sup>4</sup>

<sup>4</sup> Person – 2827

Name	Chisom Obasanho
Sex ... Age ... DoB	female ... NA ... 1956-05-05
Marital State	married (and not separated)
Home Address	Magbon Close ... Bansa ... Ibarapa North ... Oyo
Phone-1	038-3759661 landline
Phone-2	+234-38-7613217 landline
Occupation	NA
Onset of Symptoms	2015-06-25
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	NA
Muscle Pain	NA
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
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.

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

<sup>5</sup> Person – 2553

Name	Loutoyopnica Celestine
Sex ... DoB ... Age	female ... 58 ... 1956-06-28
Date of Death	2015-06-25

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*.

Symptomatic Person<sup>6</sup>

<sup>6</sup> Person – 2669

Name	Okebunor Ameh
Sex ... Age ... DoB	male ... NA ... NA
Marital State	divorced (not living common law)
Home Address	IGBINWEKA STREET ... Ajegunle ... Ibarapa North ... Oyo
Phone-1	038-7467306 landline
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-06-26
Date of Death	NA
Fever ... Temp.	yes ... 39.8
Lethargy	yes
Muscle Pain	NA
Headache	no
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	NA
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.

*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*.

*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 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.

*There are no persons that died today.*

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*.

*Symptomatic Person*<sup>7</sup>

<sup>7</sup> Person – 2649

Name	Oyindamola Popoola
Sex ... Age ... DoB	female ... NA ... 1971-06-23
Marital State	NA
Home Address	Ogunsowobo Street ... Bansa ... Ibarapa North ... Oyo
Phone-1	NA mobile
Phone-2	NA NA
Occupation	actor or puppeteer or marionetteer (actor or actress)
Onset of Symptoms	2015-07-02
Date of Death	NA
Fever ... Temp.	yes ... 38.9
Lethargy	yes
Muscle Pain	NA
Headache	yes
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

*Symptomatic Person*<sup>8</sup>

<sup>8</sup> Person – 2745

Name	Kelechi Nguirmamaramama
Sex ... Age ... DoB	male ... 37 ... NA
Marital State	NA
Home Address	Udoji Street ... Onile ... Ibarapa North ... Oyo
Phone-1	+234-708-1368387 NA
Phone-2	NA mobile
Occupation	NA

Onset of Symptoms	2015-07-02
Date of Death	NA
Fever ... Temp.	yes ... 40.9
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	NA
Anorexia	NA
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 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 Person*<sup>9</sup>

<sup>9</sup> Person – 2636

Name	Chicobe Arinze
Sex ... Age ... DoB	female ... 49 ... 1965-01-07
Marital State	NA
Home Address	Sola Oluwole Street ... Gbelekale ... Ibarapa North ... Oyo
Phone-1	0801-6727171 mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-03
Date of Death	NA
Fever ... Temp.	NA ... 38.8
Lethargy	yes
Muscle Pain	yes
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	no
Unexplained Sudden Death	NA

*Symptomatic Person*<sup>10</sup>

<sup>10</sup> Person – 2758

Name	Chinue Ohu
Sex ... Age ... DoB	female ... 18 ... 1996-09-15
Has ... as ...	Nwabuzo Dawodu ... female ... 40 ... 1975-08-02 Neighbor
Marital State	NA
Home Address	Chief Alum Street ... Olukola ... Ibarapa North ... Oyo
Phone-1	NA NA
Phone-2	0802-7113209 NA
Occupation	NA

Onset of Symptoms	2015-07-03
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
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.*

*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*.

*There are no symptomatic persons today.*

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

*Case of death*<sup>11</sup>

<sup>11</sup> Person – 2745

Name	Kelechi Nguirmamaramama
Sex ... DoB ... Age	male ... 37 ... NA
Date of Death	2015-07-06

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*.

Symptomatic Person<sup>12</sup>

<sup>12</sup> Person – 2583

Name	Precious Amoo
Sex ... Age ... DoB	female ... NA ... 1955-09-22
Marital State	NA
Home Address	Obariase street ... Alabi ... Ibarapa North ... Oyo
Phone-1	NA mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-07
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
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 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.

*Case of death*<sup>13</sup>

<sup>13</sup> Person – 2583

Name	Precious Amoo
Sex ... DoB ... Age	female ... NA ... 1955-09-22
Date of Death	2015-07-08

*Case of death*<sup>14</sup>

<sup>14</sup> Person – 2758

Name	Chinue Ohu
Sex ... DoB ... Age	female ... 18 ... 1996-09-15
Date of Death	2015-07-08

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 Person<sup>15</sup>

<sup>15</sup> Person – 2659

Name	Feyisara Ogbonna
Sex ... Age ... DoB	female ... 30 ... NA
Marital State	widowed (not living common law)
Home Address	Lodge Road ... Owombe ... Ibarapa North ... Oyo
Phone-1	0818-4077571 mobile
Phone-2	+234-809-2364522 mobile
Occupation	pest control officer
Onset of Symptoms	2015-07-09
Date of Death	NA
Fever ... Temp.	yes ... 39.6
Lethargy	yes
Muscle Pain	no
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	NA
Unexplained Sudden Death	no

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<sup>16</sup>

<sup>16</sup> Person – 2838

Name	Feyisara Ilori
Sex ... Age ... DoB	female ... 17 ... 1998-04-28
Has ...	Omolara Sule ... female ... 26 ... 1988-11-24
as ...	Colleague
Marital State	divorced (not living common law)
Home Address	Sola Oluwole Street ... Gbelekale ... Ibarapa North ... Oyo
Phone-1	038-1456578 landline
Phone-2	NA NA
Occupation	teacher
Onset of Symptoms	2015-07-10
Date of Death	NA
Fever ... Temp.	yes ... 40.4
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
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.*

### 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.*