

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*      31

# 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 Onyinye Agwuocha	Sheka PHC	Kumbotso	HFP-KN-KBT-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 disease<sup>1</sup>:  
*before 10 AM*

<sup>1</sup> according to the daily information given in the tasks section of the day

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*

## 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*.

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

<sup>2</sup> Person – 1054

Name	Jomiloju Isola
Sex ... Age ... DoB	male ... 44 ... 1970-06-10
Marital State	married (and not separated)
Home Address	Umueze Street ... Dan Maryama ... Kumbotso ... Kano
Phone-1	NA NA
Phone-2	0708-1427831 mobile
Occupation	pilot[aircraft]
Onset of Symptoms	2015-06-11
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	NA
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.

*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*.

*Symptomatic Person*<sup>3</sup>

<sup>3</sup> Person – 945

Name	Adaze Akabueze
Sex ... Age ... DoB	male ... 20 ... 1995-04-19
Marital State	widowed (not living common law)
Home Address	Salawe Lane ... Baburawa ... Kumbotso ... Kano
Phone-1	NA NA
Phone-2	NA NA
Occupation	astronomer
Onset of Symptoms	2015-06-15
Date of Death	NA
Fever ... Temp.	yes ... 38.5
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
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 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*.

*Symptomatic Person*<sup>4</sup>

<sup>4</sup> Person – 968

Name	Nadoca Lagelu
Sex ... Age ... DoB	female ... 57 ... NA
Has ...	Ibironke Adeniyi ... female ... 12 ... 2002-09-12
as ...	Co-Traveller
Marital State	NA
Home Address	West Road 6 ... Layin Yahya Lalloki ... Kumbotso ... Kano
Phone-1	+234-818-5283445 mobile
Phone-2	0703-1128577 mobile
Occupation	bank clerk for commercial credit
Onset of Symptoms	2015-06-16
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	NA

*Symptomatic Person*<sup>5</sup>

<sup>5</sup> Person – 1117

Name	Monijesu Brigidi
Sex ... Age ... DoB	female ... NA ... 1966-11-18
Has ...	Adeyinka Oliha ... female ... 13 ... 2001-12-09
as ...	Colleague
Marital State	living common law
Home Address	Ideani Street ... Gyadi-Gyadin Kudu ... Kumbotso ... Kano
Phone-1	NA mobile
Phone-2	NA landline
Occupation	NA

Onset of Symptoms	2015-06-16
Date of Death	NA
Fever ... Temp.	no ... NA
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
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 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.

*Case of death*<sup>6</sup>

<sup>6</sup> Person – 945

Name	Adaze Akabueze
Sex ... DoB ... Age	male ... 20 ... 1995-04-19
Date of Death	2015-06-17

*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.

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

<sup>7</sup> Person – 1054

Name	Jomiloju Isola
Sex ... DoB ... Age	male ... 44 ... 1970-06-10
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 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 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*.

Symptomatic Person<sup>8</sup>

<sup>8</sup> Person – 997

Name	Efuose Kyari
Sex ... Age ... DoB	female ... NA ... NA
Marital State	single (not living common law)
Home Address	Proda Quarters ... Unguwar Sabo ... Kumbotso ... Kano
Phone-1	+234-813-1024877 mobile
Phone-2	NA NA
Occupation	school pupil
Onset of Symptoms	2015-06-23
Date of Death	NA
Fever ... Temp.	yes ... 39.4
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	NA
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
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 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*.

*Symptomatic Person*<sup>9</sup>

<sup>9</sup> Person – 870

Name	Abieyuwa Ajudua
Sex ... Age ... DoB	female ... 53 ... 1961-09-29
Has ... as ...	Chisom Akume ... female ... 44 ... 1971-05-05 Co-Traveller
Marital State	married (and not separated)
Home Address	Iyare Lane ... Gaida ... Kumbotso ... Kano
Phone-1	+234-809-6271917 mobile
Phone-2	NA NA
Occupation	soldier
Onset of Symptoms	2015-06-24
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
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>10</sup>

<sup>10</sup> Person – 968

Name	Nadoca Lagelu
Sex ... DoB ... Age	female ... 57 ... NA
Date of Death	2015-06-24

*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.

*There are no persons that died today.*

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>11</sup>

<sup>11</sup> Person – 970

Name	Akon Rumfa
Sex ... Age ... DoB	female ... 41 ... 1974-04-17
Marital State	single (not living common law)
Home Address	St Joseph Parish ... Walawai ... Kumbotso ... Kano
Phone-1	064-1077135 landline
Phone-2	NA NA
Occupation	chimney sweep
Onset of Symptoms	2015-06-26
Date of Death	NA
Fever ... Temp.	NA ... 38.2
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	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.

*Case of death*<sup>12</sup>

<sup>12</sup> Person – 870

Name	Abieyuwa Ajudua
Sex ... DoB ... Age	female ... 53 ... 1961-09-29
Date of Death	2015-06-29

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

<sup>13</sup> Person – 970

Name	Akon Rumfa
Sex ... DoB ... Age	female ... 41 ... 1974-04-17
Date of Death	2015-06-29

*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*.

*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 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.

*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*.

Symptomatic Person<sup>14</sup>

<sup>14</sup> Person – 944

Name	Fanique Arinze
Sex ... Age ... DoB	female ... 38 ... 1976-02-08
Marital State	married (and not separated)
Home Address	Akpolo Street ... Gyadi-Gyadin Kudu ... Kumbotso ... Kano
Phone-1	NA mobile
Phone-2	064-9674189 landline
Occupation	NA
Onset of Symptoms	2015-07-06
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	NA
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
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 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.

*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.

*There are no persons that died today.*

*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.

*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*.

*There are no symptomatic persons today.*

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.*