

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
Mrs Efuose Omoko	Baptist Medical Centre	Saki West	HFP-OY-SHK-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*

<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*.

*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*.

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

<sup>2</sup> Person – 4329

Name	Gbolagade Babangida
Sex ... Age ... DoB	male ... 54 ... 1961-04-04
Marital State	married (and not separated)
Home Address	Freetown Street ... Tede ... Saki West ... Oyo
Phone-1	0801-4041760 NA
Phone-2	0805-7752837 NA
Occupation	teacher
Onset of Symptoms	2015-06-12
Date of Death	NA
Fever ... Temp.	yes ... 40.9
Lethargy	yes
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden Death	no

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

<sup>3</sup> Person – 4408

Name	Chimere Edeh
Sex ... Age ... DoB	male ... 45 ... 1970-08-02
Marital State	separated (not living common law)
Home Address	Kabba Road ... Kobo Ile ... Saki West ... Oyo
Phone-1	NA mobile
Phone-2	0809-1670711 NA
Occupation	postal service worker

Onset of Symptoms	2015-06-12
Date of Death	NA
Fever ... Temp.	yes ... 40.8
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	no
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 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.

*Case of death*<sup>4</sup>

<sup>4</sup> Person – 4408

Name	Chimere Edeh
Sex ... DoB ... Age	male ... 45 ... 1970-08-02
Date of Death	2015-06-15

*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.

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

<sup>5</sup> Person – 4329

Name	Gbolagade Babangida
Sex ... DoB ... Age	male ... 54 ... 1961-04-04
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.

*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*.

*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*.

Symptomatic Person<sup>6</sup>

<sup>6</sup> Person – 4256

Name	Chizoba Barka
Sex ... Age ... DoB	female ... 29 ... NA
Marital State	married (and not separated)
Home Address	Adamu Orisha Crescent ... Sabe ... Saki West ... Oyo
Phone-1	0801-3759572 mobile
Phone-2	+234-38-9622702 landline
Occupation	NA
Onset of Symptoms	2015-06-22
Date of Death	NA
Fever ... Temp.	NA ... 40.4
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 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>7</sup>

<sup>7</sup> Person – 4284

Name	Afulenu Arase
Sex ... Age ... DoB	female ... NA ... 1966-04-22
Marital State	NA
Home Address	Olabanji Olajide Street ... Ago Are ... Saki West ... Oyo
Phone-1	0705-3199996 mobile
Phone-2	NA NA
Occupation	specialist in animal husbandry (livestock specialist)
Onset of Symptoms	2015-06-23
Date of Death	NA
Fever ... Temp.	yes ... 40.6
Lethargy	no
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	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>8</sup>

<sup>8</sup> Person – 4505

Name	Ebiwumi Aikhionbare
Sex ... Age ... DoB	female ... 46 ... 1968-07-24
Marital State	married (and not separated)
Home Address	First Erie Ln ... Bwen ... Saki West ... Oyo
Phone-1	NA landline
Phone-2	NA NA
Occupation	teacher
Onset of Symptoms	2015-06-24
Date of Death	NA
Fever ... Temp.	NA ... NA
Lethargy	NA
Muscle Pain	no
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	no
Unexplained Sudden Death	NA

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*.

*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>9</sup>

<sup>9</sup> Person – 4377

Name	Faderera Azikwe
Sex ... Age ... DoB	female ... 25 ... 1989-10-09
Marital State	single (not living common law)
Home Address	Ejim Onyeishi Close ... Budo Ige ... Saki West ... Oyo
Phone-1	+234-703-1794815 mobile
Phone-2	NA NA
Occupation	storekeeper (warehouse keeper)
Onset of Symptoms	2015-06-26
Date of Death	NA
Fever ... Temp.	yes ... 40.6
Lethargy	NA
Muscle Pain	NA
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	no
Anorexia	no
Maculo-papular Rash	no
Unexplained Sudden Death	NA

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

*Case of death*<sup>10</sup>

<sup>10</sup> Person – 4256

Name	Chizoba Barka
Sex ... DoB ... Age	female ... 29 ... NA
Date of Death	2015-06-26

*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>11</sup>

<sup>11</sup> Person – 4505

Name	Ebiwumi Aikhionbare
Sex ... DoB ... Age	female ... 46 ... 1968-07-24
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*.

Symptomatic Person<sup>12</sup>

<sup>12</sup> Person – 4314

Name	Nifemi Chiejine
Sex ... Age ... DoB	male ... NA ... NA
Marital State	divorced (not living common law)
Home Address	Ihedioha Street ... Sabe ... Saki West ... Oyo
Phone-1	038-1562341 landline
Phone-2	NA NA
Occupation	teacher
Onset of Symptoms	2015-07-01
Date of Death	NA
Fever ... Temp.	NA ... 40.1
Lethargy	yes
Muscle Pain	no
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	no
Anorexia	no
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*.

*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*.

*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 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>13</sup>

<sup>13</sup> Person – 4348

Name	Obiora Olofinmoyin
Sex ... Age ... DoB	male ... 52 ... 1963-05-21
Has ... as ...	Afulenu Orakwue ... female ... 20 ... 1995-07-04 Friend
Marital State	married (and not separated)
Home Address	Odenike Lane ... Shabe ... Saki West ... Oyo
Phone-1	0813-2380811 mobile
Phone-2	NA NA
Occupation	NA
Onset of Symptoms	2015-07-07
Date of Death	NA
Fever ... Temp.	yes ... NA
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	NA
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 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*.

*Symptomatic Person*<sup>14</sup>

<sup>14</sup> Person – 4402

Name	Lola Oshaniwa
Sex ... Age ... DoB	female ... 54 ... NA
Has ...	Ebiwumi Aikhionbare ... female ... 46 ... 1968-07-24
as ...	Friend
Marital State	NA
Home Address	Iskalu Lane ... Mejaw ... Saki West ... Oyo
Phone-1	NA NA
Phone-2	0806-8888772 mobile
Occupation	NA
Onset of Symptoms	2015-07-08
Date of Death	NA
Fever ... Temp.	yes ... 39.
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	no
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 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.

*Case of death*<sup>15</sup>

<sup>15</sup> Person – 4348

Name	Obiora Olofinmoyin
Sex ... DoB ... Age	male ... 52 ... 1963-05-21
Date of Death	2015-07-09

*Case of death*<sup>16</sup>

<sup>16</sup> Person – 4402

Name	Lola Oshaniwa
Sex ... DoB ... Age	female ... 54 ... NA
Date of Death	2015-07-09

*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.*