BNI, HPI, HZI, NFELTP, RKI, SAP

# SORMAS-N INJECTS

DAILY DATA FOR EXERCISE DISEASE

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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 Ololade Ogunbanwo Sosan	Kiru CHC	Kiru	HFP-KN-KKU-1

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

# 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 focalperson.

Symptomatic Person<sup>2</sup>

<sup>2</sup> Person – 1321

Name	Ogoma Edoheart		
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 12 \dots NA$		
Has	Anika Brann female 37 1977-12-31		
as	Colleague		
Marital State	single (not living common law)		
Home Address	Thomas Ejele Close Sarkin Noma Mara Kiru Kano		
Phone-1	+234-705-3116605 mobile		
Phone-2	064-3979167 NA		
Occupation	NA		
Onset of Symptoms	2015-06-09		
Date of Death	NA NA		
Fever Temp.	yes $\dots 40$ .		
Lethargy	yes		
Muscle Pain	yes		
Headache	yes		
Stomach Pain	NA		
Diarrhea	no		
Vomiting	no		
Breathing Difficulties	s no		
Difficulty Swallowing	g NA		
Hiccup	no		
Unexplained Bleedin	g no		
Anorexia	NA		

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

no

no

Ther are no persons that died today.

Maculo-papular Rash

Unexplained Sudden Death

#### 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>3</sup>

<sup>3</sup> Person – 1309

Name	Osose Adenowo
Sex Age DoB	female 55 1959-03-11
Marital State	living common law
Home Address	Amacharike Street Dan Soshiya Kiru Kano
Phone-1	064-5341415 landline
Phone-2	NA NA
Occupation	pipe fitter
Onset of Symptoms	2015-06-10
Date of Death	NA NA
Fever $\dots$ Temp.	NA 40.6
Lethargy	yes
Muscle Pain	yes
Headache	NA
Stomach Pain	no
Diarrhea	NA
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	no
Unexplained Bleeding	g NA
Anorexia	NA
Maculo-papular Rash	no
Unexplained Sudden	Death no

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.

Case of  $death^4$ 

Name	Ogoma Edoheart
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $\dots 12 \dots NA$
Date of Death	2015-06-12

4 Person – 1321

#### 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.

There are no symptomatic persons today.

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

#### 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.

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

 $before\ 10\ AM$ 

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 focalperson.

There are no symptomatic persons today.

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

 ${\it Case \ of \ death}^5$ 

Name	Osose Adenowo
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $55 \dots 1959-03-11$
Date of Death	2015-06-17

 $^{5}$  Person -1309

#### 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.

#### $Symptomatic\ Person^{6}$

 $^{6}$  Person - 1215

Name	Adejoke Novia	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $45 1970-03-24$	
Marital State	NA	
Home Address	EBOH STREET Ungwan Kwalo Kiru .	Kano
Phone-1	+234-818-6167819  NA	
Phone-2	NA landline	
Occupation	craft glass etcher	
Onset of Symptoms	2015-06-19	
Date of Death	NA	
Fever Temp.	yesNA	
Lethargy	NA	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	no	
Diarrhea	no	
Vomiting	no	
Breathing Difficulties	no	
Difficulty Swallowing	no	

Difficulty Swallowing no Hiccup no  Unexplained Bleeding NA  Anorexia no Maculo-papular Rash no Unexplained Sudden Death no	Breathing Difficulties	no
Unexplained Bleeding NA  Anorexia no Maculo-papular Rash no	Difficulty Swallowing	no
Anorexia no Maculo-papular Rash no	Hiccup	no
Maculo-papular Rash no	Unexplained Bleeding	NA
• •	Anorexia	no
Unexplained Sudden Death no	Maculo-papular Rash	no
	Unexplained Sudden Death	no

#### Symptomatic Person<sup>7</sup>

 $^{7}$  Person -1399

Name	Makinde Sherif
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	$male \dots NA \dots 1978-02-11$
Marital State	single (not living common law)
Home Address	Nnamdi Azikiwe AvenueBuhariKiruKano
Phone-1	NA NA
Phone-2	0818-4657478 mobile
Occupation	private detective

Onset of Symptoms	2015-06-19
Date of Death	NA
Fever Temp.	NA38.7
Lethargy	yes
Muscle Pain	NA
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
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.

#### 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.

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

<sup>8</sup> Person – 1284

Name	Adesoye Novia	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $NA NA$	
Has	Chisom Boulaye female $55 \dots 1959-12-31$	
as	Co-Traveller	
Marital State	separated (not living common law)	
Home Address	Akwu-Ukwu Street Almajiri Kiru Kano	
Phone-1	NA mobile	
Phone-2	NA NA	
Occupation	rail vehicle mechanic	
Onset of Symptoms	2015-06-23	
Date of Death	NA	
Fever Temp.	yes 38.6	
Lethargy	yes	
Muscle Pain	NA	
Headache	NA	
Stomach Pain	NA	
Diarrhea	NA	
Vomiting	NA	
Breathing Difficulties	s NA	
Difficulty Swallowing	no	

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

no

NA

no

no

NA

Ther are no persons that died today.

Hiccup

Anorexia

Unexplained Bleeding

Maculo-papular Rash

Unexplained Sudden Death

## 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 focalperson.

#### Symptomatic Person<sup>9</sup>

<sup>9</sup> Person – 1328

Name	Chukwunonso Obleajula
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $18 1996-10-08$
Marital State	married (and not separated)
Home Address	Campos Street Kofa Kiru Kano
Phone-1	NA NA
Phone-2	064-7535665 NA
Occupation	student
Occupation	student
Occupation Onset of Symptoms	2015-06-24
Onset of Symptoms	2015-06-24

Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	yesNA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	NA
Anorexia	no
Maculo-papular Rash	NA
Unexplained Sudden Death	no

# $Symptomatic\ Person^{\hbox{\scriptsize $10$}}$

 $^{10}$  Person - 1414

Name	Folaranmi Abdullahi
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $39 1976-02-20$
Marital State	married (and not separated)
Home Address	Aborishade Road Ungwan Tambaya Kiru Kano
Phone-1	+234-64-3955447 landline
Phone-2	NA NA
Occupation	cable car driver

Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	NANA
Lethargy	NA
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.

#### 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.

#### $Symptomatic\ Person^{11}$

<sup>11</sup> Person – 1219

Name	Umahi Barka	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $62  ext{ } 1953-03-20$	
Marital State	single (not living common law)	
Home Address	Supermaster Crescent Ungwan Sha 1 Kiru Kano	
Phone-1	+234-64-4423225 landline	
Phone-2	NA NA	
Occupation	dresser	
Onset of Symptoms	2015-06-25	
Date of Death	NA	
Fever Temp.	yes 38.9	
Lethargy	NA	

Date of Death	NA
Fever Temp.	yes 38.9
Lethargy	NA
Muscle Pain	yes
Headache	no
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
Unexplained Bleeding	no
Anorexia	NA
Maculo-papular Rash	NA
Unexplained Sudden Death	no

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

### Case of $death^{12}$

 $^{12}$  Person -1399

Name Makinde Sherif	
$Sex \dots DoB \dots Age$	male NA 1978-02-11
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.

There are no symptomatic persons today.

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

 $Case\ of\ death^{\hbox{\bf 13}}$ 

Name	Folaranmi Abdullahi	
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 39 1976-02-20	
Date of Death	2015-06-26	

 $^{13}$  Person - 1414

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.

 $Case\ of\ death^{14}$ 

Name	Adesoye Novia
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female NA NA
Date of Death	2015-06-29

 $^{14}$  Person - 1284

 $Day \ 30 - 2015 \text{-} 06 \text{-} 30 - Tue \ 30 \ Jun$ 

 $before\ 10\ AM$ 

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 focalperson.

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.

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  $Hospital\ focal$ person.

There are no symptomatic persons today.

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 focalperson.

 $Symptomatic\ Person^{{\color{blue}15}}$ 

 $^{15}$  Person - 1232

Name	Oluwafunmilayo Obademi	
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female NA 1967-01-28	
Marital State	NA	
Home Address	Enugu Road Tubnrawa Kiru Kano	
Phone-1	NA mobile	
Phone-2	NA NA	
Occupation	power truck driver	
Onset of Symptoms	2015-07-08	
Date of Death	NA	
Fever Temp.	yes 38.7	
Lethargy	yes	
Muscle Pain	yes	
Headache	yes	
Stomach Pain	no	
Diarrhea	NA	
Vomiting	no	
Breathing Difficulties	s NA	
Difficulty Swallowing	no	
Hiccup	no	
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 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.

#### $Symptomatic\ Person^{16}$

 $^{16}$  Person - 1158

Name	Ekpeyoawan Envoh		
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 58 1957-01-01		
Marital State	married (and not separated)		
Home Address	Beckley Estate Road Ungwan Salihu Kiru Kano		
Phone-1	0802-3712326 mobile		
Phone-2	0703-3018261 mobile		
Occupation	sound engineer		
Onset of Symptoms	2015-07-10		
Date of Death	NA		
Fever Temp.	NA 39.2		
Lethargy	yes		
Muscle Pain	yes		
Headache	yes		
Stomach Pain	no		
Diarrhea	NA		
Vomiting	NA		
Breathing Difficulties	no		
Difficulty Swallowing	no		
Hiccup	no		
Unexplained Bleeding	NA		
Anorexia	NA		
Maculo-papular Rash	no		
Unexplained Sudden I	Death NA		

## $Symptomatic\ Person^{17}$

 $^{17}$  Person – 1171

Name	Sochikaima Yobo
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 28 \dots NA$
Marital State	married (and not separated)
Home Address	Aborishade Close Sarkin Noma Mara Kiru Kano
Phone-1	+234-64-2674361 landline
Phone-2	064-1735769 landline
Occupation	nurse

Onset of Symptoms	2015-07-10
Date of Death	NA
Fever Temp.	yesNA
Lethargy	yes
Muscle Pain	yes
Headache	NA
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
Maculo-papular Rash	no

 $2.\,$  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.