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 Loutoyopnica Kanayo	Tattarawa PHC	Dawakin Tofa	HFP-KN-DTF-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 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.

There are no symptomatic persons today.

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

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

 $before\ 10\ AM$

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.

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.

$Symptomatic\ Person^{\color{red}2}$

 2 Person -338

Name	Chimere Lanlehin
$\operatorname{Sex} \ldots \operatorname{Age} \ldots \operatorname{DoB}$	male NA 1971-01-08
Marital State	living common law
Home Address	Oke Awanu Street Dungurawa Dawakin Tofa Kano
Phone-1	NA landline
Phone-2	+234-64-6522520 landline
Occupation	NA
Onset of Symptoms	2015-06-17
Date of Death	NA
Fever Temp.	NANA
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 I	Death no

$Symptomatic\ Person^{3}$

 3 Person -343

Name	Olubowale Trill
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $15 1999-09-11$
Marital State	single (not living common law)
Home Address	Sankore Avenue Daminawa Dawakin Tofa Kano
Phone-1	064-8743577 landline
Phone-2	NA NA
Occupation	apprentice

Onset of Symptoms	2015-06-17
Date of Death	NA
Fever Temp.	yes 38.2
Lethargy	NA
Muscle Pain	NA
Headache	NA
Stomach Pain	NA
Diarrhea	no
Vomiting	no
Breathing Difficulties	no
Difficulty Swallowing	no
Hiccup	NA
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 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 focalperson.

Symptomatic Person⁴

 4 Person – 416

Name	Obioma Igiebor
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 24 1990-08-23
Marital State	living common law
Home Address	Aso Drive Tudun Fulani Dawakin Tofa Kano
Phone-1	0708-7817836 mobile
Phone-2	0708-9792960 mobile
Occupation	NA
Onset of Symptoms	2015-06-18
Date of Death	NA
Fever \dots Temp.	$yes \dots 39.5$
Lethargy	NA
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	no
Vomiting	no
Breathing Difficulties	NA
Difficulty Swallowing	NA
Hiccup	no
Unexplained Bleeding	g no

NA

no

Symptomatic Person⁵

Maculo-papular Rash

Unexplained Sudden Death

Anorexia

 5 Person -434

Name	Kingsley Ajudua
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $37 1977-01-09$
Marital State	widowed (not living common law)
Home Address	Uwhosi-Eku rts Geza Ketere Dawakin Tofa Kano
Phone-1	NA mobile
Phone-2	NA NA
Occupation	craft gilder

Onset of Symptoms	2015-06-18
Date of Death	NA
Fever Temp.	yes 40.4
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	NA
Maculo-papular Rash	no
Unexplained Sudden Death	no

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.

 ${\it Case \ of \ death}^6$

Name Obioma Igiebor $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$ female . . . 24 . . . 1990-08-23 Date of Death 2015-06-22

 6 Person – 416

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.

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Case	~ £	.1.	~+1.(
Case.	OI	a.e.	(I,I,II,

Olubowale Trill Name $Sex \dots DoB \dots Age$ male . . . 15 1999-09-11Date of Death 2015-06-23

Case of death⁸

Name Kingsley Ajudua $\mathrm{Sex}\,\ldots\mathrm{DoB}\,\ldots\mathrm{Age}$ male . . . 37 1977-01-09 Date of Death 2015 - 06 - 23

 7 Person -343

⁸ Person – 434

$Day\ 24 - 2015 - 06 - 24 - Wed\ 24\ Jun$

$before\ 10\ AM$

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 Person⁹

 9 Person -403

Name	Oluwakemi Agbo
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female $\dots 57 \dots NA$
Marital State	single (not living common law)
Home Address	Lucinda Johnson Street Dawa anau Dawakin Tofa Kano
Phone-1	+234-64-4120453 NA
Phone-2	+234-813-8457023 NA
Occupation	draughtsperson (draughtsman or -woman)

Onset of Symptoms	2015-06-24
Date of Death	NA
Fever Temp.	yesNA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	NA
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.

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.

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.

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

 10 Person -323

Name	Ebiwumi Arinze
$Sex \dots Age \dots DoB$	female $58 1956-09-07$
Marital State	divorced (not living common law)
Home Address	Oboh Street Dawakin Tofa Dawakin Tofa Kano
Phone-1	0706-1987867 mobile
Phone-2	0802-7981347 mobile
Occupation	butler
Ot -f Ct	2017 06 26
Onset of Symptoms	2015-06-26
Date of Death	NA NA
Fever \dots Temp.	$NA \dots 38.2$
Lethargy	yes
Muscle Pain	yes
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 I	Death NA

$Symptomatic\ Person^{11}$

 $^{11}\, Person - 506$

Name	Arome Ajiborisha
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	male $28 1986-08-07$
Marital State	NA
Home Address	Black Moore Close Damargu Dawakin Tofa Kano
Phone-1	NA NA
Phone-2	NA NA
Occupation	physician

Onset of Symptoms	2015-06-26
Date of Death	NA
Fever Temp.	noNA
Lethargy	yes
Muscle Pain	yes
Headache	yes
Stomach Pain	no
Diarrhea	NA
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.

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 focalperson.

There are no symptomatic persons today.

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

 $Case\ of\ death^{12}$

Name	Ebiwumi Arinze
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $58 \cdot \cdot 1956-09-07$
Date of Death	2015-06-29

 12 Person -323

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

$before\ 10\ AM$

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 focalperson.

$Symptomatic\ Person^{\hbox{\scriptsize 13}}$

 13 Person – 472

Godwin Elumelu
male NA 1955-07-04
married (and not separated)
Jogunsimi StreetKwaDawakin TofaKano
064-1846081 NA
NA NA
NA
) (

Onset of Symptoms	2015-06-30
Date of Death	NA
Fever Temp.	NA 38.8
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	no
Maculo-papular Rash	no
Unexplained Sudden Death	NA

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

Case of $death^{14}$

 14 Person -403

Name	Oluwakemi Agbo
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	female $\dots 57 \dots NA$
Date of Death	2015-06-30

$Day \ 31 - 2015 - 07 - 01 - \ Wed \ 1 \ Jul$

 $before\ 10\ AM$

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 focalperson.

 $There\ are\ no\ symptomatic\ persons\ today.$

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

Case of $death^{15}$

Name	Arome Ajiborisha
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male 28 1986-08-07
Date of Death	2015-07-02

 15 Person -506

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.

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.

There are no symptomatic persons today.

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

 $Case\ of\ death^{\bf 16}$

Name	Godwin Elumelu
$\mathrm{Sex}\ldots\mathrm{DoB}\ldots\mathrm{Age}$	male NA 1955-07-04
Date of Death	2015-07-07

 16 Person – 472

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.

$Symptomatic\ Person^{17}$

 17 Person -322

Name	Monijesu Akinyemi		
$\mathrm{Sex}\ldots\mathrm{Age}\ldots\mathrm{DoB}$	female 19 1995-10-17		
Marital State	NA		
Home Address	Grace Anjos Drive .	Grace Anjos Drive Yaratu Dawakin Tofa Kano	
Phone-1	+234-703-3163859 n	234-703-3163859 mobile	
Phone-2	+234-705-4122452 n	34-705-4122452 mobile	
Occupation	NA		
Onset of Symptoms	2015-07-08		
Date of Death	NA		
Fever Temp.	yes 39.9		
Lethargy	yes		
Muscle Pain	yes		
Headache	NA		
Stomach Pain	no		
Diarrhea	yes		
Vomiting	NA		
Breathing Difficulties	NA		
Difficulty Swallowing	NA		
Hiccup	yes		
Unexplained Bleeding	no		
Anorexia	no		
Maculo-papular Rash	no		
Unexplained Sudden 1	Death no		

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 $Hospital\ focal$ 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.