



CORESMA - COVID-19-Outbreak Response combining E-health, Serolomics, Modelling, Artificial Intelligence and Implementation Research

WP 1	Enhancing public health preparedness and availability of impactful real time data through digital health surveillance with SORMAS
Deliverable D1.2	Report
Title of Deliverable:	Deliverable D1.2 SORMAS versions adjusted to the setting in Ivory Coast
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D1.2 A SORMAS version which is adjusted to the setting in Côte d'Ivoire

Following the train-the-trainer principle, we trained future SORMAS trainers (including staff of the Ministry of Health of Côte d'Ivoire) in the use of SORMAS until the end of June 2021. During this comprehensive SORMAS presentation in Côte d'Ivoire, which took place in June 2021, the SORMAS features seemed to fit well with the situation so far in Côte d'Ivoire. Therefore, it was jointly decided by the HZI and the Ministry of Health of Côte d'Ivoire that **no further adjustments** to the software were necessary at this stage.

However, the experience of testing SORMAS in other countries has shown that users may express further needs in the ongoing use (further development of the software for Côte d'Ivoire-specific requirements). These minor adjustments/needs are, however, independent of the introduction of SORMAS. The open source software is currently running in Côte d'Ivoire and is generating initial data.

In fact, we had already made some adjustments (funded by other funding sources) in relation to COVID-19 settings in Nigeria and Ghana. These adjustments can also apply to Côte d'Ivoire, as the concept of integrated disease surveillance and response is the basis for the surveillance systems of all three countries. Some of the adaptations include follow-up management and improved visualization of relationships between entities (cases, contacts, vaccination participants, event participants, travelers, returnees, etc.).