

INSTRUCTIONS FOR COMPLETING THE SMALLPOX PREPAREDNESS VACCINATION PROGRAM PROGRESS REPORT

Report is due every **Monday at 12 noon** and should reflect work done up until close of business the previous Friday. Fax report to 304-558-6335 or e-mail it to wvsmallpoxvac@wvdhhr.org

1. **Only one form should be submitted per region**, even if your region has split into sub-regions for the purpose of providing vaccination clinics. Each region should identify a primary and secondary contact responsible for completing and submitting the form.
2. Information from this form is used to compile the state-level weekly report to CDC.
3. Each region has been provided with a form pre-loaded with as much initial information as possible. BPH is aware some of this information is likely to change over time, but needs to be able to track these changes.
4. The forms were provided in both Word and PDF formats and are adapted from the weekly reporting forms provided by CDC.
5. The time-period covered by the weekly report ends at close of business on the Friday prior to the forms due date. For example, the form due on noon on 3/3/03 should report on what occurred through close of business on 2/28/03.
6. Please enter the date of the report on each page. The space for the date appears to the far right at the top of each page, across from the region number.
7. For the section "Public Health Smallpox Response Teams," please
 - a. Enter the total number of persons on the team. This includes both vaccinees and non-vaccinees. Again, it is recognized that these numbers may change from week to week.
 - b. Indicate how many have been pre-screened (i.e., completed the self-screening instrument). THESE NUMBERS SHOULD BE CUMMULATIVE (i.e., from the start of your vaccination program).
 - c. Indicate how many have been vaccinated. THESE NUMBERS SHOULD BE CUMMULATIVE.
 - d. Indicate how many takes have been recorded. THESE NUMBERS SHOULD BE CUMMULATIVE.
8. The regional contact responsible for completing the form may wish provide local health departments in the region with a mechanism for reporting the needed information, such as a faxed or e-mailed reminder. A sample fax is provided at the end of this section.
9. For the initial part of the section "Hospital Smallpox Response Teams," regions are asked to provide summary information. BPH recognizes that this may change from

week to week. Across the state, some hospitals that originally agreed to participate have subsequently refused, undecided hospitals have made decisions (some agreeing and some refusing to participate) and at least one hospital that originally declined has now agreed to participate. BPH needs the requested information in order to track these changes. For this section:

- a. The total number of hospitals in your region (excluding behavioral health and rehabilitation facilities) has been pre-loaded.
- b. Enter the number of participating hospitals (i.e., the number with which you have an agreement to participate).
- c. Enter the number of non-participating hospitals (i.e., the number that have refused to participate) .
- d. Enter the number of undecided hospitals (i.e., the number still discussing the issue, etc.)

10. For the section “Hospital Smallpox Response Teams,” table “Participating Hospital Information,” the following information has been pre-loaded

- a. The names of all hospitals (except behavioral health and rehabilitation facilities) in your region, including those that either declined to participate at the time the plan was submitted and those that were uncertain or unaccounted for at the time the plan was submitted. Statewide, it appears as though hospital administrations are changing decisions about participation, and this allows tracking of those changes.
- b. Zip code
- c. County
- d. Number of licensed beds (may be greater than the number of operating beds)
- e. Number of staff on the team (this is the number of persons listed on the hospital team in the plans submitted to DSDC). As with the public health teams, the number on the hospital teams is the total number – both vaccinees and non-vaccinees. However, THE NUMBER ON THE TEAM IS LIKELY TO CHANGE. As it does, please enter the new value.

11. You may wish to provide hospitals with a mechanism for reporting the hospital-specific information to you. For example, on Friday mornings the person responsible for completing the weekly reporting form may wish to e-mail, phone or fax a reminder to each designated hospital contact. A sample fax is provided at the end of these instructions. Hospital-specific information includes:

- a. The total number of persons on the team. This includes both vaccinees and non-vaccinees. Again, it is recognized that these numbers may change from week to week.
- b. The number of persons who have been pre-screened (i.e., completed the self-screening instrument). THESE NUMBERS SHOULD BE CUMMULATIVE (i.e., from the start of your vaccination program).

- c. The number of persons who have been vaccinated. THESE NUMBERS SHOULD BE CUMMULATIVE.
- d. The number of positive takes that have been recorded. THESE NUMBERS SHOULD BE CUMMULATIVE.

12. For the "Activities" section, please indicate whether your region has participated in any activities in the preceding week intended to:

- a. Enhance community awareness
- b. Enhance clinician education
- c. Improve rash surveillance
- d. Further develop capacities to respond to smallpox event

13. If your region has participated in any such activities, please provide a brief description such as:

- Conducted regional clinic
- Linked six hospital-assigned physicians with CDC training module
- Replied to request from community physician regarding rash surveillance
- Provided display on smallpox preparedness for use in public library

14. For the section "Future Vaccinations," indicate the number of vaccinations you expect to give:

- a. "This week" meaning the week starting on the day the report is due
- b. "Next week"

15. For the "Contact" section, identify and provide complete contact information for the primary and secondary contact for completion of this form. This need only be submitted on 3/3/03 and subsequently only if there are changes.

**SAMPLE FAX:
INFORMATION REQUEST FOR LOCAL HEALTH DEPARTMENT**

Date: *Likely the Friday before report is due*

To: *LHD Colleague*

Fax Number: _____

From: *LHD Staff Completing the Report*

Comments: Please complete and return by ****/**/****** at time ******. All counts (except number on team) should be cumulative and reflect the totals at close of business on ****/**/******. Please fax replies to the attention of *LHD Staff* at ***** ***_******.

County name: Name of County

Number on team (vaccines and non-vaccinees): _____

Number pre-screened: _____

Number scheduled for vaccination: _____

Number vaccinated: _____

Number of positive takes: _____

THANK YOU

**SAMPLE FAX:
INFORMATION REQUEST FOR HOSPITAL**

Date: *Likely the Friday before report is due*

To: *Hospital Colleague*

Fax Number: _____

From: *LHD Staff Completing the Report*

Comments: Please complete and return by ****/**/****** at time ******. All counts (except number on team) should be cumulative and reflect the totals at close of business on ****/**/******. Please fax replies to the attention of *LHD Staff* at ***** ***_******.

Hospital name: Name of Hospital

Number on team (vaccines and non-vaccinees): _____

Number pre-screened: _____

Number vaccinated: _____

Number of positive takes: _____

THANK YOU