

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

Region I

Date of Report _____

Public Health Smallpox Response Teams:

Team	# of Team Members	# Pre-screened	# Vaccinated	# of Positive Takes
Greenbrier				
McDowell				
Mercer				
Monroe				
Raleigh				
Summers				
Wyoming				

Region I

Date of Report _____

Hospital Smallpox Response Teams:

Hospital Participation Information for BT grant area of responsibility

Total number of acute care hospitals _____ 10 _____ Number of non-participating hospitals _____

Number of participating hospitals _____ Number of undecided hospitals _____

Participating Hospital Information:

Name of Hospital	Zip	County	# Beds	Number of Staff			
				On Team	Pre-Screened	Vaccinated	Positive Takes
Greenbrier Valley Medical Center	24970	Greenbrier	122	0			
Welch Emergency Hospital	24801	McDowell	124	3			
Bluefield Regional Medical Center	24701	Mercer	265	5			
Princeton Community Hospital	24740	Mercer	211	1			
St. Luke's Hospital	24740	Mercer	79	11			
Grant Memorial Hospital	26847	Monroe	61	16			
Beckley Appalachian Regional Hospital	25801	Raleigh	173	58			
Raleigh General Hospital	25801	Raleigh	369	66			
VAMC – Beckley	25801	Raleigh	90	11			
Summers County Hospital	25951	Summers	64	52			

Region I

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Activities: Please indicate (by circling, highlighting or otherwise marking) the activities in which your region has participated in the past week and briefly describe what was done:

Activity	Done in past week?		Briefly describe what was done
Enhanced community awareness	Yes	No	
Enhanced clinician education	Yes	No	
Improved rash surveillance	Yes	No	
Further developed capacities to respond to smallpox event	Yes	No	

Region I

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Future Vaccinations:

Data for the fields should encompass the estimated total numbers of candidates for both Public Health Response Teams and Hospital Response Teams that are expected to be vaccinated.

Next week _____

Week after next (do not include the above figure) _____

Contacts: Complete this for report filed 3/3/03; transmit again only if there are changes

Primary contact responsible for weekly reporting

Name:	
Title:	
Address:	
Telephone:	
Fax:	
E-mail:	

Secondary contact responsible for weekly reporting

Name:	
Title:	
Address:	
Telephone:	
Fax:	
E-mail:	