

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 II

Date of Report _____

Public Health Smallpox Response Teams:

Team	# of Team Members	# Pre-screened	# Vaccinated	# of Positive Takes
Cabell				
Lincoln				
Logan				
Mason				
Mingo				
Wayne				

Region **II**

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
Cabell-Huntington	25701	Cabell	367				
St. Mary's	25701	Cabell	440				
Guyan Valley	25601	Logan	19				
Logan General	25601	Logan	132				
Pleasant Valley	25550	Mason	201				
Williamson Memorial	25661	Mingo	76				

Region **II**

Date of Report _____

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 II

Date of Report _____

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) _____

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:	