

# 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](mailto:wvsmallpoxvac@wvdhhr.org)

Region III

Date of Report \_\_\_\_\_

## Public Health Smallpox Response Teams:

Team	# of Team Members	# Pre-screened	# Vaccinated	# of Positive Takes
Boone				
Clay				
Fayette				
Kanawha				
Nicholas				
Pocahontas				
Putnam				
Webster				

Region **III**

Date of Report \_\_\_\_\_

**Hospital Smallpox Response Teams:**

**Hospital Participation Information for BT grant area of responsibility**

Total number of acute care hospitals 11 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
Boone Memorial Hospital	25130	Boone	36	20			
Montgomery General Hospital	25136	Fayette	55	0			
Plateau Medical Center	25901	Fayette	79	0			
Charleston Area Medical Center (all three facilities combined)	25302, 25304, 25325	Kanawha	963	20			
St. Francis Hospital	25301	Kanawha	200	50			
Thomas Memorial Hospital	25309	Kanawha	261	50			
Richwood Area Community Hospital	26261	Nicholas	25	0			
Summersville Memorial	26651	Nicholas	57	0			
Pocahontas Memorial	24924	Pocahontas	27	0			
Putnam General Hospital	25526	Putnam	68	23			
Webster County Memorial Hospital	26288	Webster	15	0			

Region III

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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 III

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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) \_\_\_\_\_

**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:	