

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 **IV**

Date of Report _____

Public Health Smallpox Response Teams:

Team	# of Team Members	# Pre-screened	# Vaccinated	# of Positive Takes
Calhoun				
Jackson				
Pleasants				
Ritchie				
Roane				
Wirt				
Wood				
Calhoun				

Region **IV**

Date of Report _____

Hospital Smallpox Response Teams:

Hospital Participation Information for BT grant area of responsibility

Total number of acute care hospitals _____ 5 _____ 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
Minnie Hamilton Healthcare Center	26147	Calhoun	43	?			
Jackson General Hospital		Jackson	82	0			
Roane General Hospital	25276	Roane	60	?			
Camden Clark Memorial Hospital	26101	Wood	343	?			
St. Joseph's Hospital	26101	Wood	343	87			

Region IV

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 **IV**

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:	