

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 **V**

Date of Report _____

Public Health Smallpox Response Teams:

Team	# of Team Members	# Pre-screened	# Vaccinated	# of Positive Takes
Barbour				
Braxton				
Doddridge				
Gilmer				
Harrison				
Lewis				
Marion				
Monongalia				
Preston				
Randolph				
Taylor				
Tucker				
Upshur				
Barbour				

Region **V**

Date of Report _____

Hospital Smallpox Response Teams:

Hospital Participation Information for BT grant area of responsibility

Total number of acute care hospitals 12 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
Broaddus Hospital	26416	Barbour	72	?			
Braxton County Memorial Hospital	26624	Braxton	25	45			
United Hospital Center	26301	Harrison	375	121			
VAMC – Clarksburg	26301	Harrison	143	?			
Stonewall Jackson Memorial Hospital	26452	Lewis	70	?			
Fairmont General Hospital	26554	Marion	268	2			
Monongalia General Hospital	26505	Monongalia	207	0			
WV University Hospitals	26506	Monongalia	450	111			
Preston Memorial Hospital	26537	Preston	76	23			
Davis Memorial Hospital	26241	Randolph	115	73			
Grafton City Hospital	26354	Taylor	102	?			
St. Joseph's Buckhannon	26201	Upshur	79	0			

Region **V**

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 **V**

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:	