

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 VI

Date of Report _____

Public Health Smallpox Response Teams:

Team	# of Team Members	# Pre-screened	# Vaccinated	# of Positive Takes
Berkeley				
Grant				
Hampshire				
Hardy				
Jefferson				
Mineral				
Morgan				
Pendleton				
Berkeley				

Region VI

Date of Report _____

Hospital Smallpox Response Teams:

Hospital Participation Information for BT grant area of responsibility

Total number of acute care hospitals _____ 6 _____ 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
City Hospital	25401	Berkeley	260	20			
VAMC – Martinsburg	25401	Berkeley	99	7			
Grant Memorial	26847	Grant	61				
Jefferson Memorial Hospital	25438	Jefferson	114	9			
Hampshire Memorial Hospital	26757	Mineral	47	12			
Potomac Valley Hospital	26726	Mineral	63	1			
War Memorial Hospital	25411	Morgan	41	2			

Region VI

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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 VI

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:	