

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 **VII**

Date of Report _____

Public Health Smallpox Response Teams:

Team	# of Team Members	# Pre-screened	# Vaccinated	# of Positive Takes
Brooke				
Hancock				
Marshall				
Ohio				
Tyler				
Wetzel				
Brooke				

Region **VII**

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
Weirton Medical Center	26062	Hancock	238	25			
Reynolds Memorial Hospital	26038	Marshall	243	43			
Ohio Valley Medical Center	26003	Ohio	453	85			
Wheeling Hospital	26003	Ohio	277	25			
Sistersville General Hospital	26175	Tyler	12	?			
Wetzel County Hospital	26155	Wetzel	68	4			

Region VII

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 VII

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:	