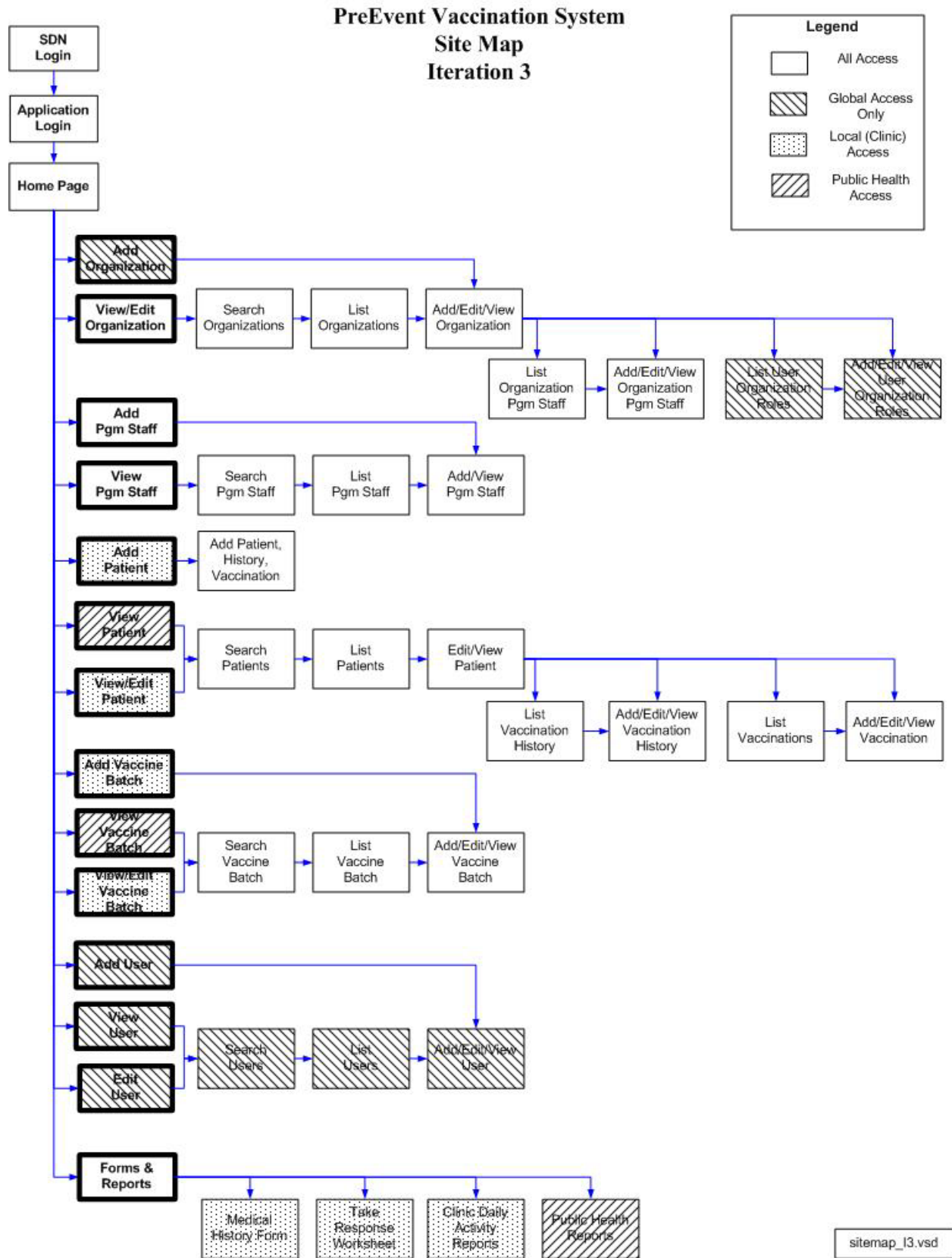


Local Administrator User's Guide Appendices

PART 7



PVS Site Map



List of PVS Occupations

As of 2/20/2003

| Dept. of Labor Occupation Code | Occupation Description |
|---|---|
| 31-1011 | Aides - Home Health |
| 31-1012 | Aides - Nursing Aides, Orderlies, and Attendants |
| 31-2012 | Aides - Occupational Therapist |
| 31-9095 | Aides - Pharmacy |
| 31-2022 | Aides - Physical Therapist |
| 31-1013 | Aides - Psychiatric |
| 31-9091 | Assistants - Dental |
| 31-9092 | Assistants - Medical |
| 31-2011 | Assistants - Occupational Therapist |
| 31-2021 | Assistants - Physical Therapist |
| 29-1071 | Assistants - Physician |
| 29-1011 | Chiropractors |
| 29-2021 | Dental Hygienists |
| 29-1021 | Dentists - General |
| 29-1022 | Dentists - Oral and Maxillofacial Surgeons |
| 29-1023 | Dentists - Orthodontists |
| 29-1029 | Dentists - Other |
| 29-1024 | Dentists - Prosthodontists |
| 29-1031 | Dietitians and Nutritionists |
| 29-2041 | Emergency Medical Technicians and Paramedics |
| 19-1041 | Epidemiologist |
| 33-2011 | Fire Fighter |
| 33-1021 | Fire Fighter - Manager |
| 33-2022 | Fire Inspector - Forest |
| 33-2021 | Fire Inspectors and Investigators |
| 29-1199 | Health Diagnosing and Treating Practitioners, All Other |
| P-004 | Infectious Control Professionals |
| P-001 | Infectious Disease Specialist |
| 33-3011 | Law Enforcement - Bailiffs |
| 33-3012 | Law Enforcement - Correctional Officer |
| 33-3021 | Law Enforcement - Detectives and Criminal Investigators |
| 33-1011 | Law Enforcement - Manager Correction Officer |
| 33-1012 | Law Enforcement - Manager Police and Detectives |
| 33-3051 | Law Enforcement - Police and Sheriff's Patrol Officers |
| 33-9032 | Law Enforcement - Security Guards |
| 33-3052 | Law Enforcement - Transit and Railroad Police |
| 29-2012 | Medical and Clinical Laboratory Technicians |
| 29-2011 | Medical and Clinical Laboratory Technologists |
| P-002 | Medical Consultant |
| 31-9093 | Medical Equipment Preparers |
| 31-9094 | Medical Transcriptionists |

| | |
|---------|---|
| 29-9091 | Miscellaneous - Athletic Trainers |
| 29-9090 | Miscellaneous - Health Practitioners and Technical Workers |
| 29-9099 | Miscellaneous - Healthcare Practitioners and Technical Workers, All Other |
| 29-2061 | Nurse - Licensed Practical and Licensed Vocational Nurses |
| 29-1111 | Nurse - Registered |
| 29-9011 | Occupational Health and Safety Specialists |
| 29-1041 | Optometrists |
| 31-9099 | Other Healthcare Support Workers |
| P-003 | Pathologists |
| 29-1051 | Pharmacists |
| 29-1061 | Physician - Anesthesiologists |
| 29-1062 | Physician - Family and General Practitioners |
| 29-1064 | Physician - Obstetricians and Gynecologists |
| 29-1065 | Physician - Pediatricians |
| 29-1066 | Physician - Psychiatrists |
| 29-1067 | Physician - Surgeons |
| 29-1063 | Physician/Surgeon - Internists, General |
| 29-1069 | Physicians and Surgeons, All Other |
| 29-1081 | Podiatrists |
| 33-1099 | Protective Services - Manger, Other |
| 33-9099 | Protective Services - Other |
| P-006 | Public Health Advisor |
| 29-2051 | Technician - Dietetic |
| 29-2071 | Technician - Medical Records and Health Information |
| 29-2052 | Technician - Pharmacy |
| 29-2053 | Technician - Psychiatric |
| 29-2054 | Technician - Respiratory Therapy |
| 29-2055 | Technician - Surgical Technologists |
| 29-9012 | Technicians - Occupational Health and Safety |
| 29-2031 | Technologist/Technician - Cardiovascular |
| 29-2032 | Technologist/Technician - Diagnostic Medical Sonographers |
| 29-2033 | Technologist/Technician - Nuclear Medicine |
| 29-2034 | Technologist/Technician - Radiologic |
| 29-2091 | Technologist/Technicians - Orthotists and Prosthetists |
| 29-2099 | Technologist/Technicians - Other |
| 29-1129 | Therapists - All Other |
| 29-1121 | Therapists - Audiologists |
| 31-9011 | Therapists - Massage Therapists |
| 29-1122 | Therapists -Occupational Therapists |
| 29-1123 | Therapists -Physical Therapists |
| 29-1124 | Therapists -Radiation Therapists |
| 29-1125 | Therapists -Recreational Therapists |
| 29-1126 | Therapists -Respiratory Therapists |
| 29-1127 | Therapists -Speech-Language Pathologists |

Patient Medical History form and the PVS Application

There are some differences between the Patient Medical History form (PMHF) available from the CDC Bioterrorism Smallpox website the PVS application data entry forms. Listed below is a suggested method to use the forms in the clinic and how to enter the information found on the PMHF in the PVS application.

How to Use the PMHF in the Clinic Flow

- Print the Medical History & Consent Form from annex 3 of the State Guidance document or the CDC Bioterrorism Smallpox website (refer to the resources appendix).
- At the beginning of the day, once the batch has been created, generate the Medical History Form attachment from the PVS application. The attachment includes the clinic contact information and vaccine batch information found on page three of the Patient Medical History Form.
- The attachment should be copied and held by the vaccinators. After the vaccination has been administered, one copy of the PMHF attachment should be attached to the patient's package.
- If you are not using PVS, the clinic contact and batch information can be manually entered on page three of the PMHF before copies of the form are made for each batch.

PMHF versus the PVS Data Entry Forms

- Name of form printed from the CDC website is Patient Medical History & Consent Form. In PVS the attachment is called the Patient Medical History & Consent Form Attachment.
- On the form "Employer" is listed, but PVS does not require the information, so it can be bypassed during data entry.
- The PMHF question "May we contact you later to ask about your vaccination experience?" should be recorded in the "Consent to Survey" field in PVS. In the next PVS version, this field will be updated to more closely match the question on the form.
- The question "Consent to Photograph" is in the PVS application, but not on the PMHF. It should be left blank in PVS.
- In the Previous Vaccination History section the Take Response options on the form are fewer than in PVS, but adequate and more in alignment with what the patient will know.
- In the Previous Vaccination History section:
 - The vaccination history option is "no I was never vaccinated" or "I don't know". In PVS the response should be entered as "Never".
 - The Take Response option "did you have any bad reactions to the vaccine", should be entered in PVS as "Adverse Events". There is no place in PVS to describe the adverse events. If a yes is entered on the form, then the adverse events should be recorded in VAERS.
- The form collects information about the inoculation site, but it is not tracked in PVS. It should be bypassed during data entry in PVS.
- On the form, vaccination adverse events are removed and refer you to VAERS. All adverse events should be entered in VAERS even though there is a text box in PVS.

Sample Patient Medical History Form and Consent

Available at: <http://www.bt.cdc.gov/agent/smallpox/vaccination/infopacket.asp>

Patient Medical History and Consent Form

For Administrative Use Only:

Initial Vaccination:

Revaccination: (Initial Patient Vaccination Number (PVN) _____)

Date: ___/___/___ (mm/dd/yyyy)

For Administrative Use Only: Place Patient Vaccination Number (PVN) Sticker here

Please fill out sections A, B, and D of this form. Please use ink and print.

SECTION A: PATIENT DEMOGRAPHIC INFORMATION

(To be filled out by the patient. Please use ink and print)

Title: _____ First Name: _____ Middle Name _____

(Mr., Ms., Mrs., Dr., etc.)

Last Name: _____ Suffix (Jr. Sr., M.D., etc.): _____

SSN: ___ - ___ - ___ Date of Birth: ___/___/___ (mm/dd/yyyy)

Gender: Male Female

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

County _____

Contact Information:

Home Phone: (____) ____ - ____ Work: (____) ____ - ____ ext. ____

Cell Phone: (____) ____ - ____ Fax: (____) ____ - ____

E-Mail Address: _____

Occupation: _____ Employer _____

Employer's Address _____

Ethnicity/Race: Hispanic or Latino Asian African American Hawaiian American Indian or Alaskan White

May we contact you in the future to discuss your vaccination experience? Yes No

SECTION B: VACCINATION AND MEDICAL HISTORY

(To be filled out by the patient. Please use ink and print)

Vaccination History

Did you ever receive the smallpox vaccine? Use the most recent date if you were vaccinated more than once.

I have documentation that I was vaccinated on this date: ___/___/___ (mm/dd/yyyy)

I recall that I was vaccinated on this date, but I don't have documentation: ___/___/___ (mm/dd/yyyy)

I was vaccinated in childhood, but I don't know the date.

No, I was never vaccinated or I don't know.

Do you have a vaccination scar? Yes No or Don't Know

Did you have any bad reactions to the vaccine (adverse events)? Yes No or Don't know

If yes, please describe the reaction _____

Date: __/__/__ (mm/dd/yyyy)

Patient Name: _____ PVN: _____

Medical History

Have you received chickenpox (varicella) vaccination in the last month? Yes No

Are you currently taking medication? Yes No

If yes, please list medications: _____

Are you sick today? Yes No

If yes, please describe your illness (you may need to wait to be vaccinated until you get better) _____

Do **YOU** have any of the following conditions? Yes No

1. Conditions that weaken the immune system such as HIV/AIDS, leukemia, lymphoma, or most other cancers, organ transplant, or agammaglobulinemia.
2. A severe autoimmune disease such as systemic lupus erythematosus (SLE) that may significantly suppress the immune system.
3. Currently taking, or have recently been treated with, immunosuppressive drugs like oral steroids (e.g. prednisone), some drugs for autoimmune disease, or drugs taken after an organ transplant.
4. Taking cancer treatment with drugs or radiation or have taken such treatment in the past three months.
5. Eczema or atopic dermatitis or a history of these conditions, even in childhood or infancy.
6. Other skin conditions that cause breaks in the skin such as an allergic rash, severe burn, impetigo, chickenpox, shingles, or severe acne.
7. Currently being treated with steroid eye drops.
8. Currently pregnant, breastfeeding, or planning to become pregnant in the next month.
9. Ever had a life-threatening allergic reaction to antibiotics polymixin B, streptomycin, chlortetracycline, neomycin or a previous dose of smallpox vaccine.

IF YOU ANSWERED YES, YOU SHOULD NOT GET THE VACCINE AT THIS TIME.

Do any of your **HOUSEHOLD MEMBERS OR CLOSE PHYSICAL CONTACTS** have any of the following conditions? Yes No

(Close contacts include anyone living in your household and anyone you have close physical contact with, such as a sex partner. They do not include friends or co-workers.)

1. Conditions that weaken the immune system such as HIV/AIDS, leukemia, lymphoma, or most other cancers, organ transplant, or agammaglobulinemia.
2. A severe autoimmune disease such as systemic lupus erythematosus (SLE) that may significantly suppress the immune system.
3. Currently taking, or have recently been treated with, immunosuppressive drugs like oral steroids (e.g. prednisone), some drugs for autoimmune disease, or drugs taken after an organ transplant.
4. Taking cancer treatment with drugs or radiation or have taken such treatment in the past three months.
5. Eczema or atopic dermatitis or a history of these conditions, even in childhood or infancy.
6. Other skin conditions that cause breaks in the skin such as an allergic rash, severe burn, impetigo, chickenpox, shingles, or severe acne.
7. Currently pregnant or planning to become pregnant in the next month

IF YOU ANSWERED YES, YOU SHOULD NOT GET THE VACCINE AT THIS TIME.

| |
|---|
| <p><i>Screener comments/notes for clarification (for administrative use only)</i> _____</p> <p>_____</p> <p>_____</p> |
|---|

SECTION C: CURRENT VACCINATION INFORMATION AND TAKE EVALUATION

(This section will be filled in by clinic staff)

Date: ___/___/___ (mm/dd/yyyy)

Patient Name: _____ PVN: _____

DISPOSITION

| | |
|---|--|
| <input type="checkbox"/> Referred for Vaccination | <input type="checkbox"/> Deferred due to medical contraindications |
| <input type="checkbox"/> Vaccination refused | |

Clinic personnel should pre-enter or attach this information before printing and copying the form.

| Vaccination Clinic Information | Vaccine Batch Information | | |
|--------------------------------|---------------------------|---------------------------|-------|
| Name: _____ | Vaccine Type: _____ | Batch #: | _____ |
| Contact: _____ | Program: _____ | Batch Date: | _____ |
| Phone: _____ | Dilution Strength: _____ | | |
| Fax: _____ | Vaccine Lot#: | Diluent Lot #: | _____ |
| Address: _____ | Vaccine Lot Manufacturer: | Diluent Lot Manufacturer: | _____ |

| |
|--|
| Referring Organization _____ Address _____ Date of Vaccination: ___/___/___ Arm inoculated: <input type="checkbox"/> Left <input type="checkbox"/> Right Vaccine Administered by: _____ (please enter first name, last name, and professional suffix (M.D., R.N., etc)) |
|--|

Take Response

If take response evaluation is going to be conducted at another clinic site, please copy this page and send it to that location.

| | |
|---|--|
| Take Response Clinic: Name _____ Address _____ Take Response Exam performed by: _____ (please enter first name, last name, and professional suffix (M.D., R.N., etc)) | Exam Date: ___/___/___ <input type="checkbox"/> Major <input type="checkbox"/> Equivocal <input type="checkbox"/> No Take |
| Additional Comments | |

Adverse Events should be recorded in VAERS

**SECTION D: CONSENT SIGNATURE
(TO BE RETAINED BY THE VACCINATION CLINIC)**

Date: ___/___/___ (mm/dd/yyyy)

Patient Name: _____ PVN: _____

I have:

- Received, read and understand the Smallpox Pre-Vaccination Information Package, including 1) the Vaccine Information Statement (VIS), 2) the VIS supplements (A-E) on reactions after smallpox vaccination, vaccination site appearance and care, skin conditions, weakened immune system, pregnancy and breastfeeding, and 3) the pre-event screening worksheet;
- Considered my own health status as well as the health status of my household members and close physical contacts;
- Had the opportunity to discuss my medical concerns with my healthcare provider or a health care provider at the vaccination clinic;
- Had the opportunity to obtain a referral to seek confidential laboratory testing for medical conditions that may increase my risk for adverse reactions from the vaccine;
- Responded to the questions above to the best of my ability.

I understand the decision to be vaccinated is voluntary and agree to proceed with smallpox vaccination.

Patient Signature Date

Medical Screener Date

Privacy Act Statement

The information requested on this form, including the Social Security Number (SSN), is collected under the authority of Section 311 of the Public Health Service Act (42 U.S.C. 243), the NCVIA (42 U.S.C. 300aa-2(a)), and Section 304 of the Homeland Security Act of 2002 (Pub. L. No. 107-296). The information will be used in the analysis and follow-up of significant events associated with smallpox vaccination and to assure availability of smallpox response teams. The SSN is being collected for identity verification purposes. Furnishing the requested information, including SSN, is voluntary; however, with more complete information, public health objectives, such as adequate monitoring and follow-up of potential adverse events, are more readily achievable. Identifiable information may be shared with authorized U.S. Department of Health & Human Services' personnel and public health or cooperating medical authorities.

Patient Medical History Form Attachment

Initial Vaccination:

Revaccination: (Initial PVN: _____)

(Place PVN Sticker here)

Date:

| Vaccination Clinic: | | Vaccine Batch | | | |
|---------------------|--|---------------------------|-----------------------|-----------------------|--|
| Name: | Life Clinic | Vaccine Type: | Smallpox | | |
| Contact: | Ms. Clara Belle Contact | Program: | Responder | Batch #: | 73 |
| Phone: | (404)555-1212 x555 | Dilution Strength: | 1:1 | Batch Date: | Feb 06, 2003 |
| Fax: | (404)555-1234 | Diluent Lot #: | 1468-15A | Vaccine Lot #: | D02250 |
| Address: | 1234 Main Street Suite 411 Atlanta, GA 30345 | Diluent Mfg: | Diluents Dryvax (1:5) | Lot Mfg: | Smallpox Vaccine-Aventis Pasteur |

Take Response Form Worksheet

Take Response Worksheet
Life Clinic
Feb 20, 2003 12:28:19 PM

20 Days Since Vaccination: ***Take Response Exam Overdue***

| Disposition | Patient | Contact | Current Vaccination | Take Response |
|---|---|---------------------------------------|--|--|
| <input type="checkbox"/> Phoned <input type="checkbox"/> Scheduled | Beth Jones Gender : Female DOB : Feb 18, 1966 Occupation : Medical Consultant | Residence: GA H : (678)456-1256 | FVN : FVN000000307 Referred By : Georgia Department of Health Administered By : Virnie The Vaccinator Jm 31, 2003 Clinic : Life Clinic Batch # : 69 | <input type="checkbox"/> Major <input type="checkbox"/> Equivocal <input type="checkbox"/> No Take Date : / / (mm/dd/yyyy) Exam Rtr : _____ Location : _____ (Required if different than vaccination clinic) |
| | Take Response Comments: | | | |
| | Unexplained or Adverse Events | | | |
| <input type="checkbox"/> Phoned <input type="checkbox"/> Scheduled | Peter Thompson Gender : Male DOB : Aug 17, 1965 Occupation : Infectious Disease Specialist | Residence: GA H : (404)432-1876 | FVN : FVN000000306 Referred By : Georgia Department of Health Administered By : Sally Mae Smith, RN, MPH Jm 31, 2003 Clinic : Life Clinic Batch # : 69 | <input type="checkbox"/> Major <input type="checkbox"/> Equivocal <input type="checkbox"/> No Take Date : / / (mm/dd/yyyy) Exam Rtr : _____ Location : _____ (Required if different than vaccination clinic) |
| | Take Response Comments: | | | |
| | Unexplained or Adverse Events | | | |

Page 1

Page 1

Take Response Worksheet
Life Clinic
Feb 20, 2003 12:28:19 PM

8 Days Since Vaccination: ***Take Response Exam Overdue***

| Disposition | Patient | Contact | Current Vaccination | Take Response |
|---|--|--|---|--|
| <input type="checkbox"/> Phoned <input type="checkbox"/> Scheduled | Dr. William C. Aames, Jr. Gender : Male DOB : Aug 12, 1967 Occupation : Medical Consultant | Residence: GA H : (404)555-1345 E : waames@ga.gov | FVN : FVN000000313 Referred By : Fulton County Department of Health Administered By : Sally Mae Smith, RN, MPH Feb 12, 2003 Clinic : Life Clinic Batch # : 70 | <input type="checkbox"/> Major <input type="checkbox"/> Equivocal <input type="checkbox"/> No Take Date : / / (mm/dd/yyyy) Exam Rtr : _____ Location : _____ (Required if different than vaccination clinic) |
| | Take Response Comments: | | | |
| | Unexplained or Adverse Events | | | |
| <input type="checkbox"/> Phoned <input type="checkbox"/> Scheduled | Rob Adams, Jr, MD Gender : Male DOB : Mar 17, 1947 Occupation : Physician - Family and General Practitioner | Residence: GA H : (404)555-1234 | FVN : FVN000000311 Referred By : GA Hospital #1 Administered By : Sally Mae Smith, RN, MPH Feb 12, 2003 Clinic : Life Clinic Batch # : 70 | <input type="checkbox"/> Major <input type="checkbox"/> Equivocal <input type="checkbox"/> No Take Date : / / (mm/dd/yyyy) Exam Rtr : _____ Location : _____ (Required if different than vaccination clinic) |
| | Take Response Comments: | | | |
| | Unexplained or Adverse Events | | | |

Page 2

Page 2

Clinic Daily Vaccine Activity Report

**Clinic Daily Vaccine Activity Report
Life Clinic
Feb 6, 2003 12:00:00 AM**

Clinic: Life Clinic
Contact: Ms. Clara Contact
Telephone: 404-555-1212 x4
Fax: 404-555-1234
Address: 1234 Main Street Suite 411
 Atlanta, GA 30345

Vaccine: Smallpox
Program: Responder
Dilution Strength: 1:1
Diluent Lot #: 1468-15A
Diluent Manufacturer: Diluents Dryvax (1:5)
Batch Date: Feb 06, 2003
Batch #: 72
Vaccine Lot #: 313601
Lot Manufacturer: Smallpox Vaccine-Wyeth

| Patient | Contact | Current Vaccination |
|---|--------------------------------------|---|
| Rob Adams SSN : 123-45-6789 Gender : M DOB : Mar 17, 1947 Ethnicity : Non-Hispanic Race : White, Asian Occupation : Physician - Family and General Practitioners <u>Previous Vaccination :</u> Nov 21, 2000 (Document) Normal,null (childHood) Scar,Normal,null | Residence: GA H : 404-555-1234 | PVN : PVN0000000310 Referred By : GA Hospital #1 123 Any, null Any, GA 30329 Feb 06, 2003 Consent to Photo: Y Consent to Survey: Y Clinic : Life Clinic Batch #: 72 |

Vaccine: Smallpox
Program: Responder
Dilution Strength: 1:1
Diluent Lot #: 1468-15A
Diluent Manufacturer: Diluents Dryvax (1:5)
Batch Date: Feb 06, 2003
Batch #: 73
Vaccine Lot #: D02250
Lot Manufacturer: Smallpox Vaccine-Aventis Pasteur

| Patient | Contact | Current Vaccination |
|--|---|---|
| William Aames SSN : 123-45-6789 Gender : M DOB : Aug 12, 1967 Ethnicity : Non-Hispanic Race : Black or Africa American Occupation : Medical Consultant <u>Previous Vaccination :</u> (childHood) Normal,null Nov 15, 2000 (Document) Normal,null | Residence: GA 30341 H : 404-555-1345 E : waames@ga.gov | PVN : PVN0000000312 Referred By : Fulton County Department of Health 2957 Clairmont Rd, null Atlanta, GA 30050 Feb 06, 2003 Consent to Photo: N Consent to Survey: N Clinic : Life Clinic Batch #: 73 |

Clinic Daily Take Response Activity Report

Clinic Daily Take Response Activity Report
Life Clinic
Feb 12, 2003 12:00:00 AM

Take Location: Life Clinic **Contact:** Ms. Clara Contact
Address: 1234 Main Street Suite 411 **Telephone:** 404-555-1212 x4
 Atlanta, GA 30345 **Fax:** 404-555-1234

| Patient | Contact | Current Vaccination | Vaccine Batch | Who Take Response |
|--|--|---|---|--|
| William Aimee SSN : 123-45-6789 Gender : M DOB : Aug 12, 1967 Ethnicity : Non-Hispanic Race : Black or African American Occupation : Medical Consultant Previous Vaccination : (childhood) Normal, null Nov 15, 2000 (Document) Normal, null | Residence: GA 30341 H : 404-555-1345 E : waimee@gagov | Date : Feb 06, 2003 FVN : FVN0000000312 Referred By : Fulton County Department of Health 2957 Clairmont Rd, null Atlanta, GA 30350 Consent to Photo: N Consent to Survey: N Clinic : Life Clinic Batch # : 73 | Vaccine : Smallpox Batch : 73 Batch Date : Feb 06, 2003 Max # of Doses: 100 Program : Responder Lot Mfg: Smallpox Vaccine-Aventis Pasteur Lot #: D02250 Diluent Mfg: Diluenta Dryvax (1:5) Diluent Lot #: 1468-15A Diluent Strength: 1:1 | Response : No Take Examiner : Tommy Takereader Location : Life Clinic Date : Feb 12, 2003 |
| | | Date : Feb 12, 2003 FVN : FVN0000000313 Referred By : Fulton County Department of Health 2957 Clairmont Rd, null Atlanta, GA 30350 Consent to Photo: N Consent to Survey: N Clinic : Life Clinic Batch # : 70 | Vaccine : Smallpox Batch : 70 Batch Date : Feb 12, 2003 Max # of Doses: 100 Program : Responder Lot Mfg: Smallpox Vaccine-Wyeth Lot #: 317602 Diluent Mfg: Diluenta Dryvax (1:1) Diluent Lot #: 802236A Diluent Strength: 1:1 | |
| Rob Adams SSN : 123-45-6789 Gender : M DOB : Mar 17, 1947 Ethnicity : Non-Hispanic Race : White, Asian Occupation : Physician - Family and General Practitioner Previous Vaccination : Nov 21, 2000 (Document) | Residence: GA H : 404-555-1234 | Date : Feb 06, 2003 FVN : FVN0000000310 Referred By : GA Hospital #1 123 Arty, null Arty, GA 30329 Consent to Photo: Y Consent to Survey: Y Clinic : Life Clinic Batch # : 72 | Vaccine : Smallpox Batch : 72 Batch Date : Feb 06, 2003 Max # of Doses: 100 Program : Responder Lot Mfg: Smallpox Vaccine-Wyeth Lot #: 317601 Diluent Mfg: Diluenta Dryvax (1:5) Diluent Lot #: 1468-15A Diluent Strength: 1:1 | Response : No Take Examiner : Tommy Takereader Location : Life Clinic Date : Feb 12, 2003 |

Clinic Daily Take Response Activity Report
Life Clinic
Feb 12, 2003 12:00:00 AM

| Patient | Contact | Current Vaccination | Vaccine Batch | Who Take Response |
|--|--------------------------------------|---|---|--|
| (childhood) Scar, Normal, null | | Date : Feb 12, 2003 FVN : FVN0000000311 Referred By : GA Hospital #1 123 Arty, null Arty, GA 30329 Consent to Photo: N Consent to Survey: N Clinic : Life Clinic Batch # : 70 | Vaccine : Smallpox Batch : 70 Batch Date : Feb 12, 2003 Max # of Doses: 100 Program : Responder Lot Mfg: Smallpox Vaccine-Wyeth Lot #: 317602 Diluent Mfg: Diluenta Dryvax (1:1) Diluent Lot #: 802236A Diluent Strength: 1:1 | |
| Sandra Jackson SSN : . . . Gender : F DOB : Jul 17, 1955 Ethnicity : Non-Hispanic Race : Asian Occupation : Medical Consultant Previous Vaccination : Apr 15, 1967 (Document) Normal, null | Residence: GA H : 478-345-7654 | Date : Jan 31, 2003 FVN : FVN0000000304 Referred By : Georgia Department of Health 4444 Peachtree Road, null Atlanta, GA 30001 Consent to Photo: N Consent to Survey: N Clinic : Life Clinic Batch # : 69 | Vaccine : Smallpox Batch : 69 Batch Date : Jan 31, 2003 Max # of Doses: 100 Program : Responder Lot Mfg: Smallpox Vaccine-Aventis Pasteur Lot #: D02251 Diluent Mfg: Diluenta Dryvax (1:5) Diluent Lot #: 1468-15A Diluent Strength: 1:1 | Response : No Take Examiner : Tommy Takereader Location : Life Clinic Date : Feb 06, 2003 |
| | | Date : Feb 06, 2003 FVN : FVN0000000305 Referred By : Georgia Department of Health 4444 Peachtree Road, null Atlanta, GA 30001 Consent to Photo: N Consent to Survey: N Clinic : Life Clinic Batch # : 71 | Vaccine : Smallpox Batch : 71 Batch Date : Feb 06, 2003 Max # of Doses: 100 Program : Responder Lot Mfg: Smallpox Vaccine-Aventis Pasteur Lot #: D02245 Diluent Mfg: Diluenta Dryvax (1:5) Diluent Lot #: 1468-1B Diluent Strength: 1:1 | Response : Major Examiner : Tommy Takereader Location : Life Clinic Date : Feb 12, 2003 |

Clinic Vaccination Summary Report

Clinic Vaccination Summary Report
Life Clinic
Feb 12, 2003 12:00:00 AM

Clinic: Life Clinic
 Contact: Ms. Clara Contact
 Telephone: 404-555-1212 x4
 Fax: 404-555-1234
 Address: 1234 Main Street Suite 411
 Atlanta, GA, 30345

Vaccine Batch Summary

| Batch # | Batch Date | Max # Doses Last | # Vaccinated | | Take Response In Report Date | | | | Take Response Cumulative Totals | | | |
|---------|--------------|------------------|-------------------------|-------|------------------------------|-----------|--------|-------|---------------------------------|-----------|--------|-------|
| | | | Vaccination Report Date | Total | Major | Equivocal | NoTake | Total | Major | Equivocal | NoTake | Total |
| 69 | Jan 31, 2003 | 100 | Jan 31, 2003 | 6 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 4 |
| 71 | Feb 06, 2003 | 100 | Feb 06, 2003 | 2 | 2 | 0 | 0 | 2 | 2 | 0 | 0 | 2 |
| 72 | Feb 06, 2003 | 100 | Feb 06, 2003 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| 73 | Feb 06, 2003 | 100 | Feb 06, 2003 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| Total | | | | 10 | 2 | 0 | 2 | 4 | 4 | 0 | 4 | 8 |

Technical Assistance and Direct Assistance Contact List**LIST OF TECHNICAL ASSISTANCE (TA) COORDINATORS BY REGION**

| Region | PVS State/Territory/City | TA Coordinator | Coordinator's E-Mail |
|---------------|--|-----------------------|--|
| 1 | ME, VT, NH, MA, CT, RI, DC | Tom B. Russell | tnr0@cdc.gov |
| 2 | NY, NY City, NJ, Puerto Rico (PR), Virgin Islands (VI) | Steve Fishman | ani3@cdc.gov |
| 3 | PA, WV, MD, DE, VA, NC | Brett Carpenter | bmc8@cdc.gov |
| 4 | KY, TN, MS, AL, GA, SC, FL | Brett Carpenter | bmc8@cdc.gov |
| 5 | MN, WI, MI, IL, IN, OH, Chicago (CHI) | John J. Thomas | jwt8@cdc.gov |
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| 9 | CA, NV, AZ, HI, Los Angeles (LAX), American Samoa (AS), Guam (GU) Pacific Islands- Federated States of Micronesia (FM); Marshall Islands (MH); Northern Mariana Islands (MP); Palau (PW) | John J. Thomas | jwt8@cdc.gov |
| 10 | WA, OR, ID, AK | Tom B. Russell | tnr0@cdc.gov |
| | Supervisor for Coordinators | Jay Schindler | jvs4@cdc.gov |

Non-PVS users

Don Nestor

800-804-9963

PVS Web Resources

CDC Bioterrorism Smallpox website

<http://www.bt.cdc.gov/agent/smallpox/>

Information and Data Management for PVS, includes:

- Annexes from the Supplemental Guidance for Planning and Implementing the National Smallpox Vaccination Program
- PVS webcast Q&As
- PVS User's Guide

<http://www.bt.cdc.gov/agent/smallpox/vaccination/pre-event-info-data.asp>

PVS Webcast Demo Achieve

<http://www.bt.cdc.gov/agent/smallpox/vaccination/pvs-training-webcast-instructions.asp>

Smallpox Pre-Event Vaccination Information Packet, including Patient Medical History Form

<http://www.bt.cdc.gov/agent/smallpox/vaccination/infopacket.asp>

December 5-6, 2002 CDC Smallpox Broadcast

<http://www.bt.cdc.gov/agent/smallpox/training/webcast/dec2002/index.asp>

Smallpox Vaccination Program Implementation Q&As

<http://www.bt.cdc.gov/agent/smallpox/vaccination/vaccination-program-qa.asp>