

**GRANT ANALYSIS FORM  
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

Department/Division: Health

Contact Person & Phone No: Sue Sheppard, #2944

**Category of Request**

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. 010107

Previous Council File No

**Project/Program Title:** Hepatitis B Immunization Grant

**Grantor Agency:** Wisconsin Department of Health and Social Services with pass through dollars from the  
U.S. Department of Health and Human Services

**Grant Application Date:** Not applicable - continuing grant

**Anticipated Award Date:** April 1, 2002

**Please provide the following information:**

**1. Description of Grant Project/Program (Include Target Locations and Populations):**

The purpose of the program is to facilitate the initiation and completion of the Hepatitis B vaccines series for at-risk groups - especially women and children within the perinatal period.

**2. Relationship to City-wide Strategic Goals and Departmental Objectives:**

This program supports the Health Department's strategic objective to control communicable disease and improve health of women and children.

**3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):**

To be effective, the HepB immunization program requires targeted recall and follow-up activities in the Milwaukee area. Current practices in Milwaukee hospitals are far from uniform. Also, because the HepB vaccine series consists of 3 vaccine doses appropriately spaced, high-risk infants are in need of community based follow-up beyond their hospital stay.

**4. Results Measurement/Progress Report (Applies only to Programs):**

**5. Grant Period, Timetable and Program Phase-out Plan:**

The grant period is Jan. 1, 2002 through Dec. 31, 2002.

**6. Provide a List of Subgrantees:**

None

**7. If Possible, Complete Grant Budget Form and Attach to Back.**