

**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. 000020

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: May 15, 2001

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. A survey conducted in 1994 indicated that only four of 16 Milwaukee area hospitals offered HepB immunizations to all newborns. 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, 2001 through Dec. 31, 2001.

6. Provide a List of Subgrantees:

None

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