

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration ZIKA PROGRESS REPORT	FOR HRSA USE ONLY	
	Grant Number	Progress Report Tracking Number

1. Zika Activities		Current reporting period	Percent	Cumulative Total
1a.	Number of individuals who received assistance with education and counseling regarding Zika		N/A	To be calculated by HRSA
1b.	Number of Zika diagnostic tests performed		N/A	To be calculated by HRSA
1c.	Number of positive Zika diagnostic tests		To be calculated by HRSA	To be calculated by HRSA
1d.	Number of patients with a visit for contraceptive management services		N/A	To be calculated by HRSA

2. Issues/Barriers (for the current reporting period only)

For the current reporting period, describe up to three major issues/barriers that you experienced while conducting Zika activities.

Required; up to 2500 characters (1 page)

3. Key Strategies and Successes (for the current reporting period only)

For the current reporting period, describe up to three strategies that contributed most to the success of your Zika activities.

Required; up to 2500 characters (1 page)

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857