



SSP ANNUAL REPORT FORM

Instructions:

To comply with W. VA. CODE R. §69-17-10.2.1.a.-e.(2021), SSPs must submit this "SSP Annual Report Form" for each calendar year during which it has provided services during any month. By January 31st of each year, please return this completed form related to the prior year's services to OHFLAC/SSP by email: dhhrohflac@wv.gov; fax: 304-558-2515; or mail: 408 Leon Sullivan Way, Charleston, WV 25301.

SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: Wheeling-Ohio County Health Department (#7000015)

SSP Address: 111 19th Street (Northwood Health Systems location)

Street Address

Wheeling

WV

26003

Ohio

City

State

ZIP Code

County

Phone Number: (304) 234-3682

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------|-------------------------------------|-----------------|-------------------------------------|--------------|-------------------------------------|--------------|-------------------------------------|------------|-------------------------------------|-------------|-------------------------------------|-------------|-------------------------------------|---------------|-------------------------------------|------------------|-------------------------------------|----------------|-------------------------------------|-----------------|-------------------------------------|-----------------|-------------------------------------|
| What year is this annual report regarding? | <u>2025</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check each month during which syringe services were provided: | <table><tr><td>January</td><td><input checked="" type="checkbox"/></td></tr><tr><td>February</td><td><input checked="" type="checkbox"/></td></tr><tr><td>March</td><td><input checked="" type="checkbox"/></td></tr><tr><td>April</td><td><input checked="" type="checkbox"/></td></tr><tr><td>May</td><td><input checked="" type="checkbox"/></td></tr><tr><td>June</td><td><input checked="" type="checkbox"/></td></tr><tr><td>July</td><td><input checked="" type="checkbox"/></td></tr><tr><td>August</td><td><input checked="" type="checkbox"/></td></tr><tr><td>September</td><td><input checked="" type="checkbox"/></td></tr><tr><td>October</td><td><input checked="" type="checkbox"/></td></tr><tr><td>November</td><td><input checked="" type="checkbox"/></td></tr><tr><td>December</td><td><input checked="" type="checkbox"/></td></tr></table> | January | <input checked="" type="checkbox"/> | February | <input checked="" type="checkbox"/> | March | <input checked="" type="checkbox"/> | April | <input checked="" type="checkbox"/> | May | <input checked="" type="checkbox"/> | June | <input checked="" type="checkbox"/> | July | <input checked="" type="checkbox"/> | August | <input checked="" type="checkbox"/> | September | <input checked="" type="checkbox"/> | October | <input checked="" type="checkbox"/> | November | <input checked="" type="checkbox"/> | December | <input checked="" type="checkbox"/> |
| January | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| February | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| March | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| April | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| May | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| June | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| July | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| August | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| September | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| October | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| November | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| December | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Total number of participants served by your SSP: | <u>171</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Total number of syringes dispensed by your program: | <u>2831</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of syringes dispensed by your program: | <u>EasyTouch 29 gauge 1/2in needle with 1ml barrel</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| Total number of syringes collected by your program: | <u>2831</u> | | | | | | | | | | | | | | | | | | | | | | | | |



**Office of Health Facility
Licensure & Certification**

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| | |
|---|---|
| Type of syringes collected by your program: | NA (standard insulin type syringes) |
| Total number of syringes disposed of by your program: | 2831 |
| Type of syringes disposed by your program: | NA (standard insulin type syringes) |
| Total number of syringe stick injuries to non-participants: | 0 |
| Number of SSP participants who entered substance use disorder treatment: | 0 |
| Total number and types of referrals made to substance use disorder treatment and other harm reduction services: | 3 referrals for treatment 3 referrals for testing (HD or State STD program) 26 individuals given testing strip (Fentanyl & Xylazine) 2 Packs of Narcan dispensed |

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.



SSP Administrator's Signature

1/6/26

Date



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SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: Wheeling-Ohio County Health Department (#7000014)

SSP Address: 1500 Chapline Street

Street Address

Wheeling

WV

26003

Ohio

City

State

ZIP Code

County

Phone Number: (304) 234-3682

| | | |
|---|--|-------------------------------------|
| What year is this annual report regarding? | <u>2025</u> | |
| Please check each month during which syringe services were provided: | January | <input checked="" type="checkbox"/> |
| | February | <input checked="" type="checkbox"/> |
| | March | <input checked="" type="checkbox"/> |
| | April | <input checked="" type="checkbox"/> |
| | May | <input checked="" type="checkbox"/> |
| | June | <input checked="" type="checkbox"/> |
| | July | <input checked="" type="checkbox"/> |
| | August | <input checked="" type="checkbox"/> |
| | September | <input checked="" type="checkbox"/> |
| | October | <input checked="" type="checkbox"/> |
| | November | <input checked="" type="checkbox"/> |
| | December | <input checked="" type="checkbox"/> |
| Total number of participants served by your SSP: | <u>649</u> | |
| Total number of syringes dispensed by your program: | <u>8748</u> | |
| Type of syringes dispensed by your program: | <u>EasyTouch 29 gauge 1/2in needle with 1ml barrel</u> | |
| Total number of syringes collected by your program: | <u>8748</u> | |



Office of Health Facility
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| | |
|---|--|
| Type of syringes collected by your program: | NA (standard insulin type syringes) |
| Total number of syringes disposed of by your program: | 8748+ (syringes also from other agencies, community and from streets) |
| Type of syringes disposed by your program: | NA (standard insulin type syringes) |
| Total number of syringe stick injuries to non-participants: | 0 |
| Number of SSP participants who entered substance use disorder treatment: | 0 |
| Total number and types of referrals made to substance use disorder treatment and other harm reduction services: | 11 referrals for treatment 10 referrals for testing (HD or State STD program) 3 HIV tests performed (rapids) 217 individuals given testing strips (Fentanyl & Xylazine) 29 Packs of Narcan dispensed |

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.


SSP Administrator's Signature

1/6/26
Date



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SYRINGE SERVICES PROGRAM (SSP) INFORMATION

Operating Name: Wheeling-Ohio County Health Department (#7000016)

SSP Address: 1500 Chapline Street (Project HOPE)

Street Address

Wheeling

WV

26003

Ohio

City

State

ZIP Code

County

Phone Number: (304) 234-3682

| | | |
|---|---|-------------------------------------|
| What year is this annual report regarding? | 2025 | |
| Please check each month during which syringe services were provided: | January | <input checked="" type="checkbox"/> |
| | February | <input checked="" type="checkbox"/> |
| | March | <input checked="" type="checkbox"/> |
| | April | <input checked="" type="checkbox"/> |
| | May | <input checked="" type="checkbox"/> |
| | June | <input checked="" type="checkbox"/> |
| | July | <input checked="" type="checkbox"/> |
| | August | <input checked="" type="checkbox"/> |
| | September | <input checked="" type="checkbox"/> |
| | October | <input checked="" type="checkbox"/> |
| | November | <input checked="" type="checkbox"/> |
| | December | <input checked="" type="checkbox"/> |
| Total number of participants served by your SSP: | 264 | |
| Total number of syringes dispensed by your program: | 2220 | |
| Type of syringes dispensed by your program: | EasyTouch 29 gauge 1/2in needle with 1ml barrel | |
| Total number of syringes collected by your program: | 2220 | |



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| | |
|---|---|
| Type of syringes collected by your program: | NA (standard insulin type syringes) |
| Total number of syringes disposed of by your program: | 2220 |
| Type of syringes disposed by your program: | NA (standard insulin type syringes) |
| Total number of syringe stick injuries to non-participants: | 0 |
| Number of SSP participants who entered substance use disorder treatment: | 0 |
| Total number and types of referrals made to substance use disorder treatment and other harm reduction services: | 79 referrals for treatment 48 referrals for testing (HD or State STD program) 33 Narcan dispensed |

If additional space is needed, please attach separate sheets of paper to answer each question thoroughly.



SSP Administrator's Signature

1/6/26
Date