



MEMORANDUM

Date: December 31, 2020

To: The Honorable Sharon Bronson, Vice-chair
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator *CHH*

The Honorable Rex Scott, Supervisor-elect
Pima County Board of Supervisors

The Honorable Matt Heinz, Supervisor-elect
Pima County Board of Supervisors

The Honorable Steve Christy, District 4 Member
Pima County Board of Supervisors

The Honorable Adelita Grijalva, Supervisor-elect
Pima County Board of Supervisors

Re: **COVID-19 Pandemic Update**

Introduction

Periodically, I provided COVID-19 updates and summaries of upcoming or key issues related to the Coronavirus pandemic and our public health agency response as well as pandemic issues within the community. This memorandum will serve as the latest update.

DEC 31 2020 02:00 PM C.H.H.



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I. Present State of COVID-19 Infections and Medical System Capacity

As of December 31, 2020, the state reported 1,085 additional cases in Pima County. This brings the monthly total cases reported to date to approximately 26,267 or 38 percent of the total number of cases reported since the beginning of the pandemic. During the month of December there have been 258 confirmed deaths attributable to COVID-19 with 73 additional deaths pending review. We estimate that when reporting for this month is complete, total fatalities will range between 325-350 or nearly 25 percent of all COVID-19 deaths since the start of the pandemic.

The positivity rate per 100,000 population on a seven-day moving average continues to be in the 900 to 1,000 range, higher than it has ever been. Attachment 1 is a graphic that shows both the positivity rate per 100,000 and the monthly total infections per month as reported by the State. The total number of infections per month is adjusted and may differ from the daily updates provided by the County. As we have stated on a number of occasions, these numbers are adjusted on a continuous basis as more information is determined for the cases identified. The general trend and order of magnitude reflects the reality of the current state of COVID-19 widespread community-wide accelerating transmission with no plateau yet in the immediate horizon.

With respect to medical and hospital capacity, our Health Department monitors EMResource daily to obtain information on bed availability, Intensive Care Unit (ICU) bed usage, number of COVID-19 positive patients hospitalized in medical, surgical or ICU beds, the number of ventilators in use by COVID-19 positive patients, and the number of patients held in Emergency Departments waiting for an in-patient hospital bed. This information is gathered daily and provided to a large distribution and can be made available to the Board if desired. For December 30, 2020, this data is:

- ICU bed availability dropped to 1 percent with 5 beds available.
- ICU bed usage hit another record of 370 beds in use.
- 53 percent of ICU beds are being used by COVID-19 positive patients.
- At least 16 additional COVID-19 patients were placed on ventilators in the past 24 hours, creating a new record of 145 ventilators in use for COVID-19 patients and 250 ventilators in use overall.
- 58 percent of ventilators in use are in use by COVID-19 positive patients.
- Med/surg bed availability is 3 percent, with 42 beds available.
- There are 87 patients waiting in Emergency Departments for an inpatient bed, 55 are COVID-19 positive.

II. Results of Case Investigation and Contact Tracing

We have previously reported on case investigation and contact tracing efforts conducted in coordination with our partners and contractors. This represents the most recent 3,359 case investigation interviews completed in the last 30 days.

As expected 50 percent (1,680 cases) reported contact with a known COVID-19 case in the prior 14 days before the onset of symptoms or testing. Over 58 percent (1,930) reported attending work, a slight but significant decrease from the 61 percent reported in the prior analysis. Among those providing details of employment, 53 percent worked in health care settings, 37 percent in various business settings, 5 percent in law enforcement, and 5 percent in higher education institutions.

In the prior fourteen days, nearly 24 percent (788) respondents reported dining in a restaurant or bar and 11 percent (363) reported attending a gathering with 10 or more people. Again, both these estimates are slightly but significantly lower than the 26 percent and 15 percent, respectively, that were reported previously. Among respondents providing details of gatherings attended, 49 percent were parties, 20 percent religious services, 8 percent sporting events, 5 percent were weddings or funerals, and 16 percent were miscellaneous shows, rallies, concerts and other outdoor events. Finally, 13 percent (430) of cases report recent travel, down from 16 percent in the previous reporting period.

The decreases in reported restaurant/bar dining, gatherings of 10 or more, and travel are correctly characterized as small in magnitude but trending in a healthful direction. It is notable however that this has occurred within the relatively short time period and since the most recent Public Health Advisory and Board actions related to masking and the curfew.

One important element of the overall Contact Tracing/Case Investigation strategy was significantly bolstered by Board action effectively mandating business reporting of known positive employees to the Health Department. Since its implementation on December 7, 179 reports have been received from 82 separate business or government entities. The process is designed to enhance the departments situational awareness of potential outbreaks in community settings while simultaneously providing technical support and assistance to strengthen the reporting organizations. This support is provided by the Epidemiology as well as the Consumer Health and Food Safety teams. Follow-up may include telephone and electronic contacts, assessment of current mitigation plans, connection to resources (e.g. PPE) and information, and on-site visits to assess the current physical environment and mitigation plan implementation.

III. Stay at Home Plan

The Stay at Home Plan went into effect on Monday, December 21, 2020, and is set to expire on Monday, January 11, 2021. The Stay at Home Plan provided that only employees who were performing mandatory services, operation or maintenance of critical infrastructure, or COVID-19 response efforts were permitted to work and if employees could perform those duties remotely, they were permitted to telecommute. For pay period ending December 5, 2020, we had 699 employees telecommuting. As of the end of pay period ending December 19, 2020, we have an additional 124 employees telecommuting or a total of 823 employees. Given that an additional number of employees performing mandatory services, operation or maintenance of critical infrastructure, or COVID-19 response efforts were permitted to telecommute effective December 21, 2020, at the start of the Stay at Home Plan, that number is anticipated to be higher than the 823 total reported from December 19, 2020. Since a substantial amount of the ongoing essential services can be performed remotely, it is recommended to end the Stay at Home Plan on January 11, 2021.

IV. Coronavirus Relief Act Funding, County Expenses Related to COVID-19 and Future Financial Obligations to Continue Public Health Agency Efforts in Combating COVID-19

In the Coronavirus Aid Relief and Economic Security Act, Pima County received a federal Coronavirus Relief Fund appropriation of \$87,107,597. These funds have been allocated as shown in the table below:

Pima County CRF Expenditure Categories	Pima County Expenditure Amounts (aggregates of actual costs – March through November 2020 – and forecast costs for December 2020)
Testing and Contact Tracing	\$38,000,000 ¹
Medical, Public Health, and Warehousing supplies, services, equipment (e.g., facility modifications/retrofits; equipment like forklifts; PPE; testing supplies; services like quarantine lodging, post-acute care and hospice support)	\$8,010,626
Public Health Campaign	\$1,500,000

¹ These costs are greatly accelerating during December because of the number of infections. The cost will likely increase as billings catch up with actual tests.

Eviction prevention and utility assistance	\$7,845,993
Food Security Initiative (sub-grants made to local food pantries)	\$2,023,000
Small business support (e.g., rent and utility assistance, and infrastructure modifications to support outdoor dining, social distancing and touchless interactions)	\$4,273,875
County personnel (e.g., time and effort dedicated to COVID-19 response, and pandemic leave including sick leave, caretaker leave, and leave to care for children due to day care and school closures; unemployment benefits/County share)	\$33,842,708
Aid to Local Fire Districts and Law Enforcement	\$642,501
Telecommuting expansion for school districts.	\$451,792
Workforce development	\$750,000
Remote-Enabled Court Initiatives	\$1,627,943
County building retrofits and sanitation	\$294,250
GRAND TOTAL	\$99,262,688

This information provides an estimate of our expenditures as of December 31, 2020. As you can see, these expenditures are projected to exceed the first allocation of \$87 million. The most highly variable cost that is now difficult to estimate is in testing and contact tracing. This is due to the very rapid acceleration of cases in December that has also resulted in significantly increased testing. Many of the costs associated with December testing and contact tracing can only be estimated and may exceed the estimate in this table.

In reviewing this information, the County expects to have incurred costs of approximately \$15 million more than those allocated from the Coronavirus Relief Fund.

To continue Pima County Health Department actions related to COVID-19 between January 1, 2021 and June 30, 2021, it estimated an additional \$55 million is required to support testing (\$35M), contact tracing (\$6M), vaccination (\$10.5M), supplemental staffing (\$1.5M) and support expenses (\$2M). This will cover testing, contact tracing and vaccination operations during this period. I recently made a request to our Congressional Delegation to assist in a rapid determination of what additional funds can be made available to the County for COVID-19 purposes. Until there is an additional appropriation of an unknown amount, the

County will have to carry this additional financial burden through the General Fund, which simply means less funding available for any other purpose and that existing programs and department for those General Fund agencies will continue to be reduced in the latter half of this fiscal year and perhaps into next fiscal year. Attachment 2 contains one of the letters addressed to our Congressional Delegation.

To better understand the County's financial obligations associated with public health, it is important to understand that public health functions in the United States are primarily provided by county health organizations. In a 2019 national profile of local health departments, the National Association of County and City Health Officials surveyed local and state governments with regard to determining those agencies primarily responsible for public health functions. For the 2019 Profile Study, a total of 2,459 local health department organizations were identified. Of the 2,459 public health agencies, there were 50 that had a service population greater than 1 million. The Pima County Health Department falls in this group. Of the local health agencies surveyed, public health services were provided by a County 78 percent of the time and 19 percent by a city or town. Based on population served, for those health agencies serving over 500,000, 93 percent of those public health services are provided by counties, 70 percent of that population from a single county agency and 23 percent through multi-county organizations where a public health agency may serve more than one smaller county.

Clearly, the service and financial burden for public health falls squarely on the shoulders of counties from a national perspective. In the case of Pima County, we provide those services throughout the County in every city and town and for the unincorporated population.

V. Vaccination Plan and Operations

The Health Department is committed to follow the guidance of the CDC and Arizona Department of Health Services. In collaboration with local healthcare and community partners, the department is implementing an equitable and efficient distribution of the COVID-19 vaccine. Because the initial vaccine supply is limited, planning has first prioritized critical health care workforces (including direct patient care, emergency medical services, testing personnel, urgent care facilities, etc.) as well as and residents of long-term care and assisted living facilities. We estimate there are 68,594 individuals in Phase 1a, (which includes LTC/ALF residents and staff). The two currently available vaccines, Pfizer and Moderna, both require two immunizations—doubling the number of vaccine doses needed. Our best estimates suggest that Phase 1A may continue until the middle of January.

Pfizer vaccine first arrived in Pima County on December 14. Initial pilot testing of vaccine administration occurred on December 15 and 16 with full activation of the two PODS (Points of Distribution) at TMC and Banner on December 17. Moderna vaccine is available starting the week of December 21.

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Since that time over 29,000 doses of Pfizer and Moderna vaccine have been delivered to Pima County partners. These vaccines have been distributed to the two PODs at TMC and Banner, as well as to the four community health centers (United Community Health Center, Marana Health Center, El Rio and Desert Senita), four additional hospitals (St. Mary's, St Joseph's, Northwest Medical Center and Oro Valley) and one large group practice (Arizona Community Physicians). Additionally, the Tohono O'Odham Nation and the Southern Arizona Veterans Administration Hospital are receiving additional Moderna vaccine allotments directly from the federal government. Additionally, beginning December 20, 2020, Walgreens and CVS started the vaccination process for vaccinating resides and staff of long term care facilities.

In the two weeks since the initial arrival of vaccination stock (and as of December 30), 12,283 COVID-19 vaccines have been administered in Pima County through these partner health care organizations to priority Phase 1A population. (Attachment 3) This week the County sent out a mailer to 1,200 state license holders to ensure they were aware of eligibility for the remaining Phase 1A group and in anticipation of further immunization appointment availability.

PHASE 1B

An exact date for the transition to Phase 1B is expected in mid-January. This reflects our uncertainty of the amount and timing of vaccine that will be provided to Pima County by the State Health Department through its allocation process. The Governor's most recent Executive Order issued yesterday further complicates the local control and distribution of vaccination. Under this strategy the Arizona Department of Health Services will retain a significant volume of the state's allocation to distribute directly to large state pharmacy retailers including Walgreens and CVS with the goal of increasing coverage across the state, effectively this decreases the proportion of vaccine that will be allocated by the County to its health care and community partners.

Once started, Phase 1B will initially prioritize education and childcare providers (both teachers and staff- estimated to be 29,000 K-12 public educators) as well as adults 75 and older (estimated to be 92,000) and protective service occupations (law enforcement, corrections, emergency response staff) per the states prioritization. Phase 1B will also subsequently include essential services/critical industry workers and adults with high risk conditions in congregate settings. There are currently no reliable estimates of the size of these populations. The sheer size and complexity of the 1B population will mean this effort will be ongoing into April.

The Health Department will work with vaccine providers and local partners to ensure that all those who are eligible have access to the vaccine. The Pima County Health Department is placing special emphasis on prioritizing all vaccination phases to identify and prioritize populations that are at increased risk for acquiring or transmitting COVID-19. To inform this process the Health Department continuously consults with the Board of Health to solicit feedback and recommendations to ensure that our plan is responsive to community values and concerns.

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Information is updated regularly and available at the [COVID-19 Vaccine Information & Distribution Webpage](#).

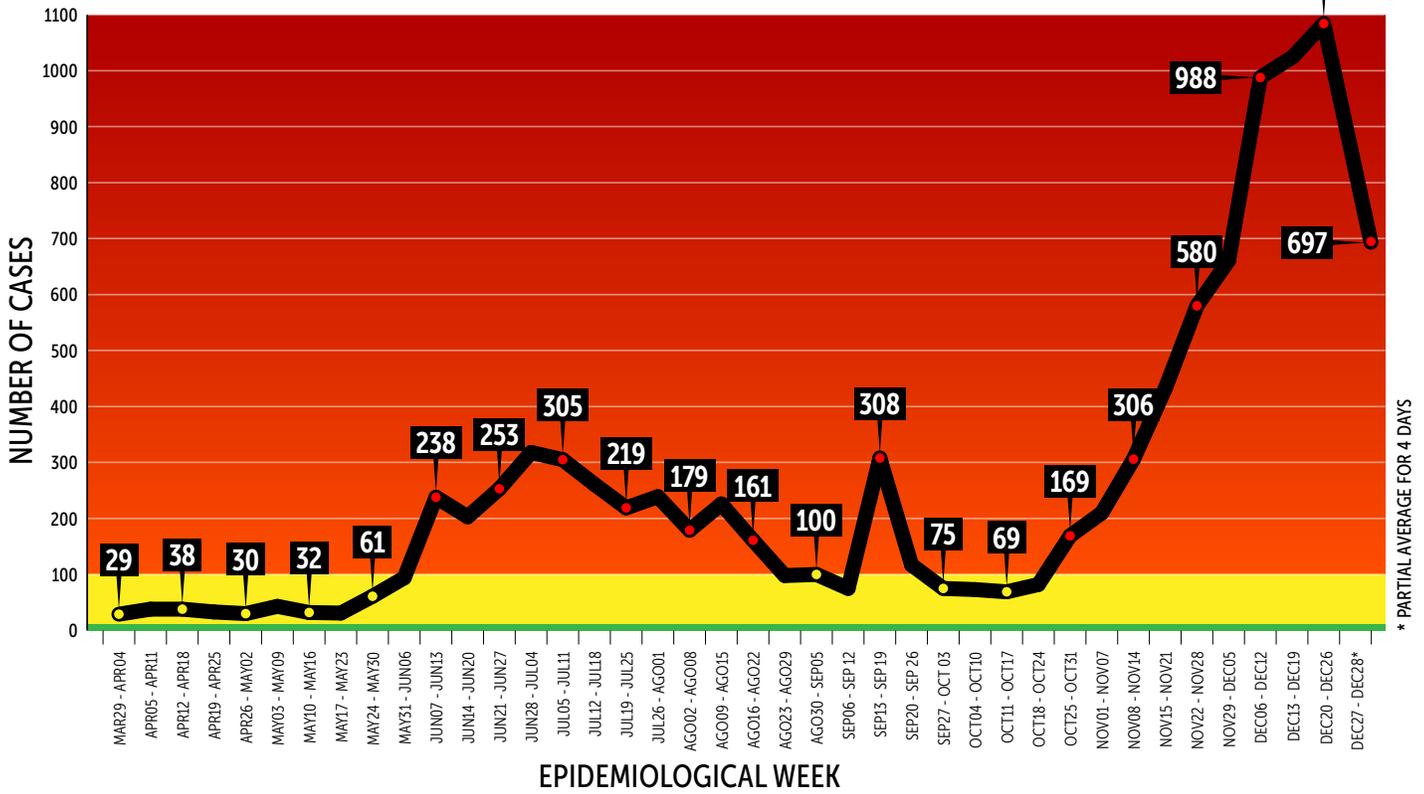
CHH/anc

Attachments

c: Jan Leshar, Chief Deputy County Administrator
Carmine DeBonis, Jr., Deputy County Administrator for Public Works
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department

ATTACHMENT 1

Unadjusted COVID-19 infections per 100K people (weekly average)



Pima County COVID-19 Total Infections Per Month



ATTACHMENT 2



COUNTY ADMINISTRATOR'S OFFICE

PIMA COUNTY GOVERNMENTAL CENTER
130 W. CONGRESS, FLOOR 10, TUCSON, AZ 85701-1317
(520) 724-8661 FAX (520) 724-8171

C.H. HUCKELBERRY
County Administrator

December 29, 2020

The Honorable Raúl Grijalva
Congressman Arizona District 3
1511 Longworth House Office Building
Washington, DC 20515

Re: County Financial Assistance for COVID-19 Testing; Contact Tracing; Case Investigation and the Provision of Personal Protective Equipment to Businesses, Medical and Long Term Care Facilities, Nonprofit Entities and Schools; Vaccination Delivery

Dear Congressman Grijalva:

In Arizona, counties are the primary public health agency with responsibility for public health throughout the county, including both for incorporated as well as unincorporated populations. Each county is assisted in carrying out this responsibility through the State agency, the Arizona Department of Health Services.

County public health response to the Coronavirus pandemic is now accelerating. Case counts in the month of December are the highest they have ever been since the beginning of the pandemic. In Pima County, the case count will exceed 30,000 by the end of the month. Almost two times the number of cases in November and three times higher than the number of cases in July.

Along with these increasing cases is a parallel increase in cost associated with pandemic response. The first major stimulus bill of the pandemic, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act, P.L. 116-136), authorized \$150 billion in Coronavirus Relief Fund (CRF) federal assistance to States and eligible local jurisdictions. In April 2020, Pima County received a federal CRF allocation in the amount of \$87,107,597. The CARES Act stipulates that CRF payments can only cover costs that are necessary expenditures incurred due to the COVID-19 public health emergency. Arizona counties that received federal or State CRF allocations have used these funds to shoulder significant public health expenses like COVID-19 testing, contact tracing, case investigation and the provision of personal protective equipment. County public health agencies will soon be a primary driver of the vaccination process.

Congressman Grijalva

Re: County Financial Assistance for COVID-19 Testing; Contact Tracing; Case Investigation and the Provision of Personal Protective Equipment to Businesses, Medical and Long Term Care Facilities, Nonprofit Entities and Schools; Vaccination Delivery

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As of December 31, 2020, Pima County will have used its entire CRF allocation of \$87,107,597 in response to the COVID-19 public health emergency. Listed below are our CRF expenditure categories and amounts (the amounts are aggregates of actual costs from March through November 2020 and forecasted costs for December 2020).

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Congressman Grijalva

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The fact that Pima County's spent its CRF allocation of \$87,107,597 in just ten months illustrates the enormity and speed of incurred costs to address critical public health and community needs during this crisis. These costs continue to incur. In fact, what the table above does not show is that also as of December 31, 2020 Pima County has incurred approximately \$15,000,000 in medical and public health costs that will have to be covered by our General Fund if no other grant funding can be found by June 30, 2021. Meanwhile, the County Health Department forecasts it will need an additional \$45 million for testing, contact tracing, and vaccination operations between January and June 2021. We are simply out of funding to respond to the pandemic. This comes at a time when our costs and public health obligations are increasing faster than at any other time during the pandemic.

All counties in Arizona are likely in the same financial position and urgently need additional financial help. The additional public health funding in the stimulus and pandemic aid bill signed by the President on December 27, 2020 needs to be quickly distributed so we can continue to fight against the pandemic and vaccinate the people of Pima County.

Sincerely,



C.H. Huckelberry
County Administrator

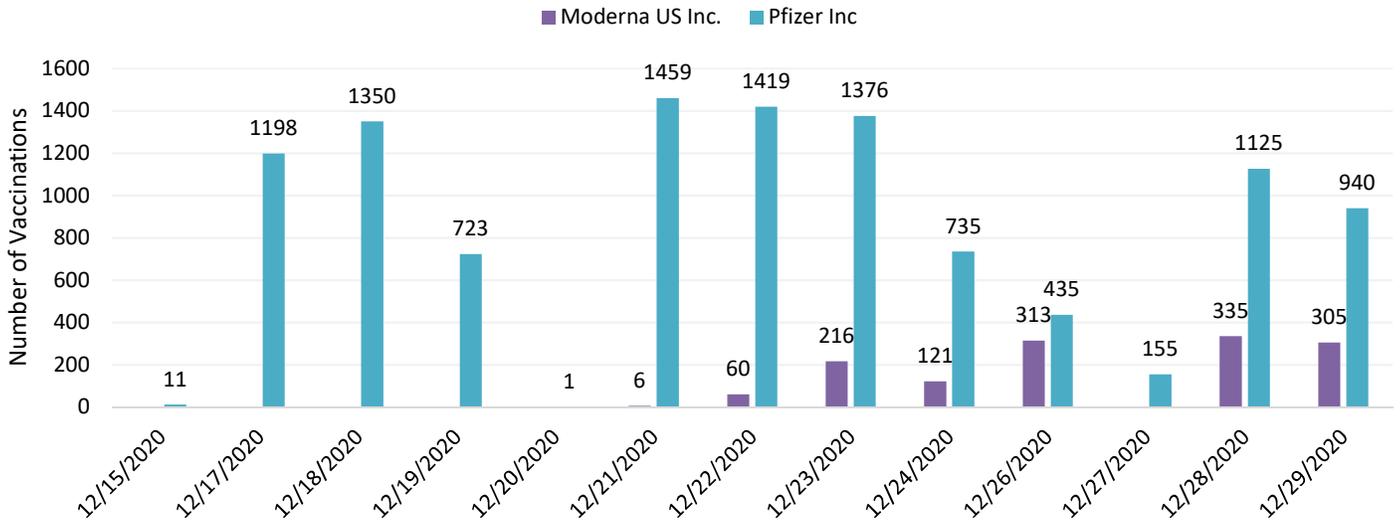
- c: The Honorable Doug Ducey, Governor, State of Arizona
The Honorable Chairman and Members, Pima County Board of Supervisors
The Honorable Supervisors-elect, Pima County Board of Supervisors
Dr. Cara Christ, M.D., M.S., Director, Arizona Department of Health Services
Jan Leshner, Chief Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department

ATTACHMENT 3

COVID-19 Vaccination Daily Report Wednesday, December 30, 2020

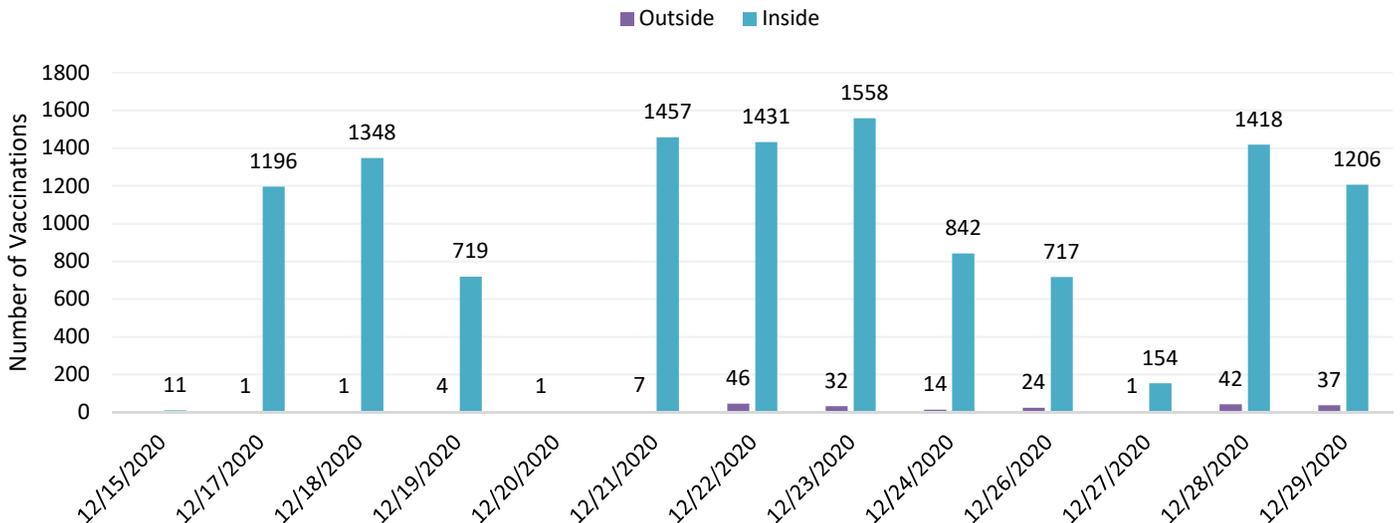
A total of 12,283 residents have been vaccinated as of December 30, 2020. Pfizer vaccines have been distributed to 10,927 residents and Moderna vaccines have been distributed to 1,356 residents.

Pima County Vaccinations by Date and Manufacturer



A total of 12,057 residents were vaccinated by a local provider in Pima County ("inside") and 210 residents were vaccinated by a provider outside of the county ("outside"). Location of service is unknown for 16 residents.

Pima County Vaccinations by Date and Location of Service



Vaccinations by Gender and Age Group

	Total number of vaccinations		
	<i>number</i>	<i>%</i>	<i>% overall</i>
Vaccinations	12283	100%	
Gender			
Female	7937	65%	
Male	4339	35%	
Unknown	7	0%	
Age group			
0 - 19	26	0%	
20 - 29	1717	14%	
30 - 39	3343	27%	
40 - 49	2752	22%	
50 - 59	2421	20%	
60 - 69	1691	14%	
70 - 79	315	3%	
80+	18	0%	

As of December 30, 2020, 1.18% of Pima County residents have received a COVID-19 vaccination.