



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: October 17, 2017

* = Mandatory, information must be provided

or Procurement Director Award ☐

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Board of Regents, University of Arizona

***Project Title/Description:**

Zika Virus Reporting and Identification Call Center

The original contract may be found under CT17*004. Search 17%0004 in eContracts.

***Purpose:**

To provide 24 hours a day / 7-days a week contact for citizens in Pima County and healthcare providers, reporting travel related exposures to Zika virus and requiring evaluation for testing.

Amendment #1 extends the term for an additional year and adds funding at the same amount.

***Procurement Method:**

Procurement Exempt per BOS 29.4.V

***Program Goals/Predicted Outcomes:**

Provision of a telephone reporting line with live trained healthcare professionals to receive calls from healthcare providers and the public to provide general county specific information for vector-borne disease, accept vector-borne disease reports from healthcare providers, and assess individuals for travel exposure to Zika virus. Reports will be transmitted to Pima County Health Department Epidemiology via regular or after-hours telephone, fax, and/or secure email. The phone line will be staffed by trained healthcare professionals available 24 hours a day, seven days a week.

***Public Benefit:**

Access to a 24/7 healthcare professional to offer relevant healthcare information, evaluate travel exposure, assess symptoms and make recommendations for vector-borne disease and Zika virus testing.

***Metrics Available to Measure Performance:**

- Arizona Poison and Drug Information Center will provide a telephone number to Pima County Health Department, that will be public facing and available 24/7 for Zika and vector-borne disease information.
- Arizona Poison and Drug Information Center will develop, maintain, and provide a spreadsheet documenting each call received, action taken, notification to appropriate agency and additional information as required.
- Arizona Poison and Drug Information center will report data weekly, to Pima County Health Department Epidemiology, in addition to providing real-time and immediate notifications of positive screens for Zika virus.

***Retroactive:**

Yes. ADHS requested that we hold off on renewing this contract as they were evaluating the benefit of contracting with the U of A for this service directly rather than through the Pima County Health Department. It was September when they told us to renew the contract. We received the signed amendment from the U of A on October 6, 2017. If this contract is not renewed, residents will not be able to access a hotline for Zika reporting and information.

OCT 10 11 PM '17
PCC/KOF/BD
(initials)

TO: COB- 10-10-17
pgs. 9
Addendum

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____
Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount: \$* _____ ☐ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

***Is the Contract to a vendor or subrecipient?**

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval

Vendor is using a Social Security Number? ☐ Yes ☐ No

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment / Revised Award Information

Document Type: CT Department Code: HD Contract Number (i.e.,15-123): 17-004
Amendment No.: 01 AMS Version No.: 02
Effective Date: 07/31/2017 New Termination Date: 07/31/2018
Prior Contract No. (Synergen/CMS): CT17-004-1
☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 49,900

Is there revenue included? ☐ Yes ☒ No If Yes \$ _____

***Funding Source(s) required:** Centers for Disease Control and Prevention (CDC) via
Emergency Preparedness Grant ADHS17-133197 (Arizona Dept. of Health Services)

Funding from General Fund? ☐ Yes ☒ No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) ☐ Award ☐ Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e.,15-123): _____
Effective Date: _____ Termination Date: _____ Amendment Number: _____
☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____

***All Funding Source(s) required:**

***Match funding from General Fund?** ☐ Yes ☐ No If Yes \$ _____ % _____

***Match funding from other sources?** ☐ Yes ☐ No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the
Federal government or passed through other organization(s)?** _____

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: Maryann Farnsworth 10.09.2017

Deputy County Administrator Signature/Date: [Signature] 10-9-2017

County Administrator Signature/Date: C. R. Schubert 10/9/17
(Required for Board Agenda/Addendum Items)

Cover Sheet for Contracts Funded in Whole or in Part with Federal Funds 2 C.F.R. 200.331

Pima County Health Department
3950 S. Country Club Rd., Suite #100
Tucson, AZ 85714

Program Name: Zika Virus Reporting and Identification Call Center

Awardee: University of Arizona
Sponsored Projects Services
PO Box 210158, Rm 510
Tucson, AZ 85721-0158

DUNS: 80-634-5617

Awardee is a Subrecipient: ☐ Contractor: ☒

FAIN or PC award #: ADHS17-133197

Federal Award Date: 07/2016

Award Start Date: 07/01/2016 End Date: 06/30/2021

CFDA & Title:	(1) 93.074	Public Health Emergency Preparedness
	(2)	
	(3)	
	(4)	
	(5)	

Program Description: Operate a 24 hour public health emergency and vector-borne disease reporting and response line.

Total Award Amount: \$49,900

Federal Funds This Award: \$49,900

Total Fed. Funds this Awardee: \$99,800

Fed. Award Amount (1) \$49,900
by CFDA# above: (2) _____
(3) _____
(4) _____
(5) _____

Federal Source: Center for Disease Control and Prevention (CDC)

Other Amount: _____

Other Source: _____

Match?: Yes ☐ No ☒

Match Amount: _____

R&D?: Yes ☐ No ☒

Indirect Cost Rate:

No

Fed: (submit certification) Negotiated ICR: (submit certification) de minimis:

Pima County Contact Information: Sharon Grant, Health, 724-7842

<p>Pima County Department of Health</p> <p>Project: Zika Virus Reporting and Identification Call Center</p> <p>Contractor: University of Arizona Sponsored Projects Services PO Box 210158, Rm 510 Tucson, AZ 85721-0158 Tel: (520) 626-6230</p> <p>Contract No.: CT-HD-17*004</p> <p>Contract Amendment No.: One</p>	<table border="1"> <tr> <th colspan="2">CONTRACT</th> </tr> <tr> <td>NO.</td> <td>CT-HD-17-004</td> </tr> <tr> <td>AMENDMENT NO.</td> <td>01</td> </tr> <tr> <td colspan="2">This number must appear on all invoices, correspondence and documents pertaining to this contract.</td> </tr> </table> <p>(STAMP HERE)</p>	CONTRACT		NO.	CT-HD-17-004	AMENDMENT NO.	01	This number must appear on all invoices, correspondence and documents pertaining to this contract.	
CONTRACT									
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AMENDMENT NO.	01								
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Orig. Contract Term:	08/01/2016-07/31/2017	Orig. Amount:	\$ 49,900
Termination Date Prior Amendment:	N/A	Prior Amendments Amount:	\$ N/A
Termination Date This Amendment:	07/31/2018	This Amendment Amount:	\$ 49,900
		Revised Total Amount:	\$ 99,800

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

- 1. Term.** The Contract terminates on July 31, 2018, unless sooner terminated pursuant to the provisions of this Agreement. The parties shall have the option of extending this agreement for three (3) additional one (1) year periods if funding is identified. Any modification shall be by formal written amendment executed by both parties hereto.
- 2. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section III, is increased by \$49,900. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$99,800.
- 3. Scope of Work.** The parties have revised the Scope of Work as described in the attached **Exhibit A.1** (7 pages):

The effective date of this Amendment is July 31, 2017.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

Chair, Board of Supervisors

Date

ATTEST

Clerk of the Board


Date

APPROVED AS TO CONTENT


Department Representative

10.09.2017
Date

APPROVED AS TO FORM pursuant to A.R.S. § 11-952(D), the attorneys for the parties hereto have determined that the foregoing Agreement is in proper form and is within the powers and authority granted to each respective body under the laws of the State of Arizona.

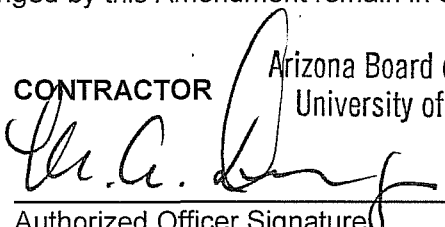

Deputy County Attorney

JONATHAN PINKNEY
Print DCA Name

10/9/17
Date

CONTRACTOR

Arizona Board of Regents
University of Arizona

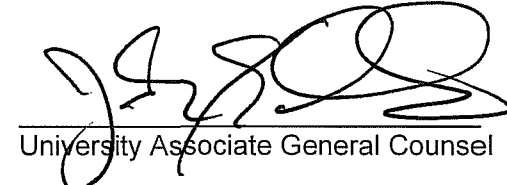

Authorized Officer Signature

Mark A. Drury

Contracts Manager

Printed Name and Title

9/20/2017
Date


University Associate General Counsel

9/28/17
Date

Exhibit A.1: SCOPE OF WORK

Background

Resources for this contract are a Federal Pass-through provided to Pima County Health Department (PCHD) by Arizona Department of Health Services (ADHS), ADHS Contract # ADHS17-133197, Amendment 3. The agreement is funded through the Centers for Disease Control (CDC) and includes a Public Health Emergency Preparedness Zika 2 Supplemental Grant Award. All Federal grant regulations apply to the administration of these funds.

This contract supports PCHD performance of the following capabilities under the Public Health Preparedness (PHEP) Cooperative Agreement with the Centers for Disease Control and Prevention: Capability 4: Emergency Public Information and Warning; Capability 6: Information Sharing; Capability 8: Medical Countermeasure Dispensing; Capability 10: Medical Surge; Capability 11: Non-Pharmaceutical Interventions; Capability 13: Public Health Surveillance and Epidemiological Investigation; and Capability 14: Responder Safety and Health.

Program Activities

24-Hour Public Health Emergency and Vector-Borne Disease Reporting and Response Line

The purpose for this line of service is to provide 24/7 contact for Pima County healthcare providers, and the public, reporting the occurrence of vector-borne diseases of public health concern or other emergency situations requiring a public health response. Distribution of the phone number associated with this service will be public facing.

A. Scope of Work:

On behalf of Pima County Health Department, Arizona Poison and Drug Information Center will staff and maintain a telephone reporting line with live trained healthcare professionals to receive calls from healthcare providers and the public to provide county specific information for vector-borne disease, accept vector-borne disease reports from healthcare providers, and assess individual's risk for exposure to Zika virus/vector borne disease. These reports will be transmitted to designated Pima County Health Department staff via regular or after-hour telephone numbers, fax, or secure email, as specified section D. The line will be staffed by at least one live trained healthcare professional available to answer calls 24 hours a day, seven (7) days a week. The reporting line will be advertised to both the general public and local healthcare providers. The reporting line may be utilized more broadly in the event of a public health emergency or local Zika virus transmission.

B. Hours of Operation:

24-hours a day; seven (7) days a week.

C. Pima County Health Department will:

1. Publicize dedicated 24/7 telephone number(s) that is to be available to the public and health care providers.
2. Provide to the Arizona Poison and Drug Information Center, telephone contact numbers for Pima County public health personnel and backup personnel to ensure the transfer of pre-identified reports or inquiries needing immediate attention.
3. Provide 24-hour Reporting System protocol.

4. Provide vector-borne disease training to Arizona Poison and Drug Information Center staff (as needed).
5. Prohibit the release for publication of any material relative to the performance of this Contract without prior written approval by both parties.
6. Provide regular updates of activities that might generate calls for the reporting line.

D. University will:

1. Train all staff members who will be staffing the line. Training content will specifically involve the assessment of risk for vector-borne illness.
2. Receive telephone calls from healthcare providers, first responders, laboratories, other public health agencies, community partners, and the public 24-hours a day, seven (7) days a week regarding vector-borne disease reporting, Zika exposure evaluations, and/or other public health emergencies.
3. Provide telephone system and incoming lines based on the above scope of work.
4. Immediate and real-time transfer of positive vector-borne disease screens and/or reports to Pima County Health Department Epidemiology program (520-724-7797).
5. Develop, maintain, and provide a spreadsheet documenting each call received, action taken, notification to appropriate agency/party and additional information as required (e.g. Zika Travel and Risk Assessment Questionnaire - see sample attached).
6. As alerted by Pima County Health Department, develop, maintain, and provide a spreadsheet documenting each call received, action taken, notification to appropriate agency/party and additional information as required for local Zika virus transmission operation and response (e.g. Zika Local Transmission Questionnaire - see sample attached).
7. Data reporting frequency: Weekly, submit call log spreadsheet and, upon request, copies of all records documenting each report logged and calls received using the agreed upon method. Provide real-time and immediate notification of positive screens for vector-borne disease.
8. Staff will attend epidemiology and surveillance meetings as necessary. Attendance at meetings is included at no additional cost to the County.
9. Staff will attend trainings as applicable to performance of contract requirements at no additional cost to the County.

Reports

University shall complete and submit the following:

1. Deliverable 1 – Provide telephone number and incoming lines to receive calls for vector-borne disease evaluation and reporting, 24-hours a day, seven (7) days a week.
2. Deliverable 2 - Develop, maintain, and provide a spreadsheet documenting each call received, action taken, notification to appropriate agency/party and additional information as required per the Zika Travel and Risk Assessment Questionnaire. Submit weekly reports of spreadsheet and/or progress report, with all requested materials to Pima County Health Department Public Health Emergency Preparedness Program.
3. Deliverable 3 – Immediate and real-time transfer of positive vector-borne disease screens and/or reports to Pima County Health Department Epidemiology program.

Compensation/Rate of Pay

University shall be paid on a Fixed Fee basis, subject to availability of funds, upon completion of the services specified in this scope, in accordance to the following:

1. Project Kickoff, University may invoice County for \$24,950.00 (50% of the total budget) as of October 1, 2017 or upon execution of this contract, whichever is later.
2. Project Implementation, University may invoice County for \$24,950.00 (50% of the total budget) as of January 1, 2018.

Payment Schedule

In consideration of the services specified, the University will bill the County for an annual total of \$49,900 in accordance with the schedule below:

<u>DATE</u>	<u>AMOUNT</u>
October 1, 2017	\$24,950.00
January 1, 2018	<u>\$24,950.00</u>
TOTAL	<u>\$49,900.00</u>

Send all invoices to the following address:

Pima County
Public Health Emergency Preparedness
3950 S. Country Club Road, Suite 100
Tucson, Arizona 85714
Phone: 520-724-7749

SAMPLE QUESTIONNAIRE

Zika Travel History and Risk Assessment

Name:

DOB:

Sex:

Travel History

1. Location of travel (City, State, Country, etc. Be as specific as possible)
2. Dates of travel
3. Time spent in (each) location
4. Were you bitten by mosquitos?
 - a. Yes/No
 - b. Number of bites
5. Have you had any of the following symptoms during or within 2 weeks after travel?
 - a. Rash: maculopapular; diffuse (bilateral, symmetric, not localized) : Yes / No
 - b. Fever: low-grade (37.8 to 38.5°C); acute onset: Yes / No
 - c. Conjunctivitis (red eyes): nonpurulent (without draining pus) : Yes / No
 - d. Joint pain (arthralgia or arthritis): notably of the small joints of the hands and feet: Yes / No
 - e. Myalgias (muscle pains) : Yes / No
 - f. Headache: Yes / No
 - g. Retro-orbital pain: Yes / No
 - h. Fatigue: Yes / No
 - i. Gastrointestinal symptoms (e.g., abdominal pain, nausea, vomiting, diarrhea): Yes / No
 - j. Upper respiratory tract infection symptoms (e.g., runny nose; postnasal drip; nasal congestion; sore throat): Yes / No
 - k. Neurological symptoms (HA, Light sensitivity, weakness) (Yes/No)
6. When did the symptoms start?
7. How long did the symptoms last?
8. Did you come into contact with sick/ill individuals in your travels? What illnesses did they have?
9. How can we re-contact you in the future? Phone number
10. Alternate contact?

For reproductive age women (age 12-49):

1. Are you currently planning a pregnancy?
2. If no, what form of contraception are you using?
3. Are you currently pregnant? If pregnant, LMP or EDC.
4. Have you had an ultrasound in this pregnancy? When and at what gestational age?
5. Who is your prenatal care provider? Name/number
6. Is your provider aware of your recent travel?
7. Has your partner traveled to areas with mosquito transmission of Zika virus, in the six months prior to getting pregnant?
8. Did you receive information about preventing mosquito bites before or during travel?
9. Did you use insect repellent for your skin (i.e., DEET) and for your clothing (i.e., permethrin)?
 - a. If so, what kind?
10. Have you had a blood test for the Zika virus? If so, what were the results?
11. Can we re-contact you in the future?

SAMPLE QUESTIONNAIRE

Zika Local Transmission

1. REDCap ID ??
2. Toxicall Case Number
3. PCHD Household Identifier
4. Time/Date of Call and Interviewer Name
 - a. QX: will all calls be coded as "information" whether or not exposure (travel or sexual history) or symptoms consistent with Zika infection?
5. Primary language
6. Verify street address if PCHD provided PCHD household identifier OR obtain street address
7. Verify OR obtain city
8. Verify OR obtain Zip
9. Declined PCC interview (yes, no)
10. If declined, provide best date/time/number for PCHD EPI follow-up (or refused)
11. If refused, reason (N/A)
12. Primary head of household contact last name
13. Primary head of household contact first name
14. Primary head of household contact number
15. Primary head of household alternate number
16. Primary head of household preferred time for follow-up calls if needed
17. Number in household including visitors.
18. Last Name for each household contact [Need phone number/preferred time to call for adults or adult contact of child not in household. Date or year of birth not needed for visitors if unknown.]
19. First Name for each household contact
20. Date of Birth (OR year of birth if refuses to give DOB)
21. Age
22. Sex: M/F/T/Unknown
23. Pregnancy Status (yes-pregnant, partner of pregnant woman, not-pregnant, planning (male or female)
24. If Pregnant, EDC
25. If Pregnant, Gestational Age (weeks)
26. Family Planning Referral-low cost or no cost (yes, no, refused)
27. Symptom-maculopapular rash (yes, no)
28. Rash onset date
29. Symptom-fever
30. Fever onset date
31. Symptom-arthritis
32. Arthritis onset date
33. Symptom-Conjunctivitis
34. Conjunctivitis onset date
35. Symptom-muscle pain
36. Muscle pain-onset date
37. Symptom-Retro-orbital pain

38. Retro-orbital pain onset date
39. Symptom-Fatigue
40. Fatigue-onset date
41. Symptom-GI Symptoms
42. If yes, specify GI Symptom
43. GI Symptom onset date
44. Symptom-Upper Respiratory Tract Infection
45. Upper Respiratory Tract Infection onset date
46. Symptom-Neurological
47. If yes, specify neurological symptom
48. Neurological symptom onset date
49. Symptom-Other
50. If yes, specify Other Symptom
51. Other Symptom onset date
52. Travel outside of Pima County
53. If yes, travel location #1
54. Start travel date #1
55. End travel date #1
56. Travel location #2
57. Start travel location #2
58. End travel location #2
59. Travel location #3
60. Start travel date #3
61. End travel date #3
62. Referred to HCP re Zika concerns (yes, no)
63. Referred to EPI—met Zika case definition (yes, no)
64. Referred to EPI –did not met case definition, for evaluation of Dengue or Chikungunya (yes, no)
65. Referred to EPI, pregnant asymptomatic woman without ongoing exposure for review at health care provider's request (yes, no, N/A)
66. Referred to EPI, men and non-pregnant women for review at health care provider's request (yes, no, N/A)
67. Referred to EPI, infant—did not meet case definition for review at provider's request (yes, no, N/A)
68. Referred to Vector Control (yes, no)
69. Referral-other (yes, no)
70. Referral-other specify
71. Education provided—travel restrictions (yes, no, refused. N/A) (Note: may be appropriate to check 71—79)
72. Education provided—Preventing spread of Zika virus infection to fetus (yes, no, refused. N/A)
73. Education provided—Reducing spread of Zika virus infection to partner (yes, no, refused. N/A)
74. Education provided—Mosquito bite prevention-general information including elimination of mosquito breeding areas (yes, no, refused. N/A)
75. Education provided – Mosquito bite prevention—returning traveler (yes, no, refused. N/A)

76. Education provided – Mosquito bite prevention-possible case (yes, no, refused, N/A)
77. Education provided to HCP—pregnant woman & testing guidelines(yes, no, N/A)
78. Education provided to HCP—non-pregnant women or men & testing guidelines (yes, no, N/A)
79. Education provided to HCP—newborn testing and routine care guidelines (yes, no, N/A)
80. Does your home have any areas at your home with stagnant water such as inoperable pool, spa, or flooded wash (yes, no)
81. If yes, home location, specify
82. Do you know of any homes or locations in your neighborhood with standing water such as inoperable pool, spa, or flooded washes (yes, no, don't know, refused)
83. If yes, specify location
84. Do you know anyone else in your neighborhood with fever, rash, joint pain, or red eyes during the last 8 weeks prior to your illness? (yes, no, don't know, N/A-asymptomatic).
85. If yes, name and address or location of person:
86. Living Situation
- a. Car
 - b. Correctional facility
 - c. Crisis center
 - d. Homeless
 - e. Hospital
 - f. Long-term care
 - g. Military base
 - h. Multi-family dwelling
 - i. Residential-rehabilitation/halfway house
 - j. Residential school
 - k. RV/mobile home
 - l. Single-family housing
 - m. Temporary Shelter
 - n. Unknown
87. Notes: