

**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Members, Joint Fiscal Committee  
From: Maria Belliveau, Associate Fiscal Officer  
Date: December 13, 2016  
Subject: JFO #2875 – Grant from Centers for Disease Control and Prevention

The Joint Fiscal Office has received a request from the Administration for expedited review of a grant from the Centers for Disease Control and Prevention to the Vermont Department of Health. Senator Kitchel has agreed to have this grant considered by the Joint Fiscal Committee according to the expedited review process to avoid having the grant run into the time period when the committee is in transition at the beginning of the legislative session. Please respond to me by December 23rd with any questions or concerns and whether or not you approve this request or would like it held for legislative review.

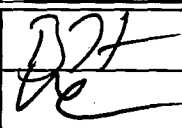
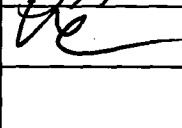
**JFO #2875** – The U.S. Centers for Disease Control and Prevention has granted the Vermont Department of Health \$1,000,000 over a five year period to develop and maintain a rapid active case surveillance system for birth defects in Vermont linked to the Zika virus. The budget for the first year, which corresponds with State fiscal year 2017, is \$100,000. The grant period is 8/1/2016 through 7/31/2021. There is one limited service position, Epidemiologist IV, associated with this grant. This position will be responsible for developing the rapid active surveillance system of microcephaly and other select adverse outcomes possibly related to maternal Zika virus and to use the data for public health action through monitoring, prevention, and intervention.

**State of Vermont**  
 Department of Finance & Management  
 109 State Street, Pavilion Building  
 Montpelier, VT 05620-0401

[phone] 802-828-2376  
 [fax] 802-828-2428

Agency of Administration

<b>RECEIVED</b> DEC 12 2016
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STATE OF VERMONT					
FINANCE & MANAGEMENT GRANT REVIEW			JOINT FISCAL OFFICE		
<b>Grant Summary:</b>		Grant of \$200,000.00 annually for 5 years to support a rapid active case surveillance system for birth defects in Vermont linked to Zika.			
<b>Date:</b>		11/21/2016			
<b>Department:</b>		VDH			
<b>Legal Title of Grant:</b>		Zika Birth Defects and Developmental Disabilities - Prevention & Surveillance			
<b>Federal Catalog #:</b>		93.073			
<b>Grant/Donor Name and Address:</b>		Centers for Disease Control and Prevention, Alanta GA			
<b>Grant Period:</b>		<b>From:</b>	<b>To:</b>		
		8/1/2016	7/31/2021		
<b>Grant/Donation</b>		\$1,000,000			
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>	<b>Comments</b>
<b>Grant Amount:</b>	\$100,000	\$200,000	\$200,000	\$500,000	5 year term
<b>Position Information:</b>		<b># Positions</b>	<b>Explanation/Comments</b>		
<b>Additional Comments:</b>		(ATTN Dan Dickerson:) VDH seeking approval to accept \$100K in SYF17.			
<b>Department of Finance &amp; Management</b>				(Initial)	
<b>Secretary of Administration</b>				(Initial)	
<b>Sent To Joint Fiscal Office</b>				Date 12/8/16	



**STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)**

<b>INFORMATION</b>	
<b>1. Agency:</b>	Human Services
<b>2. Department:</b>	Health
<b>3. Program:</b>	Health Surveillance
<b>4. Legal Title of Grant:</b>	Zika Birth Defects and Developmental Disabilities - Prevention and Surveillance
<b>5. Federal Catalog #:</b>	93.073
<b>6. Grant/Donor Name and Address:</b> Centers for Disease Control and Prevention, Atlanta, Georgia 30341	
<b>7. Grant Period:</b>	<b>From:</b> 8/1/2016 <b>To:</b> 7/31/2021
<b>8. Purpose of Grant:</b> To establish a rapid active case surveillance system for birth defects linked to the Zika virus	
<b>9. Impact on existing program if grant is not Accepted:</b> none	

	SFY 1 FY 17	SFY 2 FY 18	SFY 3 FY 19	Comments
<b>Expenditures:</b>				
Personal Services	\$75,538	\$151,076	\$151,076	
Operating Expenses	\$12,462	\$24,924	\$24,924	
Grants	\$12,000	\$24,000	\$24,000	
<b>Total</b>	\$100,000	\$200,000	\$200,000	
<b>Revenues:</b>				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$77,339	\$154,678	\$154,678	
(Statewide Indirect)	\$1,360	\$2,720	\$2,720	
(Departmental Indirect)	\$21,301	\$42,602	\$42,602	
Other Funds:	\$	\$	\$	
Grant (source )	\$	\$	\$	
<b>Total</b>	\$100,000	\$200,000	\$200,000	

Appropriation No:	Amount:	\$
3420010000		\$9,065
3420021000		\$90,935
		\$
		\$
		\$
		\$
		\$
	<b>Total</b>	\$100,000

**Has current fiscal year budget detail been entered into Vantage?**  Yes  No

**NOV 18 2016**

**STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)**

**PERSONNEL**

11. Will monies from this grant be used to fund one or more Personal Service Contracts?  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

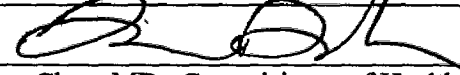
Appointing Authority Name: Harry Chen, MD, Commissioner of Health Agreed by: \_\_\_\_\_ (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Epidemiologist IV
<b>Total Positions</b>	1	

12a. Equipment and space for these positions:  Is presently available.  Can be obtained with available funds.

**3. AUTHORITY**

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

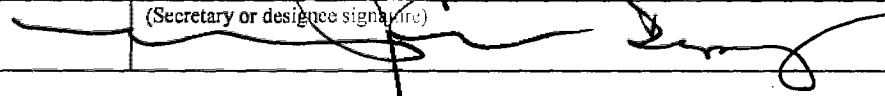
Signature:  Date: **NOV 08 2016**


Title: Harry Chen, MD, Commissioner of Health

Signature:  Date:

Title: **Deputy Secretary, AHS** **11-14-16**

**14. SECRETARY OF ADMINISTRATION**

Approved:  (Secretary or designee signature) Date: **11/22/16**

Check One Box: Accepted  (Governor's signature) Date: **11/15/16**

Rejected

**REQUIRED DOCUMENTATION**

**Required GRANT Documentation**

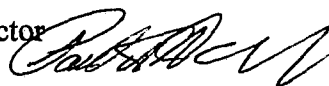
- |   |   |
|---|---|
| <input type="checkbox"/> Request Memo                           | <input type="checkbox"/> Notice of Donation (if any)              |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input type="checkbox"/> Notice of Award                        | <input type="checkbox"/> Request for Extension (if applicable)    |
| <input type="checkbox"/> Grant Agreement                        | <input type="checkbox"/> Form AA-1PN attached (if applicable)     |
| <input type="checkbox"/> Grant Budget                           |   |

(\*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

State of Vermont  
Department of Health  
108 Cherry Street, PO Box 70  
Burlington, VT 05402

[phone] 802-863-7200  
[fax] 802-865-7754

MEMORANDUM

To: Sarah Clark, AHS CFO  
From: Paul Daley, Financial Director   
Re: Request to Accept Zika Birth Information Network Grant  
Date: 11/8/16

.....  
The Department of Health has received a grant from the United States Department of Health & Human Services, Centers for Disease Control and Prevention, providing \$200,000 annually for 5 years to support a rapid active case surveillance system for birth defects in Vermont linked to the Zika virus.

We are requesting approval to receive these funds and to establish a new limited service position. Enclosed are the Grant Acceptance Request (AA1) and attached summary, a copy of the grant award document, a copy of the grant application, a Position Request Form for one Epidemiologist IV, and the RFR for the limited service position.

After review by your office, and approval by the Secretary of Human Services, this package should be forwarded in its entirety to Molly Paulger at DHR.

We appreciate your support in moving this request forward. Finance and Management requires these documents be in their hands by the 15<sup>th</sup> of November, or our request will be held until the next legislative session. Please let me know if you have questions or need additional information. Thank you.

CC: Tammie Ellison, HR Manager

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NOV 18 2016

**ZIKA Birth Info – grant approval and position request**

Routing:

1. RFR Completed
  - a. Supervisor - \_\_\_\_\_
  - b. HR Field rep \_\_\_\_\_
  - c. Commissioner/Deputy \_\_\_\_\_
2. RFR to Business office – Gary Leach \_\_\_\_\_
3. AA-1 package review/approval – Paul Daley \_\_\_\_\_
4. Commissioner/Deputy signature
  - a. AA-1 \_\_\_\_\_
  - b. position request \_\_\_\_\_
5. AA-1 package to Business office – back to Gary \_\_\_\_\_
- ~~6. AHS – CFO review - OK 11/1/16~~
7. AHS Secretary/Deputy signature (AA-1) \_\_\_\_\_
8. DHR Classification –signature - position request \_\_\_\_\_
9. Finance – Budget Analyst review
  - a. prepare F&M Grant Review Form Ann 11/17
10. Finance Commissioner signature
  - a. F&M Grant Review Form \_\_\_\_\_
  - b. Position Request \_\_\_\_\_
11. AoA Secretary/Deputy signature
  - a. F&M Grant Review Form \_\_\_\_\_
  - b. AA-1 \_\_\_\_\_
  - c. Position Request \_\_\_\_\_
12. Governor signature (AA-1) \_\_\_\_\_
13. JFO fiscal analyst memorandum to JFC \_\_\_\_\_
14. JFO approval memorandum to Finance \_\_\_\_\_

**STATE OF VERMONT  
Joint Fiscal Committee Review  
Limited Service - Grant Funded  
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Human Services/Department of Health Date: 11/4/16

Name and Phone (of the person completing this request): Gary Leach (802)863-7384

Request is for:

- Positions funded and attached to a new grant.  
 Positions funded and attached to an existing grant approved by JFO # \_\_\_\_\_

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

US Department of Health and Human Services, Centers for Disease Control  
 Zika Birth Information Network  
 (grant application and grant award document attached)

2. List below titles, number of positions in each title, program area, and limited service end date (Information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Epidemiologist IV	1	Health Surveillance	8/1/16 - 7/31/21

\*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This position is necessary to execute the project approved and funded by the Centers for Disease Control to establish a rapid active case surveillance system for birth defects linked to the Zika virus. (see summary attached)

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Signature of Agency or Department Head

Date

*Paul Dugas* 11-14-16  
 NOV 08 2016

Approved/Denied by Department of Human Resources

Date

11/21/16

Approved/Denied by Finance and Management

Date

11/21/16

Approved/Denied by Secretary of Administration

Date

11/22/16

Comments:

NOV 18 2016

**STATE OF VERMONT  
Joint Fiscal Committee Review  
Limited Service - Grant Funded  
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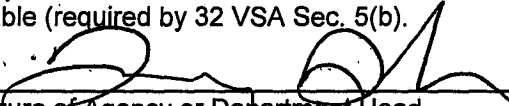
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I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

 Rec'd Oregon 11-14-16 NOV 08 2016  
 Signature of Agency or Department Head Date

\_\_\_\_\_  
 Approved/Denied by Department of Human Resources Date

\_\_\_\_\_  
 Approved/Denied by Finance and Management Date

\_\_\_\_\_  
 Approved/Denied by Secretary of Administration Date

Comments:

**NOV 18 2016**



**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____	Date _____
Comments:	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____
Working Conditions: _____	Accountability: _____
	Total: _____

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/VDH/HS GUC:  74306

Pay Group:  Work Station:  Burlington Zip Code:  05401

Position Type:  Permanent  Limited Service (end date)

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:  Peggy Brozicevic/Research & Statistics Chief/802-863-7298

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

- REQUIRED: Allocation requested: Existing Class Code  007400 Existing Job/Class Title:  Epidemiologist IV
- Position authorized by:

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

The person in this position will be responsible for developing a rapid active surveillance system of microcephaly and other select adverse outcomes possibly related to maternal Zika virus and to use the data for public health action through monitoring, prevention, and intervention. Job duties will include, but not be limited to:

(a) Develop active case-finding methodologies for rapid notification and data collection of possible cases from a range of clinical sources including prenatal and hospital champions and State laboratories. Provide guidance or training to obstetric, pediatric and other providers as needed.

(b) Employ innovative and timely approaches to data collection in electronic health records, such as remote access to clinical information.

(c) Use a standard definition as defined by the CDC.

(d) Collaborate and coordinate with the U.S. Zika pregnancy Registry effort.

(e) Collaborate with other health department programs as part of the State coordinated Zika response to ensure that surveillance data are used for public health action.

(f) Disseminate results with appropriate organizations within the State and with other States.

(g) Connect children and families to health and social services.

(h) Create and implement a plan outlining how the program is working to improve referral to services for affected individuals and families.

(i) Provide support for data analyses to evaluate the data collected and set-up programs for ongoing monitoring of data.

(j) Participate in centralized pooled clinical case and surveillance projects via secure transmission, meeting deadlines specified by the CDC.

(k) Work with the U.S. Zika Pregnancy Registry to ascertain health and developmental outcomes of children with microcephaly and other birth defects potentially associated with Zika virus infection.

(l) Evaluate the methodologies used and quality of data collected.

2. Provide a brief justification/explanation of this request: Vermont currently has a birth defects surveillance system, but the current system is a passive system that relies on quarterly reports from hospitals. These reports then require follow-up to obtain medical records and then clinical review. The standard for this surveillance system is to confirm cases within 2 years of the infant's birth. In late 2015 cases of severe birth defects associated with the Zika virus began being reported. CDC activated the Emergency Operations Center to address the public health concerns in January 2016. The Vermont Department of Health has received a grant from the CDC to establish a real-time active surveillance of microcephaly and other adverse outcomes that may be associated with the Zika virus. This grant requires reporting twice/month of cases meeting the CDC's definitions. This requirement cannot be met by the current system, and a major change in the operations of Vermont's system is needed while continuing to collect the 78 conditions currently included in the Vermont system.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). n/a

#### Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number):

7. How many other positions are allocated to the requested class title in the department:

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

#### Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Tammie Ellison

Personnel Administrator's Signature (required)\*

11/3/16

Date

Peggy Biozovic

Supervisor's Signature (required)\*

11/3/16

Date

[Signature]

Appointing Authority or Authorized Representative Signature (required)\*

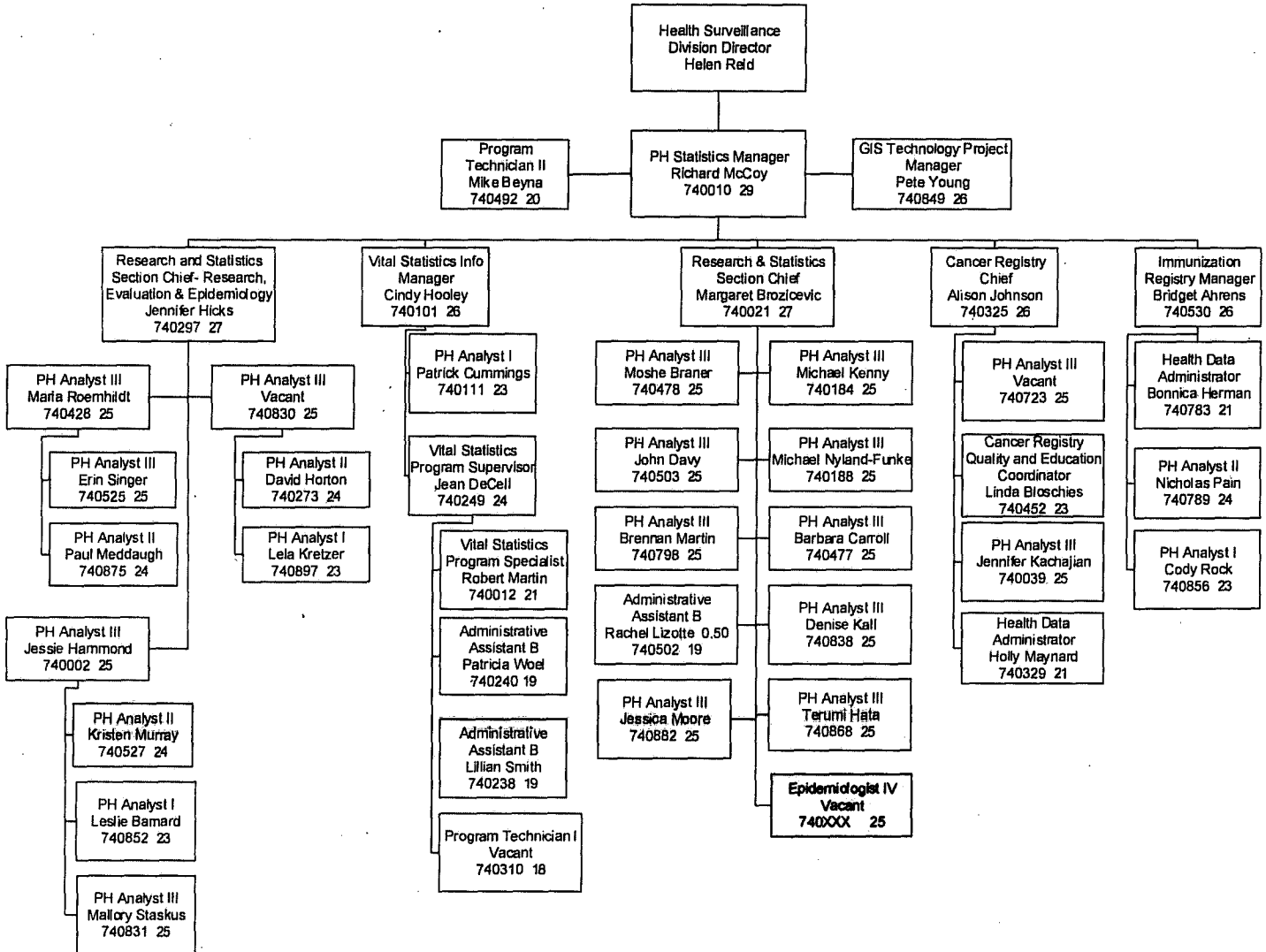
NOV 03 2016

Date

\* Note: Attach additional information or comments if appropriate.

**Division of Health Surveillance – Public Health Statistics**

October 1, 2016



Request for Grant Acceptance  
ZIKA Birth Information Network  
Summary 11/4/2016

The Department of Health has received a grant from the Centers for Disease Control and Prevention, providing \$200,000 annually over a five year project period to establish and maintain a rapid active case surveillance system for birth defects in Vermont linked to the Zika virus.

The Vermont Birth Information Network currently uses passive case finding with active follow-up. We propose to initially focus on establishing active surveillance using remote electronic access to Vermont's one tertiary care hospital and health network where approximately 70% of Vermont cases are seen. We will then work with each of the remaining Vermont hospitals to establish similar access. In the short term the Birth Information Network Coordinator will identify key personnel at each hospital who he will contact monthly. The families of all infants with Zika virus related conditions will be referred to the Department of Health's Children with Special Health Needs Program for case management and referral to services.

Funds will be used primarily to support one new limited service position. This position will coordinate with Vermont's birth hospitals to establish electronic access to birth records and to develop an active surveillance system. Funds will also be used to support the birth information network coordinator who will review these medical records and the PRAMS coordinator who will analyze data from inclusion of Zika supplemental questions on the PRAMS survey. Funds will also be available for travel costs, for incentives for PRAMS participants and for subgrants to the participating hospitals for access to their birth records.

The Health Department is hereby seeking approval to receive \$100,000 in new Federal funds in State Fiscal Year 2017 and the establishment of one limited service position. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. A copy of the grant application and award document are included for your information.

**VERMONT DEPARTMENT OF HEALTH**

SFY17 ZIKA Birth Information Budget

<u>VISION Account</u>	<u>Admin &amp; Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$37,769	\$37,769
Fringe Benefits	\$0	\$15,108	\$15,108
3rd Party Contracts	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Personal Services	\$0	\$52,877	\$52,877
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$6,362	\$6,362
Travel	<u>\$0</u>	<u>\$6,100</u>	<u>\$6,100</u>
Total Operating Expenses	\$0	\$12,462	\$12,462
Subgrants	\$0	\$12,000	\$12,000
Total Direct Costs	\$0	\$77,339	\$77,339
Total Indirect Costs	<u>\$9,065</u>	<u>\$13,597</u>	<u>\$22,661</u>
Total SFY17 Grant Costs	\$9,065	\$90,935	\$100,000

Appropriation Summary

Total Personal Services	\$9,065	\$66,473	\$75,538
Total Operating Expenses	\$0	\$12,462	\$12,462
Total Subgrants	<u>\$0</u>	<u>\$12,000</u>	<u>\$12,000</u>
	\$9,065	\$90,935	\$100,000

**VERMONT DEPARTMENT OF HEALTH**

SFY18 ZIKA Birth Information Budget

<u>VISION Account</u>	<u>Admin &amp; Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$75,538	\$75,538
Fringe Benefits	\$0	\$30,215	\$30,215
3rd Party Contracts	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Personal Services	\$0	\$105,753	\$105,753
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$12,724	\$12,724
Travel	<u>\$0</u>	<u>\$12,200</u>	<u>\$12,200</u>
Total Operating Expenses	\$0	\$24,924	\$24,924
Subgrants	\$0	\$24,000	\$24,000
Total Direct Costs	\$0	\$154,677	\$154,677
Total Indirect Costs	<u>\$18,129</u>	<u>\$27,194</u>	<u>\$45,323</u>
Total SFY16 Grant Costs	\$18,129	\$181,871	\$200,000

Appropriation Summary

Total Personal Services	\$18,129	\$132,947	\$151,076
Total Operating Expenses	\$0	\$24,924	\$24,924
Total Subgrants	<u>\$0</u>	<u>\$24,000</u>	<u>\$24,000</u>
	\$18,129	\$181,871	\$200,000



**VERMONT DEPARTMENT OF HEALTH**

SFY19 ZIKA Birth Information Budget

<u>VISION Account</u>	<u>Admin &amp; Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$75,538	\$75,538
Fringe Benefits	\$0	\$30,215	\$30,215
3rd Party Contracts	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Personal Services	\$0	\$105,753	\$105,753
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$12,724	\$12,724
Travel	<u>\$0</u>	<u>\$12,200</u>	<u>\$12,200</u>
Total Operating Expenses	\$0	\$24,924	\$24,924
Subgrants	\$0	\$24,000	\$24,000
Total Direct Costs	\$0	\$154,677	\$154,677
Total Indirect Costs	<u>\$18,129</u>	<u>\$27,194</u>	<u>\$45,323</u>
Total SFY17 Grant Costs	\$18,129	\$181,871	\$200,000

Appropriation Summary

Total Personal Services	\$18,129	\$132,947	\$151,076
Total Operating Expenses	\$0	\$24,924	\$24,924
Total Subgrants	<u>\$0</u>	<u>\$24,000</u>	<u>\$24,000</u>
	\$18,129	\$181,871	\$200,000

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**CDC Office of Financial Resources**

2920 Brandywine Road  
Atlanta, GA 30341

**NOTICE OF AWARD**

**AUTHORIZATION (Legislation/Regulations)**  
Sections 317C [42 U.S.C. 247b-4] of the Public Health Service Act.

1. DATE ISSUED MM/DD/YYYY 09/23/2016	2. CFDA NO. 93.073	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated 08/05/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 6 NU50DD000034-01-02 Formerly	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From MM/DD/YYYY 08/01/2016	Through MM/DD/YYYY 07/31/2021	
7. BUDGET PERIOD From MM/DD/YYYY 08/01/2016	Through MM/DD/YYYY 07/31/2017	
8. TITLE OF PROJECT (OR PROGRAM) Vermont Birth Information Network Zika Response		

9a. GRANTEE NAME AND ADDRESS  
Vermont Agency of Human Services  
108 Cherry St  
Burlington, VT 05401-4295

10a. GRANTEE AUTHORIZING OFFICIAL  
Mr. Paul Daley  
108 CHERRY STREET PO BOX 70  
VERMONT DEPARTMENT OF HEALTH  
BURLINGTON, VT 05402-0070  
Phone: (802) 863-7284

9b. GRANTEE PROJECT DIRECTOR  
Peggy Brozicevic  
108 Cherry St.  
Health Surveillance  
Burlington, VT 05401-4295  
Phone: 802-863-7298

10b. FEDERAL PROJECT OFFICER  
William Paradies  
Centers for Disease Control and Prevention  
CCHP/NCBDDD/DBDDD/DBD  
Atlanta, GA 30333  
Phone: 404-498-3919

**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	I
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages .....	75,538.00
b. Fringe Benefits .....	30,215.00
c. Total Personnel Costs .....	105,753.00
d. Equipment .....	0.00
e. Supplies .....	0.00
f. Travel .....	12,200.00
g. Construction .....	0.00
h. Other .....	12,724.00
i. Contractual .....	24,000.00
j. TOTAL DIRECT COSTS	154,677.00
k. INDIRECT COSTS	45,323.00
l. TOTAL APPROVED BUDGET	200,000.00
m. Federal Share	200,000.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION			
a. Amount of Federal Financial Assistance (from item 11m)		200,000.00	
b. Less Unobligated Balance From Prior Budget Periods		0.00	
c. Less Cumulative Prior Award(s) This Budget Period		200,000.00	
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION		0.00	
13. Total Federal Funds Awarded to Date for Project Period		200,000.00	
14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	
15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			
a. DEDUCTION		b	
b. ADDITIONAL COSTS			
c. MATCHING			
d. OTHER RESEARCH (Add / Deduct Option)			
e. OTHER (See REMARKS)			
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:			
a. The grant program legislation			
b. The grant program regulations			
c. This award notice including terms and conditions, if any, noted below under REMARKS.			
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

REMARKS (Other Terms and Conditions Attached -  Yes  No)

GRANTS MANAGEMENT OFFICIAL: Pamela Render

17. OBJ CLASS 41.51	18a. VENDOR CODE 1036000274A6	18b. EIN 036000264	19. DUNS 809376155	20. CONG. DIST. 00	
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-939061A	b. 000034DD16	c. 93.073	d. DD	e. \$0.00	f. 75-16-0956
22. a. 6-93906FV	b. 000034DD16	c. 93.073	d. DD	e. \$0.00	f. 75-1519-0943
23. a.	b.	c.	d.	e.	f.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 09/23/2016
GRANT NO. 6 NU50DD000034-01-02	

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

**FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DD 16-1605**  
**Revision #2**

**ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD**

**NOTE 1:** The correct Statutory Authority for this grant under FOA DD16-1605 is:

Sections 311, 317(C), of the Public Health Service Act (42 U.S.C. Sections 243, 247b-4).

**NOTE 2: REVISED BUDGET:** The purpose of this revised Notice of Award (NOA) is to approve the awardee's response to the Revised Budget condition, as required in the Notice of Award dated 7/29/2016. Based on the submission dated 9/1/2016, the revised budget narrative is approved as follows:

Salaries:	\$75,538
Fringe:	\$30,215
Travel:	\$12,200
Contractual:	\$24,000
Other:	<u>\$12,724</u>
Total Direct:	\$154,677
Indirect Charges:	<u>\$ 45,323</u>
TOTAL:	\$200,000

**NOTE 3: TECHNICAL REVIEW/SUMMARY STATEMENT RESPONSE:** The purpose of this revised Notice of Award (NOA) is to accept the awardee's responses to the weaknesses listed in the Technical Review/Summary Statement, as required in the Notice of Award dated 7/29/2016. The Responses have been reviewed, accepted and noted in the file.

**NOTE 4: PERFORMANCE REPORTING:** The purpose of this revised Notice of Award is to amend the performance reporting requirement. The Annual Performance Report is due no later than 120 days prior to the end of the budget period, 07/31/2017, and serves as the continuation application. The report should include the information specified in the FOA.

**NOTE 5:** Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

**NOTE 6:** All other terms and conditions issued with the original Notice of Award remain in effect throughout the budget period unless changed in writing by the CDC Grants Management Officer.

**PLEASE REFERENCE THE GRANT NUMBER ON ALL CORRESPONDENCE.**

Opportunity Title:	Surveillance, intervention, and referral to services ac
Offering Agency:	Centers for Disease Control - NCBDDD
CFDA Number:	93.073
CFDA Description:	Birth Defects and Developmental Disabilities - Preventi
Opportunity Number:	CDC-RFA-DD16-1605
Competition ID:	CDC-RFA-DD16-1605
Opportunity Open Date:	05/23/2016
Opportunity Close Date:	07/01/2016
Agency Contact:	null

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Vermont Birth Information Network Response to Zika

## Mandatory

Application for Federal Assistance (SF-424)

Project Abstract Summary

Disclosure of Lobbying Activities

Budget Information for Non-Construction Programs (SF-424A)

HHS Checklist (08-2007)

Project Narrative Attachment Form

Budget Narrative Attachment Form

## Optional

Other Attachments Form

[Show Instructions >>](#)

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

07/01/2016

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Vermont Department of Health

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

03-6000264

**\* c. Organizational DUNS:**

8093761550000

**d. Address:**

**\* Street1:**

108 Cherry St.

**Street2:**

**\* City:**

Burlington

**County/Parish:**

**\* State:**

VT: Vermont

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

05401-4295

**e. Organizational Unit:**

**Department Name:**

Health

**Division Name:**

Health Surveillance

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

**\* First Name:**

Peggy

**Middle Name:**

**\* Last Name:**

Brozicevic

**Suffix:**

**Title:**

Research & Statistics Chief

**Organizational Affiliation:**

Vermont Department of Health

**\* Telephone Number:**

802-863-7298

**Fax Number:**

**\* Email:**

peggy.brozicevic@vermont.gov

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Centers for Disease Control - NCBDDD

**11. Catalog of Federal Domestic Assistance Number:**

93.073

**CFDA Title:**

Birth Defects and Developmental Disabilities - Prevention and Surveillance

**\* 12. Funding Opportunity Number:**

CDC-RFA-DD16-1605

**\* Title:**

Surveillance, intervention, and referral to services activities for infants with microcephaly or other adverse outcomes linked with the Zika virus

**13. Competition Identification Number:**

CDC-RFA-DD16-1605

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**



**\* 15. Descriptive Title of Applicant's Project:**

Vermont Birth Information Network Zika Response

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="200,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="200,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement of agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:



# Project Abstract Summary

**Program Announcement (CFDA)**

93.073

**Program Announcement (Funding Opportunity Number)**

CDC-RFA-DD16-1605

**Closing Date**

07/01/2016

**Applicant Name**

Vermont Department of Health

**Length of Proposed Project**

5

**Application Control No.**

**Federal Share Requested (for each year)**

**Federal Share 1st Year**

\$ 200,000

**Federal Share 2nd Year**

\$ 200,000

**Federal Share 3rd Year**

\$ 200,000

**Federal Share 4th Year**

\$ 200,000

**Federal Share 5th Year**

\$ 200,000

**Non-Federal Share Requested (for each year)**

**Non-Federal Share 1st Year**

\$ 0

**Non-Federal Share 2nd Year**

\$ 0

**Non-Federal Share 3rd Year**

\$ 0

**Non-Federal Share 4th Year**

\$ 0

**Non-Federal Share 5th Year**

\$ 0

**Project Title**

Vermont Birth Information Network Zika Response

# Project Abstract Summary

## Project Summary

### Vermont Birth Information Network Response to Zika Virus

**Background:** In late 2015, there were reported cases of birth defects associated with the Zika virus occurring in South America, and the potential for increased numbers of birth defects cases with the spread of virus to Central and North America and travelers coming from Zika endemic countries. Usually the illness is mild. However, the Zika virus can also be spread from a pregnant woman to her fetus. Zika virus infection has been linked to microcephaly and potentially other central nervous system (CNS) defects in infants with maternal Zika virus infection exposure. At this time, the full spectrum of outcomes of children exposed, or potentially exposed, to the Zika virus is not yet known.

**Purpose:** The purpose of this proposal is to establish real-time active surveillance of microcephaly and other adverse outcomes that may be related to the Zika virus, and provide referrals to services for affected families. Data will be used to evaluate outcomes of infants with prenatal exposure to the Zika virus, and outcomes of infants with microcephaly and other conditions linked to the Zika virus. Data will be shared with the CDC and within Vermont in order to inform policy.

**Methods:** The Vermont Birth Information Network currently uses passive case finding with active follow-up. We propose to initially focus on establishing active surveillance using remote electronic access to Vermont's one tertiary care hospital and health network where approximately 70% of Vermont cases are seen. We will then work with each of the remaining Vermont hospitals to establish similar access. In the short term the Birth Information Network Coordinator will identify key personnel at each hospital who he will contact monthly. The families of all infants with Zika virus related conditions will be referred to the Department of Health's Children with Special Health Needs Program for case management and referral to services.

### Outcomes:

#### Short-term outcomes include:

- Improved rapid and accurate ascertainment of microcephaly and select CNS defects possibly linked to maternal Zika virus approaches by state public health programs.
- Improved knowledge about birth defects and Zika virus by partnering organizations, agencies, and individuals.
- Increased awareness among at-risk populations about the identification and prevention of the Zika virus.
- Increased knowledge by public health professionals about pregnancy outcomes, both affected and unaffected, as well as percent live born versus pregnancy loss.
- Increased knowledge by affected families about early identification and linkage of infants to health, early intervention, and other services.

#### Mid-term outcomes:

- Improved use of surveillance data to inform policy among a broad range of stakeholders.
- Enhanced partnership collaborations to sustain public health response.
- Improved linkage and evaluation of health and developmental outcomes for children with microcephaly and select CNS conditions with possible link to maternal Zika virus

Estimated number of people to be served as a result of the award of this grant.

60000

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB  
4040-0013

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Vermont Department of Health * Street 1: 108 Cherry St    Street 2: _____ * City: Burlington    State: VT, Vermont    Zip: _____ Congressional District, if known: _____		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b> 		
<b>6. * Federal Department/Agency:</b> n/a	<b>7. * Federal Program Name/Description:</b> Birth Defects and Developmental Disabilities - Prevention and Surveillance CFDA Number, if applicable: 93.073	
<b>8. Federal Action Number, if known:</b> 	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix _____ * First Name n/a    Middle Name _____ * Last Name n/a    Suffix _____ * Street 1 _____    Street 2 _____ * City _____    State _____    Zip _____		
<b>b. Individual Performing Services (including address if different from No. 10a)</b> Prefix _____ * First Name n/a    Middle Name _____ * Last Name n/a    Suffix _____ * Street 1 _____    Street 2 _____ * City _____    State _____    Zip _____		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. <b>* Signature:</b> Paul Daley <b>* Name:</b> Prefix _____ * First Name Paul    Middle Name _____ * Last Name Daley    Suffix _____ <b>Title:</b> Financial Director <b>Telephone No.:</b> _____ <b>Date:</b> 07/01/2016		

**b. Approach****i. Purpose**

The purpose of this proposal is to establish real-time active surveillance of microcephaly and other adverse outcomes that may be related to the Zika virus, and provide referrals to services for affected families. Data from the cases included in the Birth Information Network, along with the cases of unaffected infants included in the Pregnancy Registry but not the Birth Information Network, will be used to evaluate outcomes of infants with prenatal exposure to the Zika virus, and outcomes of infants with microcephaly and other conditions linked to the Zika virus. Data will be shared with the CDC and within Vermont in order to inform policy.

**ii. Outcomes**

Short-term outcomes include:

- Improved rapid and accurate ascertainment of microcephaly and select CNS defects possibly linked to maternal Zika virus approaches by state public health programs.
- Improved knowledge about birth defects and Zika virus by partnering organizations, agencies, and individuals.
- Increased awareness among at-risk populations about the identification and prevention of the Zika virus.
- Increased knowledge by public health professionals about pregnancy outcomes, both affected and unaffected, as well as percent live born versus pregnancy loss.
- Increased knowledge by affected families about early identification and linkage of infants to health, early intervention, and other services.

Mid-term outcomes:

- Improved use of surveillance data to inform policy among a broad range of stakeholders.
- Enhanced partnership collaborations to sustain public health response.
- Improved linkage and evaluation of health and developmental outcomes for children with microcephaly and select CNS conditions with possible link to maternal Zika virus.

**iii. Strategies and Activities**

**Authority:** The BIN is currently authorized to collect information on birth defects included in the National Birth Defects Prevention Network list. However, microcephaly is not included in that list, and other conditions that are suspected of being linked to the Zika virus are also not

included on the list. The BIN Project Director and Coordinator, along with the Public Health Statistics Chief, have met with the Vermont Department of Health's legal staff to determine the best way to proceed. Rule making is conducted at set periods of time and requires approximately six months to complete. It was determined that the best course was to begin by requesting an emergency rule based on the Commissioner of Health declaring a public emergency. Vermont currently has a case of a pregnant woman who was confirmed as having the Zika virus, which provides justification for the emergency rule. We anticipate the emergency rule will be implemented by October, 2016. Over the next several months we will work with the department's legal staff to develop a permanent rule that will allow the BIN to collect information on all conditions related to a public health emergency. This will provide the flexibility needed to respond to ongoing changes in the conditions that may be linked to the Zika virus.

Real-time surveillance: The BIN currently uses passive case finding with active follow-up, requesting medical records of potential cases from hospitals and providers. The BIN contracts with a clinical reviewer to make final case determinations. We are confident that the cases included in the BIN are accurate because of medical records are abstracted and clinical review is provided. However, the program relies on passive case finding. For some conditions the Vermont prevalence rates are lower than national averages, and we suspect this is because cases are being missed. In addition, it takes from several weeks to up to two years to confirm cases. In order to conduct active case finding in real-time the BIN will need to change its procedures, and we are prepared to make the necessary changes.

We propose to hire an epidemiologist who will focus on transforming the BIN into an active case finding program. The initial focus will be Vermont's one tertiary care hospital with a NICU, the University of Vermont Medical Center. This tertiary care hospital is also part of the University of Vermont Health Network, which includes a network of provider practices, including pediatric specialists. Approximately 70% of the BIN cases are identified through this network, from hospital visits and/or health care provider visits. Currently the BIN Coordinator receives a quarterly electronic file from the hospital with records of those infants seen in the hospital and/or provider practices with one of the conditions included in the BIN. The Coordinator then requests electronic access to the medical records of those infants.

When the emergency rule has been issued we will be formally requesting ongoing electronic access to all infant records. This will provide us with real-time active surveillance. We are aware of two Health Department staff that currently have this type of broad access to the hospital/health network's electronic data system, however both of these individuals are clinicians. We have begun informal discussions with staff at the hospital, and there are several issues to resolve. This will be the initial focus of activity for the epidemiologist. We expect that infants born in the state with microcephaly or other severe conditions will likely either be born at the University of Vermont Medical Center or transferred to the hospital and/or the specialists associated with the hospitals. Some infants may be transferred out of state, however they would likely still be receiving services through Children with Special Health Needs, and thus known to the BIN.

We have not identified anyone at the Health Department who has access to the electronic records at any of the other 11 birth hospitals in the state. The next activity of the epidemiologist will be to meet with representatives from each of these hospitals to assess the electronic health record system being used, the sections of the record that would be needed for active birth defects surveillance, and the feasibility of the hospital providing electronic access. Based on this assessment, and the number of births that occur at the hospital, the epidemiologist, in collaboration with the BIN Coordinator and Project Director, will develop a prioritized list of hospitals for establishing remote electronic access.

While our long-term objective is to obtain electronic access to the other hospitals' records, in the short term we will need another approach. When the BIN was initially implemented we worked closely with the Vermont Association of Hospital and Health Systems (VAHHS) in informing hospitals about the requirements of the BIN. VAHHS organized a conference call with representatives from all of the hospitals to provide us with an opportunity to describe our new program and our authority to request copies of medical records from them. We plan to use a similar approach, working with VAHHS to introduce the new surveillance approach. We will be identifying key staff at each of the 11 hospitals that will be responsible for contacting the BIN Coordinator when there is a birth that is possibly related to the Zika virus, and providing copies of the medical records. In addition, the BIN Coordinator will call the contact at each hospital on a monthly basis to confirm whether or not an infant with microcephaly or a related condition was born, or treated, at the hospital.

Potential cases will be entered into a database along with the relevant medical information, and linked to the birth file. The BIN contracts with a clinical reviewer, Angela Scheuerle, MD, to review BIN cases. Dr. Scheuerle will also review any potential cases of microcephaly or Zika related conditions. The Birth Information Network will use the standardized definition of microcephaly as defined by the CDC and posted by the National Birth Defects Prevention Network.

Other pregnancy outcomes will also be included. All fetal death certificates will be reviewed and follow-up with providers will be initiated as indicated. The BIN Coordinator is jointly responsible, with the Infectious Disease Program, for collecting data and submitting to the US Zika Pregnancy Registry. In addition to the outcomes of infants born to women in the Pregnancy Registry, all other pregnancy outcomes will be documented and included in all evaluations of outcomes.

The BIN currently uses a wide variety of administrative data systems for case finding, and will use these as well for the surveillance of microcephaly and other related conditions. These include hospital discharge records, the Medicaid claims database, the all-payer claims database (VHCURES), and death files.

The BIN will provide data to the CDC's Centralized Rapid Microcephaly and Select CNS Defect Outcomes Data System and Detailed Case Diagnosis Project. De-identified data will be provided monthly. The Health Department has no restriction on releasing de-identified data, and all required data will be provided.

**Referrals:** The families of infants identified by the BIN with a condition related, or potentially related, to the Zika virus will be provided with referrals to the Maternal and Child Health Division's Children with Special Needs Program (CSHN). The process that the BIN uses is to send families a letter with information about the BIN and information about CSHN. Families are given the phone number and web page address of CSHN so that they can contact the program directly. We also include a referral slip with the letter for families who prefer that CSHN staff contact them. This process gives the families the choice of whether, and when, to contact the program.

CSHN staff provides case management services for families. The Child Development Clinic at CSHN provides comprehensive assessments, and referrals to specialists and programs appropriate for the infant and their family. All infants with microcephaly and other serious conditions will be eligible for services from the Children's Integrated Services – Early Intervention program from the time of diagnosis, and for developmental disability services in the Department of Disabilities, Aging and Independent Living. Services available would include occupational and physical therapy, and home health services. Children with severe conditions would be eligible for the Katie Beckett program, which provides Medicaid insurance to a child regardless of parental income and assets, based on the child's disability. The BIN staff will collaborate with CSHN staff to share emerging information on infant outcomes and needs.

**Outreach and Education:** Increasing awareness and education about the Zika virus is essential, and the Division of Emergency Preparedness, Response and Injury Prevention (DEPRIP) will be hiring a Zika Outreach Coordinator to ensure a comprehensive communication plan is developed and implemented. The BIN Coordinator will work closely with the outreach coordinator, as well the Maternal and Child Health and Infectious Disease staff. The BIN Coordinator will focus particularly on efforts directed to hospitals and health care providers, pregnant women and families of infants with microcephaly and other related conditions. Specific activities include:

- The BIN Epidemiologist will meet with hospital staff on reporting requirements for the BIN.
- The BIN Epidemiologist, with the Outreach Coordinator, will present on BIN reporting requirements at a meeting of the Emergency Preparedness Hospital Council.
- Up-to-date clinical and testing information about Zika virus will be shared with healthcare providers through the Health Alert Network.
- The Maternal and Child Health Division will provide outreach and education for maternity care providers through Grand Rounds on Zika conducted by Maternal Fetal Medicine faculty, a Zika presentation delivered at the Northern New England Perinatal Quality Improvement Network fall 2016 meeting, a Maternal Fetal Medicine faculty

webinar for Vermont maternity care providers, and a Zika presentation at a quarterly meeting with the perinatal nurse manager group.

- Outreach and education for primary and specialty care providers and staff serving women of child-bearing age, their partners and families will be provided by the Maternal and Child Health Division through an educational session on Zika, with CME credit, at the annual meeting of the Vermont Medical Society and state chapters of the American Academy of Pediatrics and American Academy of Family Physicians, and specialty societies.
- The Maternal Child Health Division will provide education for families with young children through home visiting professionals. Zika virus education will be provided at a quarterly meeting with home visitors.
- The DEPRIP Outreach Coordinator, in coordination with the BIN Epidemiologist and Coordinator, will prepare and disseminate additional materials for healthcare professionals, and provide ongoing communications and presentations directed to healthcare professionals.
- The Outreach Coordinator will develop a comprehensive communication plan for the general public as well as at-risk populations.
- Risk Communication messages will be translated into languages other than English and shared with at-risk populations.
- Zika education materials for adolescents and young adults will be distributed in educational settings.
- The Information Director for Infectious Disease will develop and distribute public education for Vermonters traveling to Zika-affected areas. The materials will include custom designed sleeves for hotel keys or credit cards and posters with Zika prevention messages. Information will also be distributed through an expansive digital advertising campaign that targets Vermonters who are searching on travel-related websites.

**Use of Data:** The surveillance data will be used to provide families of affected infant with referrals to services. Data from the cases included in the Birth Information Network, along with the cases of infants included in the Pregnancy Registry but not the Birth Information Network, will be used to evaluate the outcomes of infants with prenatal exposure to the Zika virus, and outcomes of infants with microcephaly and other conditions linked to the Zika virus. Data will be shared with the CDC and within Vermont in order to inform policy.

## **1. Collaborations**

Collaboration within the Health Department has already begun and the Health Department will be using already existing relationships with partners to implement the Vermont response to the Zika Virus.



The BIN Coordinator has been working with the State Epidemiologist and her staff since March on participating in the US Pregnancy Registry. He will be jointly responsible with the Infectious Disease staff for collecting information about pregnant women infected with Zika virus and their infants, and submitting the data to the CDC.

In May the Division of Emergency Planning, Response and Injury Prevention (DEPRIP) organized the first meeting of the Zika workgroup. The workgroup includes staff in DEPRIP, Infectious Disease Epidemiology, Maternal and Child Health, the Communications Office, and the BIN. At that meeting the group determined that the greatest need in terms of new staff was someone who could coordinate among the workgroup members to develop and implement a comprehensive communications plan. The plan will be designed to communicate awareness and knowledge about the Zika virus to the general public, at-risk and vulnerable populations, and clinicians. This position will be located in DEPRIP, and will also coordinate the Zika workgroup, which will meet at least quarterly.

The Maternal and Child Health Division's Children with Special Needs Program will provide case management and referrals to families with infants affected by the Zika virus. The BIN has been partnering with CSHN since the beginning of the BIN program and has an excellent working relationship. The MCH Director will also assist the BIN staff in outreach to their partners in primary care and specialty care, and provide Zika-related education to health care provider groups.

External partners include the Vermont Association of Hospitals and Health Systems and birth hospitals in the state. The Health Department has a strong relationship with VAHHS; and VAHHS assisted when the BIN was first implemented by organizing a conference call with all of the hospitals to assist us in describing the then new program and the authority for the BIN to request medical records. The BIN Coordinator has been requesting, and receiving, medical records from all Vermont birth hospitals since 2006. We anticipate similar support as we expand BIN activities to actively identify potential cases in a timely manner.

The BIN will also collaborate with CDC and other state programs to share strategies and best practices to improve rapid reporting and evaluate outcomes.

An Organizational Chart and Letters of Support are attached.

## **2. Target Populations**

The focus of the Vermont BIN response to Zika will be pregnant woman exposed to the Zika virus and their infants, and all infants with possible microcephaly and/or other conditions related to the Zika virus. Pregnant women and women of childbearing age will be a focus of messages related to awareness of Zika virus and risk-reduction activities.

### **c. Applicant Evaluation and Performance Measurement Plan**

Many of the performance measures will be process measures. These will include:

- Documentation, with dates, of emergency rules and final rule issued

- Checklists and logs of contacts with providers and hospitals
- Number of cases abstracted and entered into Health Department database
- Number of cases sent for clinical review
- Number of cases submitted to the CDC
- Timeliness of cases submitted to the CDC
- Number of hospitals where the BIN has active surveillance in place
- Number of referrals to CSHN and timeliness of referrals
- Attendance sheets for meetings

The BIN will collect the measures listed above. DEPRIP will be developing performance measures for the Communication Plan. MCH will track the various health care provider meetings where sessions about Zika will be presented. Infectious Disease Epidemiology will track the number of Zika Health Alerts that are issued.

In addition to the monthly reporting of cases to the CDC, BIN staff will compile an annual report that summarizes case data for the year, examines health outcomes of the children identified by the program, and compiles measures describing the timeliness of reporting, quality of data collected, and the health outcomes identified.

The BIN will also evaluate the accuracy and completeness of the case finding procedures, the effectiveness of the Zika awareness campaigns directed towards pregnant women, and the comprehensiveness of the referral system.

The BIN coordinator will review a sample of infant medical records at all birth hospitals to assess the accuracy and completeness of the BIN case finding. This will increase the familiarity of the BIN coordinator with the records and systems of each hospital; determine how well birth defects are being identified by the established protocols and if strategies can be identified for improvement. The BIN staff have not previously conducted similar audits of records. We will contact other states and the CDC to develop procedures for conducting these reviews.

Vermont PRAMS will add the CDC PRAMS Zika supplemental questions to the Vermont PRAMS survey. These questions will cover awareness of the Zika virus, discussions with health care providers, testing for the Zika virus, and travel by the woman and her partner to countries with Zika virus. Vermont PRAMS asked similar types of questions about the H1N1 flu, and identified subpopulations that were not being counseled and who were not receiving vaccinations. The findings were used by the Immunization Program to increase outreach to at-risk populations. We expect that these questions will assist us in determining if the educational outreach to health care providers, and the Zika messages directed to the public, and especially to pregnant women, are reaching the desired targets. In addition, cases where women indicate they had a positive test for the Zika virus, or had potential exposure to the Zika virus and were not tested

can be followed up. Women who report a positive test can be checked against the US Pregnancy Registry to ensure they were included. Infants of women with potential exposure to the Zika virus and report no testing will have their infant's birth records reviewed to ensure no potential cases were missed.

To assess the comprehensiveness of Vermont's referral system and challenges faced by families of infants affected by the Zika virus we propose surveying families. The purpose is to identify what is working for families, and what challenges they are facing. The BIN had previously conducted focus groups of parents of children included in the BIN. The findings from these focus groups led to improvements in case management services and changes in procedures at hospitals.

A more detailed Evaluation and Performance Management Plan will be completed within the first six months of the project period.

#### **d. Organizational Capacity of Applicants to Implement the Approach**

The PHAB Accreditation Committee awarded five-year accreditation status to the Vermont Department of Health on June 18, 2014. With accreditation, the Health Department is demonstrating its commitment to improving and protecting the health of Vermonters and advancing the quality of public health services nationally. The process has allowed our department to assess our strengths and identify areas for improvement in order to continue to improve the quality of our services and performance.

The Public Health Accreditation Board's standards and measures provide a means for the department to continually assess its effectiveness in delivering the ten essential public health services. This grant will enable the department to continue to adhere to the standards and measures.

The Vermont Birth Information Network (BIN), established by Vermont legislation in 2003 (18 V.S.A. § 5087), is authorized to conduct statewide, population-level surveillance of selected structural birth defects and other congenital conditions. The legislation explicitly lists the extensive set of data sources available to the BIN, including the State Laboratory, as well as other laboratories.

In 2011 additional legislation expanded the list of birth defects and other conditions that could be collected by the BIN, added a new data source that had recently become available in the state (an all-payer claims database), and established that other changes to the BIN could be made through the rule-making process. In May 2016 a rule was issued authorizing the BIN to collect all of the conditions included in the National Birth Defects Prevention Network list of conditions.

The Vermont Birth Information Network is located in the Research & Statistics (R&S) unit of the Public Health Statistics section in the Division of Health Surveillance. The R&S unit has extensive experience with surveillance systems, data analysis and dissemination, and

collaborating with programs both inside and outside of the Department of Health. The R&S unit consists of the unit supervisor and nine Public Health Analysts.

Peggy Brozicevic, the Research & Statistics Chief, is the BIN Project Director. She provided staff support to the legislatively appointed committee that recommended establishing the BIN and was responsible for implementing the program. She provides overall management of the program, is responsible for grants and contracts, and provided oversight for previous legislative and rule-making changes.

Brennan Martin is the BIN Coordinator, and has been with the program since March of 2010. He is responsible for data collection and case finding using various data sources that are then linked within the BIN database. The Coordinator requests and reviews charts, abstracts data and coordinates with the clinical reviewer for case confirmation. He collaborates with the CSHN Medical Director and staff on timely referrals. He evaluates data sources, analyzes data and writes reports.

A new position, which will be an Epidemiologist IV, will be created to work with hospitals in Vermont to establish electronic access for active case finding. Various position descriptions were reviewed and this position was selected because it would provide someone who would know or could learn about birth defects, understand the type of information that would be needed for active case finding, and work with hospitals on the "...creation of an electronic network for the transfer of disease data between the Health Department, medical providers and other agencies." This person would also work with the DEPRIP outreach coordinator on preparing materials related to the Zika virus and presentations to health professionals. The State of Vermont has a standard process for establishing new, grant-related, positions, and we would expect to complete this process and begin recruiting this fall.

At this time microcephaly and certain other birth defects potentially associated with the Zika virus are not included in the NBDPN list. However, the BIN can be authorized to collect these conditions through rule making. The wording is still being developed, but will be flexible enough to add conditions as new information becomes available.

The BIN staff are already working closely with the US Zika Pregnancy Registry. The BIN Coordinator is one of the two Vermont contacts for the CDC for the Registry. In this role he is aware of State Laboratory reporting of pregnant women with positive, or inconclusive, Zika test results and their pregnancy outcomes.

BIN staff are experienced with designing data systems that not only store data in an efficient and useful manner, but can also be used to generate reports on the timeliness and completeness of the data for quality assurance and control. The database used by the BIN was built to be able identify cases that need additional follow up, report monthly on the status of all cases in the BIN broken down by various measures, and report on the timeliness in resolving birth defect cases. These same capabilities will be used to ensure that the Evaluation and Performance Measurement Strategy measures are met.

The BIN currently uses passive case finding with active follow-up, requesting medical records of potential cases from hospitals and providers. The BIN contracts with a clinical reviewer to make final case determinations. We are confident that the BIN is a strong program, but it has been relying on passive case finding and it takes from several weeks to up to two years to confirm cases. In order to conduct active case finding in real-time the BIN will need to change its procedures, and we are prepared to make the necessary changes.

Biographical sketches for the BIN Project Director and Coordinator, and the State of Vermont's job description for the Epidemiologist, are attached.