[redacted]

Request for Information (RFI) Number: 1000192666

Public Health Agency of Canada

Centre for Immunization and Respiratory Infectious Diseases (CIRID) Infectious Disease Prevention and Control Branch (IDPCB).

Project Title: Community-based surveillance of influenza and routine monitoring of seasonal influenza vaccine effectiveness (VE)

Purpose:

The purpose of this Request for Information (RFI) enquiry is to solicit feedback from the supplier community as follows:

- assess and comment on the adequacy and clarity of the requirements as currently expressed;
- offer suggestions regarding potential alternative solutions that would meet requirements, such as solution with a lower environmental impact;
- comment on the procurement strategy, preliminary basis of payment elements, and timelines for the project, and
- comment on the draft solicitation included with the RFI.

Provide information to assist the client department to:

- determine whether to proceed with requirements/strategy as planned, and if so, further developing internal planning, approval and solicitation documents that may potentially lead to a solicitation;
- refine the procurement strategy, project structure, cost estimate, timelines, requirements definition, and other aspects of the requirement;
- become a more "informed buyer" with an enhanced understanding of industry goods and service offerings in the areas of interest; and
- assess potential alternative solution concepts that would meet its requirement, such as environmentally preferable solutions.

Note to Potential Respondents:

This is not a bid solicitation and a contract will not result.

Potential respondents are advised that any information submitted to the government in response to this Request for Information may be used by the government in the development of a subsequent Request for Proposal (RFP).

The issuance of this Request for Information does not create an obligation for Canada to issue a subsequent RFP.

It should also be noted that no agreement to do business with any respondent will result from this specific enquiry.

Closing Date: Responses to this Request for Information will be accepted at any time until Monday, July 31, 2017 at 2:00 pm EDT.

Contracting Authority:

All enquiries and responses related to this Request for Information shall be directed to the Contracting Authority.

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Reference Documents:

Annex A: Sample Statement of Work (SOW)

Annex 2: Sample Mandatory and Point-Rated Evaluation Criteria

Annex A
STATEMENT OF WORK

1. SCOPE

1.1. Title: Community-based surveillance of influenza and routine monitoring of seasonal influenza vaccine effectiveness (VE)

1.2. Background

The Centre for Immunization and Respiratory Infectious Diseases (CIRID) is part of the Public Health Agency of Canada (PHAC) Infectious Disease Prevention and Control Branch. CIRID's mandate is to prevent, reduce or eliminate vaccine-preventable and respiratory infectious diseases, to reduce or eliminate the negative impact of emerging and re-emerging respiratory infections and maintain public and professional confidence in immunization programs in Canada.

Through this Contract, CIRID is seeking data that shall (1) enable routine and stable monitoring of the effectiveness of the seasonal influenza vaccine in preventing medically attended laboratory-confirmed influenza; and (2) enhance national virologic surveillance for influenza and other respiratory viruses through laboratory-epidemiologic linkages in community-dwelling patients presenting with influenza-like-illness (ILI). The surveillance and monitoring conducted through this Contract will provide regular, timely, standardized information to the PHAC FIuWatch program and will assist CIRID in meeting national surveillance standards for seasonal and pandemic influenza preparedness. The Contract is composed of both a mandatory and an optional component. The mandatory component is a Contract for the routine provision to the FluWatch program of community-based laboratory-epidemiologic linked surveillance and vaccine effectiveness monitoring data using a standard surveillance and monitoring protocol. The optional component is a single Contract for a Coordinator of the surveillance and vaccine effectiveness monitoring activities of the mandatory component across all Contractorsincluding development and oversight of a standard surveillance protocol. .

FluWatch was established in 1996 as a routine surveillance program to monitor seasonal influenza and is composed of a number of systems that gather information on circulating influenza viruses, cases of influenza-like-illness, laboratory-confirmed cases, and influenza-associated hospitalizations and deaths among Canadians. Virologic data (i.e. data on circulating viruses and laboratory confirmed cases) are the backbone of influenza and respiratory virus surveillance, connecting specific pathogens with clinical respiratory illness.

PHAC has previously provided financial contributions to the Sentinel Practitioner Surveillance Network (SPSN) for monitoring the effectiveness of influenza vaccines against laboratory-confirmed medically attended influenza within the community. SPSN has been evaluating vaccine effectiveness since 2004 and is currently based in communities across British Columbia, Alberta, Ontario and Quebec. The availability of information on vaccine effectiveness improves the interpretation of surveillance data and enables a more comprehensive assessment of the progress of influenza control in Canada. Mid-season VE estimates will be used to shape public and professional communications regarding mitigation of the annual influenza epidemic, shape local response, and support global efforts for vaccine strain selection for the seasonal vaccine. Annual VE estimates will be used to inform and assess the public health impact of influenza vaccination programs on the prevention of medically attended influenza in Canada.

Within FluWatch, the surveillance system components that gather virologic data (patient age, sex, and specimen-related dates [e.g. collection, testing]) on influenza and up to six other respiratory viruses (RSV, parainfluenza, rhino/enterovirus, adenovirus, human metapneumovirus, coronavirus) operate in isolation of the surveillance system components that gather data on cases of influenza-like-illness and hospitalizations and deaths. They remain separate, unlinked reporting systems which limits CIRID's ability to interpret influenza circulation in Canada. For example,

community cases of ILI seen in primary care are likely to be under-represented in FluWatch virologic surveillance data as the majority of participating laboratories are either provincial or hospital labs. Enhanced laboratory-epidemiologic linked surveillance data on influenza within the community (i.e. mild to moderate illness) is needed in order to accurately track, plan for and respond to public health issues, as well as to inform public health policy including immunization programs in Canada.

1.3. Objectives of the Requirement

The Contractor must provide professional services that will provide CIRID timely and consistent community-based virologic surveillance data that contributes to CIRID's understanding of the characteristics of circulating influenza and other respiratory viruses among community-dwelling Canadian children, adults and seniors as well as the effectiveness of the seasonal influenza vaccine in mitigating medically attended laboratory-confirmed influenza.

The information obtained will complement existing national surveillance and vaccine guidance activities that enable timely and relevant public health response, inform dialogue with Federal, Provincial and Territorial and other national stakeholders, assist Canada in meeting international commitments, and ensure platforms essential to rapid virus characterization and assessment of pandemic vaccine, core components of Canada's pandemic preparedness system, are in place and ready for escalation.

1.4. Description of Required Services:

a) Community-Based Laboratory-Epidemiologic Linked Surveillance (Mandatory):

Contractors for this component of the Contract will be responsible for the conduct and administration of the community-based lab-epi linked surveillance activities within their respective jurisdictions in compliance with applicable laws, regulations and policies, including but not limited to the following:

- Assemble a surveillance team which includes at minimum a Surveillance Manager and a Data Manager;
- Implement the surveillance and VE monitoring protocol developed by the Coordinator;
- Recruit and ensure training of sentinel practitioners;
- Coordinate the linkage of laboratory testing data with case data gathered by sentinels;
- Maintain close and regular communication with the sentinel practioners;
- Maintain close and regular communication with the testing laboratories and the National Microbiology Laboratory (NML) for specimen sharing;
- Gather and report all data outlined in Table 2 to PHAC and to the Coordinator; and
- Maintain any ethics approval that may be required within their jurisdiction

b) Coordination of Surveillance and Vaccine Effectiveness Monitoring (Optional)

The Contractor for this component of the Contract will be designated as the Coordinator of the surveillance and monitoring activities and deliverables of the mandatory component of all Contractorss including, but not limited to, the following:

- Assemble a team which includes at minimum a Principal Investigator and Data Manager;
- Develop and govern the implementation of the surveillance and VE monitoring protocols;
- Compile and merge data from all participating provinces/territories; and
- Generate the VE estimates stipulated in Table 4 using a standard accepted by PHAC and consistent with global best practices;

2. REQUIREMENTS

2.1. Tasks, Activities, Deliverables and Milestones

The deliverables of the Contract will be divided into those that are components of the mandatory surveillance activities and those that are related to the optional component of coordination.

Community-based laboratory-epidmemiologic linked surveillance (MANDATORY COMPONENT)

- Development and submission of a sytem overview;
- Surveillance of ILI, influenza testing in eligible ILI cases (i.e. those meeting the case definition outlined in the VE protocol), laboratory-epidemiologic data linkage, and national data submission.

Both the system overivew and the surveillance and data submission are annual requirements.

Coordination of surveillance and vaccine effectiveness monitoring (OPTIONAL COMPONENT)

- Common surveillance protocol development;
- Data pooling, analysis, pooled VE estimation;
- National data submission and reporting;
- Sentinel site evaluation

The common protocol development activity will only take place in the first year of the Contract but will be evalutated on an annual basis and updated if needed, as decided by the PHAC Technical Authority. Sentinel site evaluation must occur by the end of the third year of the Contract and be conducted using a framework developed in consulation with the PHAC Technical Authority. The data pooling, analysis and pooled VE estimation, are annual requirements.

2.1.1 Community-based laboratory-epidemiologic linked surveillance (Deliverables of Mandatory Component)

1) System Overview

The Contractor must submit to the Technical Authority the system overview according to the deadlines in Table 1 on annual basis to describe the details of the community-based laboratory-epidmeiologic linked surveillance. A description of information that must be featured in the system overview is included in Table 1.

Table 1. Enhanced virologic surveillance system overview

Activity	Deliverable	Timeline
Planning	A high level overview of the surveillance system architecture including: <u>A description of the Contractor's team as follows:</u> • List of all members of the Contractor's team and their respective roles; <u>A listing of sentinel sites and data for each site as follows:</u> • Site number (Contractor assigned); • Practice location (forward sortation area); • Practice type; (e.g., solo practice; community-based group practice; walk-in clinic; other) • Number of Practioners;Electronic medical record system used at each site; • Data flow (i.e. from the sentinel sites to the Coordinator & PHAC);	September 30, annually

	• List of all laboratories that will be used for testing; • Laboratory testing algorithms/policies for participating laboratories, incl. eligibility criteria, at-risk groups. • Methods of isolate production, shipping and integration of results of NML investigations.	

2) Surveillance Data Collection

For this element of the Contract, the Contractor's resources must focus on the ongoing identification of eligible ILI cases and collection of clinical and laboratory testing data on all elgible cases for monthly reporting.

Specific data elements have been proposed in Table 2 but would be finalized by the PHAC Technical Authority and the Coordinator through the process of the surveillance protocol development.

Table 2. Community-based laboratory-epidemiologic linked surveillance data

Activity	Deliverable	Timeline

Case finding and reporting	Case-level data including the following
	• Site #;
	• Unique identifier (Contractor assigned);
	• Age in years;
	• Age in months (children < 5 years);
	• Age group*;
	• Gender;
	• Date of symptom onset;
	• Date of specimen collection;
	• Testing lab identifier
	• Date of specimen receipt at lab;
	• Epidemiological week of date of specimen receipt at lab
	• Respiratory diagnosis; and
	• if influenza:
	  o influenza type;
	  o Influenza subtype;
	• Sent to NML (Y/N); and
	• If sent to NML
	  o Unique identifier (e.g. specimen number);
	  o Antigenic testing results;
	  o Antiviral resistance testing results;
	• Aboriginal Identity, Unspecified (patient self-identification - yes/no);
	• Pregnancy status (yes/no);
	• If pregnant, gestational age;
	• Comorbidity Status (yes/no) for:
	  o Endocrine, cardiac, vascular, pulmonary, renal, neuromuscular, liver, gastrointestinal, cancer, rheumatologic, mental health, obese, other chronic illness
	• Influenza Immunization Status for Current Season (immunized - Y/N); and
	• Validated Influenza Immunization Status for Current Season (Status Validated – Y/N).
		Starting September annually
		
		Monthly cumulative each season on the last Friday of the month
		
		Finalization of complete line list for all eligible ILI; To be provided no later than October 1st of each year with data up to the end of August

*Case data age groups (WHO standard): 0-<2 years; 2-4 years; 5-14 years; 15-49 years; 50-64 years; 65+ years

**Denominator age groups: 0-6 mos; 6mos-11mos; 12-23mos; 2-4 years; by 5 year age band up to 84 years; 85+ years

The Contractor must ensure availability of staff with whom the PHAC Technical Authority can consult within 24 hours of data submission to discuss any issues related to data quality and/or completeness. Completion rates for each variable will be monitored on a seasonal basis and will inform protocol review for the following influenza season (i.e. need for data dictionary modification).

2.1.2. Coordination of vaccine effectiveness monitoring (Deliverables of Optional Component)

1) Surveillance and VE Monitoring Protocol

The Contractor must develop by September 30th in the year that the contract is awarded a protocol that outlines, in detail, the methodology that will be used for the surveillance and vaccine effectiveness monitoring activities. The protocol will be based on the Test Negative Design (TND) and include, at a minimum, the specifics listed in Table 1. The protocol must be approved by the PHAC Technical Authority before implementation.

Table 3. Surveillance and Vaccine effectiveness monitoring protocol

Activity	Deliverable	Timeline
Planning	A detailed protocol of the methodology used for the surveillance and vaccine effectiveness monitoring activities to meet the primary objective of valid estimation of mid-season and end-of-season VE. The protocol must include at a minimum the following aspects: • Design, population, period and timeline; • Enrolment methods; • Case and control definitions; • Definition of vaccination status; • Inclusion/Exclusion criteria for cases and controls • Data collection methods (case identification, data sources, extraction and transfer methods, and data collection form); • Vaccination status ascertainment method; • Risk groups to be examined and definition of each group; • Sample size calculations ; • Data sources to be used for surveillance and VE estimation (incl. limitations that may hamper data completeness); • Data dictionary;Data flow (i.e. from participating P/Ts to PHAC ; • Data management (e.g. entry, integration, cleaning, quality monitoring, storage, backup and recovery); • Data quality standards (e.g., timeliness and completion rates); and • Roles and responsibilities for each member of the Contractor's team • Analytical approach incl. model specification, including covariates, and approach to handling missing data; and • Project limitations (incl. selection bias, information bias and considerations for national generalizability). • Change history summary compared to previous seasons (i.e. major change elements to protocol in year 2 to end of contract)	September 30, of each year of the Contract.

2) Data pooling and VE estimation

In this phase of the work, the Contractor's resources must pool data from all participating sites and estimate VE as outlined in the protocol.

Table 4. Vaccine effectiveness monitoring

Activity	Deliverable	Timeline
Merged Surveillance Dataset	Merged Line list of surveillance data described in Table 2. Including the data from all participating sites accompanied by a report on the data quality assessed against the data quality standards outlined in the surveillance and VE monitoring protocol.	Starting September of each year Monthly cumulative each season on the last Friday of the month
Produce an Interim Estimate	Interim vaccine effectiveness estimates with 95% confidence intervals including: • Overall crude VE; and • Overall adjusted VE and method of adjustment and stratified VE estimates with 95% confidence intervals for the following strata (sample size permitting): • Age groups (pediatric; adult; senior); Influenza type and subtype Locked down de-identified line list used for interim vaccine effectiveness estimation including all data elements used for the interim vaccine effectiveness estimation.	Mid-February of each year
Final Estimates	Year-end vaccine effectiveness estimates with 95% confidence intervals as described for the interim estimate including: • Overall crude VE; and • Overall adjusted VE with method of adjustment and model specified. And additionally, crude and adjusted VE: • In each of three age groups: 6 months – 17 years, 18-49 years and 50 years and older. • By influenza type and sub-type. And additionally including sensitivity analyses to explore other potential biases and effect modifiers if sample size is sufficient to do so (e.g. antiviral administration, previous vaccinations, site variation; comorbidity/indication for vaccination, epidemiological week/month of case/control presentation etc.) Locked down de-identified line list, with Contractor-assigned unique identifier (per Table 1), used for final vaccine effectiveness estimation including all data elements used for the final vaccine effectiveness estimation.	Mid-August

3) Progress Reporting

The Contractor will submit three status reports (MS Word) to the Technical Authority on an annual basis. Proposed progress report content and timelines are outlined in Table 4.; however, the template and format of delivery will be finalized in collaboration with the Technical Authority and must be approved by the Technical Authority before implementation.

Table 5. Progress Reporting Deliverables

Activity	Deliverable	Timeline

Status Reports	Three status reports detailing the activities of the implementation of the surveillance and VE estimation monitoring activities of the Contract. The report must include at a minimum:
	• Status of protocol implementation for all participating sites;
	• Variations in protocol implementation across participating sites in areas including but not limited to:
	  ○ Study design
	  ○ Recruitment
	  ○ Period of recruitment
	  ○ Eligibility criteria
	  ○ Data collection
	  ○ Vaccine history assessment;
	• Challenges and how they were/will be addressed.
		Report 1: Dec 31 (for the period Sept 1 to Dec. 31)
		
		Report 2: Mar 31 (for the period Jan. 1 to March 31)
		
		Report 3: Jun 30 (for the period April 1 to June 30)
		
		Annually

2.2. Specifications and Standards

All data must be provided in a format accessible to PHAC. PHAC currently uses a variety of reporting platforms and software including: MS Excel, MS Access, custom CNPHI solutions and an Oracle-based system IRIDDS. FluWatch will be moving all of its data holdings to a single electronic data platform, IRIDDS. Should PHAC data submission standards change during the life of this Contract, the Technical Authority will identify the new standard to the Contractors and will work with the Contractors to establish dates by which interoperability of systems with the new standards must be met.

All data must be valid and meet timeliness standards outlined in Article 2.1.

If the sample size is not sufficient to derive valid and precise estimates of either of the two (2) required VE estimates as per the sample size calculations included in the project protocol (Table 3), all Contractors and Technical Authority will jointly agree on the approach for release or non-release of the estimates.

Before data are transferred to PHAC any and all personal information, such as names must be removed and replaced with an impersonal unique person identification number.

Mid-season and year end VE estimates must be made available for PHAC to communicate to third parties, including the public through such means as PHAC's weekly FluWatch report, website or social media platforms, at time of scheduled delivery noted in Table 4.

Authorship of any publications for work conducted under this Contract must be in accordance with the ICMJE Authorship Guidelines[1].

The Contractor must adhere to epidemiological practice as outlined in the Government of Canada's Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans[2].

The Contractor must obtain all required exemptions or approvals necessary for the project (may include approval of the Health Canada/Public Health Agency of Canada Research and Ethics Board).

[1] ICMJE – Defining the Role of Authors and Contributors: http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

[2] Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2014): www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/

The Contractor must notify the PHAC Technical Authority of the publication of data gathered for the purpose of this Contract 5 days prior to submission for publication and at least 14 days prior to publication.

2.3. Technical, Operational and Organizational Environment

All tools for the implementation of the Contracts will be provided by the Contractor.

2.4. Method and Source of Acceptance

All work rendered under the Contract, including revisions, will be subject to approval by the Technical Authority. Any communication with the Contractor regarding the quality of work performed pursuant to the Contracts must be undertaken by correspondence through the Technical Authority. The Contractor must provide the Project Authority with all deliverables electronically as Microsoft Office products.

The Technical Authority has the right to reject any deliverables that are not considered satisfactory, or the Technical Authority can require their correction before payment will be authorized by the Agency to the Contractor.

2.5. Reporting Requirements

The Contractor will submit on an annual basis a status report (MS Word) to the PHAC Technical Authority outlining for the given period, milestones reached, deliverables met, open issues, and upcoming milestones.

In addition to the timely submission of the deliverables and the fulfilment of all obligations under this Contract, it is the responsibility of the Contractor to facilitate and maintain regular communication with the Technical Authority.

Communication is defined as all reasonable effort to inform the Technical Authority of plans, decisions, proposed approaches, implementation, and results of work, to ensure that the work is progressing well and in accordance with expectations. Communication may include phone calls, electronic mail, and meetings.

The Contractor is to immediately notify the Technical Authority of any issues, problems or areas of concern, relating to any Work completed under this Contract, as they arise.

2.6. Project Management Control Procedures

To ensure that the deliverables will be of an acceptable quality, completed on time and within budget, the individual identified in the proposal as the Technical Authority shall:

- Monitor progress through regular conference calls or emails;
- Review deliverables for acceptance; and
- Ensure invoices are in accordance with the completion of deliverables and the rates identified in the Basis of Payment.

The Technical Authority is responsible for all matters concerning the content of the Work under the Contract. Any changes to the work plan, methodology, scope of the Work, and/or change in project personnel must be approved by the Technical Authority. Any changes will be done in writing by means of a Contract Amendment issued by the Departmental Representative.

3. ADDITIONAL INFORMATION

3.1. Public Health Agency of Canada Responsibilities

The PHAC Technical Authority or their designate shall:

- Advise on the development and implementation of a common surveillance and VE monitoring protocol across sites.
- Approve the surveillance and VE monitoring protocol and template and format of the progress reporting deliverables;
- Provide a framework for evaluating possible confounders and modifiers of vaccine effectiveness including age, high-risk medical conditions, prior vaccination, and socio-demographic factors;
- Work with contracted sites to develop an integrated data management system to be used across sites.
- Provide a proficiency panel to be used in quality assurance for laboratory testing and be available to conduct additional tests on indeterminate lab results if requested by provincial/territorial laboratory;
- Maintain custody of combined datasets and manage access to combined datasets for multisite analyses in accordance with data share agreements, if necessary
- Prepare submission of research protocols to the Health Canada- PHAC Institutional Review Board for review, as needed (e.g. review for exemption)
- Provide feedback on Contract deliverables within ten (10) working days of receipt;
- Provide day-to-day contact for any questions from the Technical Authority or Contract Authority with acknowledgement of enquiries and any other communication within two (2) business days of receipt and provision of a response within three (3) business days;
- Use the data disclosed by the Contractor to complement existing national surveillance systems, meet weekly FluWatch reporting requirements, support public health action, inform policy dialogue with Federal, Provincial and Territorial and other national stakeholders, and assist in meeting Canada's international reporting commitments;
- Undertake, as per its requirements under the Federal Privacy Act[3] and in keeping with the data safeguarding practices featured in Schedule 1 of the Personal Information Protection and Electronic Documents Act[4] , all reasonable steps to exchange surveillance data in a manner that protects and safeguards against the loss of, unauthorized access to or unauthorized disclosure of potentially identifiable information, including but not limited to, implementing network firewalls, passwords, access restricted to authorized personnel, or other limits on access;
- Disclose aggregate surveillance data, barring it is not potentially identifiable information, to Third Parties for any public health purpose unless otherwise prohibited in this Contract;
- Not disclose sub-aggregate information (i.e. <5 cases), record level information or potentially identifiable information to a Third Party unless this Contract/Contractor permits disclosure to a Third Party, and only in accordance with this Contract and relevant legislation;
- Participate in teleconferences, schedule and attend meetings if required and provide expertise towards the success of the project as necessary.

3.2. Contractor Responsibilities

The Contractors for community-based laboratory-epidemiologic linked surveillance and VE monitoring shall:

- Liaise with the Technical Authority for meetings and other related project management activities;

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[3] Federal Privacy Act: http://laws-lois.justice.gc.ca/eng/acts/p-21/

[4] Personal Information Protection and Electronic Documents Act: http://laws-lois.justice.gc.ca/eng/acts/p-8.6/

- Participate in approximately one teleconference meeting each month to share surveillance and VE estimation findings with Federal/Provincial/Territorial surveillance counterparts.
- Submit all deliverables within the timelines outlined in Article 2.1;
- Keep all documents and proprietary information confidential;
- Acknowledge PHAC as a surveillance and VE estimation project funder on any publications resulting from the project;
- Use its own equipment and software for the performance of this work;
- Return all materials belonging to PHAC on completing the Contract;
- Obtain jurisdictional review and administrative approval for active virological surveillance and VE monitoring as necessary;
- Manage data in accordance with all applicable laws and policies within the jurisdiction where data are held;
- Implement a common protocol developed by the CoordinatorProviding scientific and management oversight for the overall project at his/her performance site(s), including research design and conduct, data collection, quality control, data analysis and interpretation, and personnel management
- Obtaining and maintaining the appropriate Institutional Review Board approvals and working with PHAC Technical Authority to obtain Institutional Review Board approvals if required Performing laboratory tests and data analyses as specified in the study protocol;
- Ensuring participating Provincial laboratories complete NML-sponsored laboratory proficiency testing.
    - Participating in information dissemination across sites,including: sharing data with other contracted sites and PHAC;;
    - providing progress updates;
    -
    - project evaluation ; and
  - collaborating on presentation and publication of data.

The Contractor for Coordination of VE monitoring shall also:

- Submit all deliverables within the timelines and standards outlined in Article 2.1.2;

- Prepare and lead multisite manuscripts of primary objectives (interim and end-of-season VE estimates and annual burden of disease estimates), as warranted;
- Meet with the representatives of each sentinel site to resolve issues if necessary and cover associated costs;

3.3. Authorities

The Public Health Agency of Canada has designated Technical Authority for consultation to be identified at time of Contracts Award.

3.4. Location of Work, Work site and Delivery Point

The work will be undertaken at the Contractor's facility(ies).

3.5. Language of Work

All deliverables will be submitted in English.

3.6. Insurance Requirements

The Contractor is responsible for deciding if insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any insurance

acquired or maintained by the Contractor is at its own expense and for its own benefit and protection. It does not release the Contractor from or reduce its liability under the Contract.

3.7 Security

The deliverables created for the purpose of this Contract (see Article 2.1) will remain under the control of Canada and subject to the Privacy Act and the Access to Information Act.

Unscreened contractors must be escorted by an employee or Commissionaire at all times when visiting Government of Canada facilities.

Information which is to be used in the development of the contracted product, as reference material or otherwise made available to the contractor must be unclassified material and considered to be releasable to the public by HC/PHAC and/or The Government of Canada as per the requirements of the Privacy Act and the Access to Information Act.

No Protected or Classified information is to be made available to the contractor, used in the production of the contracted product, or produced as a result of this contract.

The Contractor shall be fully and solely responsible for the actions of its employees, subcontractors, and agents who act on its behalf in the performance of their functions under the contract.

The Contractor must designate a senior individual within its organization to be the point of contact for complying with privacy/security obligations.

4. PROJECT SCHEDULE

4.1. Expected Start and Completion Dates

The Contract period is from Contract Award Date for a period of three (3) years with an option to renew for one (1) additional one year period.

4.2. Schedule and Estimated Level of Effort (Work Breakdown Structure)

As detailed in Article 2.1

5. REQUIRED RESOURCES OR TYPES OF ROLES TO BE PERFORMED

As detailed in the mandatory and rated criteria.

6. APPLICABLE DOCUMENTS AND GLOSSARY

Definitions

Influenza Season	Epidemiological week 35 to week 34 each year
Sentinel	An primary care practice that is part of the broader surveilance network

Acronyms

CIRID	Centre for Immunization and Respiratory Infectious Diseases
ICMJE	International Committee of Medical Journal Editors
ICD	International Classification of Disease
ICU	Intensive Care Unit
ILI	Influenza-like-illness
PAHO	Pan American Health Organization
PHAC	Public Health Agency of Canada
RT-PCR	Reverse Transcription-Polymerase Chain Reaction

VE	Vaccine Effectiveness
WHO	World Health Organization

ANNEX B - EVALUATION CRITERIA

The evaluation of the following criteria is based on a "rules of evidence" approach in that the evaluation committee can only conduct its evaluation based on the contents of the Bidder's bid. The onus is on the Bidder to ensure that its bid is complete, clear, and provides sufficient detail for the evaluation committee to evaluate the bid. Simply repeating or copying a statement contained in the RFP is not sufficient.

To facilitate the evaluation of the bid, Canada also requests that Bidders address and present topics in the order of the evaluation criteria under the same headings. To avoid duplication, Bidders may refer to different sections of their bids by identifying the specific paragraphs and page numbers where the subject topic has already been addressed.

For the purpose of the technical criteria specified below, the experience of the Bidder includes the experience of the parent, subsidiaries or other affiliates of the Bidder, or its subcontractors.

Mandatory Criteria - SURVEILLANCE SERVICES (MANDATORY)

The bid must meet the mandatory criteria set out below. The Bidder must provide the necessary documentation to support compliance. Bids which fail to meet the mandatory criteria will be declared non-responsive. Mandatory criteria are evaluated on a simple pass or fail basis. This will be evaluated as either a "Yes" or a "No."

ATTENTION BIDDERS:
Write beside each of the criterion the relevant page number(s) from your bid which addresses the requirement identified in the criteria.

#	Mandatory Technical Criteria (Surveillance Services)	Met (Yes/No)	Cross-Reference to bid *(indicate page #)*
M1	**Sentinel Surveillance Subject Matter Expert (SME) Mandatory Criteria** The bidder must demonstrate, by providing a detailed CV, that the resource proposed as the Sentinel Surveillance Subject Matter Expert (SME) for the Project: a) Has a Master's degree specializing in an area related to public health from an organization accredited in Canada (e.g. university); b) Has at least two (2) years' experience within the last ten (10) years* conducting research or surveillance/monitoring responsible for collecting individual case level surveillance data from multiple sources in a clinical or laboratory setting; * Work experience, must include the relevant dates (month and year) for the experience claimed (i.e., the start date and end date)		

M2	**Laboratory Mandatory Criteria** a) a) The Bidders must demonstrate that they have access to accredited laboratories capable of diagnosing influenza cases by virus type and subtype or lineage using a standardized, validated real-time RT-PCR assay. Bidders must provide the names of their associated laboratories, as well as proof of accreditation. b) The Bidders must demonstrate, by providing a detailed project description,that they have experience in viral isolation and in preparing specimen shipments as per NML guidelines for national influenza surveillance purposes.		

Point-rated Technical Criteria –SURVEILLANCE SERVICES (MANDATORY)

In addition to meeting the Mandatory Criteria, the Bidder must also address the Point-Rated Criteria identified below.

Minimum overall score
The overall minimum cumulative score is of 32/54 points for the sum of technical criteria R1, R2. Bids that fail to meet the minimum score of 32 points will be declared non-responsive and no further consideration will be given to the bid.

#	Point-Rated Technical Criteria (Surveillance Services)	Points allocated	Cross-Reference to bid *(indicate page #)*
R1	**Sentinel Surveillance Technical Authority Rated Criteria** The bidder should demonstrate, using detailed project summaries*, that the resource proposed as the Sentinel Surveillance Technical Authority has experience within the last ten (10) years in which they were responsible for individual case level surveillance data collection on vaccine preventable diseases in a clinical or laboratory setting. * Project summaries should include a brief description of the project including the nature of the case level surveillance data and the relevant dates (month and year) for the experience claimed (i.e., the start date and end date). **Point Allocation:** Up to three (3 points) for every six (6) months* of demonstrated experience in the last 5 years to a maximum of ten (10) points	/10	

R2	**Proposed Work Plan, Approach and Methodology** The Bidder should provide a detailed outline of their proposed Work Plan, Approach and Methodology to complete the requirements of the Statement of Work (SOW). The bidder should include a list of proposed personnel along with their assigned activities and estimated schedule of completion with respect to the milestones outlined in the SOW. The bidder should provide sufficient detail to demonstrate their understanding of the requirement and their ability to deliver on it. Should the bidder foresee any potential challenges, they should address them and offer possible solutions. **Points Allocation:** **Surveillance Team (SOW section 1.4a)** Description of proposed team for conduct of activities outlined in the SOW (up to 6 points) 6 points: Team members, activities and the proposed schedule are clearly identified and consistent with the deliverables, and the bidder demonstrates an excellent understanding of the requirement; 4 points: Team members, activities and the proposed schedule are identified and consistent with the deliverables, and the bidder demonstrates a satisfactory understanding of the requirement. 2 points: Team members, activities and the proposed schedule are poorly identified, and the bidder demonstrates a poor understanding of the requirement. 0 points: Team members, activities and the proposed schedule are not identified and the bidder demonstrates no measurable understanding of the requirement. **Sentinel Recruitment ,Training and Engagement (SOW section 1.4a)** Proposed method of sentinel practitioner recruitment, training and engagement. (up to 9 points) 9 points: Proposed methods of recruitment, training and engagement are well-defined,		

	clear and logical. 6 points: Proposed methods of recruitment, training and engagement are satisfactorily defined, clear and logical; 3 points: Proposed methods of recruitment, training and engagement are poorly defined, and/or unclear and/or illogical; 0 points: Proposed methods of recruitment, training and engagement are not defined. **Patient Enrollment Capacity (SOW Section 1.4a)** The Bidder must describe its resources, capabilities and proposed activities to achieve acceptable sample size enrollments for vaccine effectiveness estimation using conservative assumptions of influenza activity during a typical influenza season (e.g., minimum of 500 total patient enrollees with a minimum of 100 in each of three age groups [6 months – 17 years, 18-49 years and 50 years and older], with at least 50 among young children aged 6 months – 8 years and with at least 50 among adults aged ≥65 years). (up to 15 points) 15 points: Proposed resources, capabilities and activities to achieve acceptable sample size enrolments are well-defined, clear and logical. 10 points: Proposed resources, capabilities and activities to achieve acceptable sample size enrolments are satisfactorily defined, clear and logical; 5 points: Proposed resources, capabilities and activities to achieve acceptable sample size enrolments are poorly defined, and/or unclear and/or illogical; 0 points: Proposed resources, capabilities and activities to achieve acceptable sample size enrolments are not defined. **Data Collection & Reporting (SOW section 1.4a & 2.1.1.)** a) Proposed method of data collection and reporting for case and laboratory data (6 points) 6 points: Method of data collection and reporting is clearly identified and consistent with the deliverables, and the bidder demonstrates an excellent understanding of		

	the requirement; 4 points: Method of data collection and reporting is identified and consistent with the deliverables, and the bidder demonstrates a satisfactory understanding of the requirement. 2 points: Method of data collection and reporting is poorly identified, and the bidder demonstrates a poor understanding of the requirement. 0 points: Method of data collection and reporting is not identified and the bidder demonstrates a poor understanding of the requirement. b) Method of ascertainment of vaccination status (6 points) 6 points: Method of ascertainment of vaccination status is clearly identified and consistent with the deliverables, and the bidder demonstrates an excellent understanding of the requirement; 4 points: Method of ascertainment of vaccination status is identified and consistent with the deliverables, and the bidder demonstrates a satisfactory understanding of the requirement. 2 points: Method of ascertainment of vaccination status is poorly identified, and the bidder demonstrates a poor understanding of the requirement. 0 points: Method of ascertainment of vaccination status is not identified and the bidder demonstrates a poor understanding of the requirement. c) Method of linkage of specimen testing results with case data (i.e. both P/T level testing and national level testing (i.e. NML) where applicable) (6 points). 6 points: Method of data linkage is clearly identified and consistent with the deliverables, and the bidder demonstrates an excellent understanding of the requirement; 4 points: Method of data linkage is identified and consistent with the deliverables, and the bidder demonstrates a satisfactory understanding of the requirement. 2 points: Method of data linkage is poorly identified, and the bidder demonstrates a		

	poor understanding of the requirement. 0 points: Method of data linkage is not identified and the bidder demonstrates a poor understanding of the requirement. d) Proposed method of data management (6points) 6 points: Method of data management is clearly identified and consistent with the deliverables, and the bidder demonstrates an excellent understanding of the requirement; 4 points Method of data management is identified and consistent with the deliverables, and the bidder demonstrates a satisfactory understanding of the requirement. 2 points: Method of data management is poorly identified, and the bidder demonstrates a poor understanding of the requirement. 0 points Method of data management is not identified and the bidder demonstrates a poor understanding of the requirement.	/44	
Total available points: 54 Minimum required: 32 (60%)			Actual score: /54 PASS ☐ FAIL ☐

Mandatory Criteria - COORDINATOR SERVICES - OPTIONAL

The bid must meet the mandatory criteria set out below. The Bidder must provide the necessary documentation to support compliance. Bids which fail to meet the mandatory criteria will be declared non-responsive. Mandatory criteria are evaluated on a simple pass or fail basis. This will be evaluated as either a "Yes" or a "No."

Mandatory Technical Criteria (MT) For the purpose of the mandatory technical criteria specified below, the experience of the Bidder and its subcontractors, affiliates and suppliers will be considered.		
Number	**Resource Mandatory Technical Criterion (COORDINATOR SERVICES)**	**Page Reference In The Bidder's Proposal**
M1	**Principal Investigator Mandatory Criteria** The bidder must demonstrate that the resource proposed as the Principal Investigator for the Project: a) Is a Physician currently certified by either a Canadian or American certifying authority or hold a PHD in epidemiology, public health, immunology, virology or related discipline demonstrated via provision of a copy of the diploma/degree which clearly demonstrate compliance with the criteria; b) Has three (3) years' experience within the last ten (10) years leading one (1) health surveillance project that involved collection of individual case level surveillance data from data providers located in at least three different provinces or territory(ies) in Canada with a minimum annual budget of $350K and a minimum project duration of 24 months; and c) Has written a minimum of three (3) peer-reviewed journal publications or reports in the last ten (10) years* on a topic related to influenza epidemiology. For each article listed, the Bidder must provide at a minimum: A) Author name; B) Publication name; C) Date of Publication; D) Title of article; E) Brief summary of the article (e.g. article abstract); F) Impact factor of the publication.	

Point Rated Technical Criteria – OPTIONAL COORDINATOR SERVICES

Bids which meet all the mandatory technical criteria will be evaluated and scored as specified in the tables inserted below. Bids which fail to obtain the required minimum number of points specified will be declared non-responsive. Each point rated technical criterion should be addressed separately. In cases where more than one resource is bid for a resource category each resource will be evaluated separately against the specific criteria and an average of the scores will be used for evaluation purposes. **The minimum score is 36 out of 60 possible point-rated points (60%).**

Number	Corporate Rated Technical Criterion	Points allocated for the criteria	Page Reference In The Bidder's Proposal
R1	**Surveillance Service Experience** The bidder should demonstrate, using detailed project descriptions, that the resource proposed as the Principal Investigator has experience implementing and managing a health surveillance data network for either the private or public sector within the last ten (10) years (up to 10 points). **Points Allocation:** 10 points: five (5) projects 8 points: four (4) projects 6 points: three (3) projects 4 points: two (2) projects 2 points: one (1) project 0 points: zero (0) projects	/10	
R2	**Principal Investigator (Subject Matter Expert Experience)** The bidder should demonstrate that the resource proposed as the Principal Investigator is a Subject Matter Expert in the area of influenza epidemiology as defined by the impact factor of the articles identified in Mandatory Criteria (M1c) as measured by CiteFactor. **Points Allocation:** Of the three (3) articles identified for M1c the article with the highest IMPACT factor for any relevant journal article publication will be measured based on the following: If above 5 = 10 points If 2.5-4.99 = 5 points <2.5 = 0 points	/10	
RR-2	**Principal Investigator Experience negotiating with Canadian Provincial or Territorial Health Government Organizations for access to health related data** The bidder should demonstrate that the resource proposed as the Principal Investigator has experience successfully negotiating with Canadian Provincial or Territorial Health Government Organizations for access to health related data. **Points Allocation:** **Points Allocation:** 10 points: five (5) projects 8 points: four (4) projects	/10	

	6 points: three (3) projects 4 points: two (2) projects 2 points: one (1) project 0 points: zero (0) projects		
RR-3	The Bidder should provide a detailed outline of their proposed Work Plan, Approach and Methodology to complete the requirements of the Statement of Work (SOW). The bidder should include a list of proposed personnel along with their assigned activities and estimated schedule of completion with respect to the milestones outlined in the SOW. The bidder should provide sufficient detail to demonstrate their understanding of the requirement and their ability to deliver on it. Should the bidder foresee any potential challenges, they should address them and offer possible solutions. Points will be allocated as follows: **Points Allocation:** **Team Description (SOW section 1.4b)** Description of proposed team for conduct of activities outlined in the SOW (up to 6 points) 6 points: Team members, activities and the proposed schedule are clearly identified and consistent with the deliverables, and the bidder demonstrates an excellent understanding of the requirement; 4 points: Team members, activities and the proposed schedule are identified and consistent with the deliverables, and the bidder demonstrates a satisfactory understanding of the requirement. 2 points: Team members, activities and the proposed schedule are poorly identified, and the bidder demonstrates a poor understanding of the requirement. 0 points: Team members, activities and the proposed schedule are not identified and the bidder demonstrates no measurable understanding of the requirement. **Vaccine Effectiveness Monitoring (SOW section 2.1.2)** Proposed method of study subject selection (up to 6 points). 6 points: Excellent 4 points: Satisfactory 2 points: Poor 0 points: None		

	Proposed method and schedule of data flow through all levels of reporting (up to 6 points). 6 points: Excellent 4 points: Satisfactory 2 points:Poor 0 points: None Proposed method of data management (up to 6 points). 6 points: Excellent 4 points: Satisfactory 2 points: Poor 0 points: None Proposed analytic approach (up to 6 points). 6 points: Excellent 4 points: Satisfactory 2 points: Poor 0 points: None	/30	
Total available points: 60 Minimum required: 36 (60%)			Actual score: /60 PASS ☐ FAIL ☐