

## ANNEX 2 PANDEMIC INFLUENZA

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### I. INTRODUCTION

- A. The mission of this plan is to reduce the burden of disease and to mitigate the impact of a influenza pandemic in South Carolina. This plan is Annex 2, Pandemic Influenza, of the Infectious Disease Plan, Appendix 14 of the South Carolina Emergency Operations Plan. This attachment identifies critical influenza pandemic response functions and assigns responsibilities for those functions within the State of South Carolina. This plan is written to be used in the case of the appearance of a novel influenza virus, regardless of whether a pandemic has been declared.
- B. An Influenza pandemic is an outbreak of a novel Influenza virus that has worldwide consequences, especially for an immunogenically naïve population, who have not been exposed to this virus previously. Influenza pandemics present special requirements for disease surveillance, rapid delivery of vaccines and antiviral drugs, allocation of limited medical resources, and expansion of health care services to meet a surge in demand for care. In society, a pandemic would impact not just the delivery of health care, but the way South Carolinians conduct their daily lives. In a severe pandemic, businesses and industries would be impacted by the high rate of absenteeism from employee illnesses and from employees who must stay home to care for loved ones. Large gatherings of people such as sports events, concerts, and shopping at the malls would be discouraged. Schools may close. South Carolinians may need to change the way they conduct their everyday lives.
- C. Pandemics occur in the following six phases defined by the World Health Organization and the Centers for Disease Control and Prevention: Interpandemic Period (Phases 1 and 2), Pandemic Alert Period (Phases 3, 4, and 5), and Pandemic Period (Phase 6). Distinguishing characteristics of each phase are described below. The phases will be identified and declared at the national level for the purposes of consistency, comparability, and coordination of response.
- D. The World Health Organization (WHO) has developed a global influenza preparedness plan, which defines the phases of a pandemic, outlines the role of WHO, and makes recommendations for national measures before and during a pandemic.

The distinction between **WHO phases 1 and 2** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals

and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and other scientific parameters.

The distinction among **WHO phases 3, 4, and 5** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters.

In order to describe its approach to the pandemic response, the federal government characterized the stages of an outbreak in terms of the immediate and specific threat a novel influenza virus poses to the United States population. The chart below shows the relationship of the Federal Government Response Stages to the WHO Phases and the appearance of the disease in the United States. The Federal government identified six response stages and these are shown in the context of the six WHO Phases.

Additionally, SCDHEC further refined the WHO Phases/Federal Government Response Stages to define response to the appearance of a novel influenza virus in or near South Carolina.

South Carolina's response to a novel influenza virus or declared pandemic is based on the situation in this state. Response activities are initiated as the situation evolves.

- E. Planning guidance and assumptions are based on information provided by the U. S. Department of Health and Human Services in the "HHS Pandemic Influenza Plan – November 2005" and the Pandemic Planning Update – November 2006," by the Homeland Security Council in the "National Strategy for Pandemic Influenza Implementation Plan" and by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) in the "Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Non-pharmaceutical Interventions – February 2007." South Carolina has correlated action phases to direct emergency operations specific to South Carolina's Emergency Operations Plans.

The South Carolina Action Stages, related Federal Government stages and WHO Phases are:

| WHO Global Pandemic Phases and the Stages for Federal Government Response and Corresponding South Carolina Response |                                    |   |            |   |
|---|------------------------------------|---|------------|---|
| South Carolina Action Stages  | Federal Government Response Stages |   | WHO Phases |   |
| <b>Inter Pandemic Period</b>  |                                    |   |            |   |
|   | <b>0</b>                           | New domestic animal outbreak in at-risk country           | <b>1</b>   | No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low. |
|   |                                    |   | <b>2</b>   | No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.  |
| <b>Pandemic Alert Period</b>  |                                    |   |            |   |
| Suspected human outbreak overseas   | <b>0</b>                           | New domestic animal outbreak in at-risk country           | <b>3</b>   | Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.  |
|   | <b>1</b>                           | Suspected human outbreak overseas                         |            |   |
| Confirmed human outbreak overseas   | <b>2</b>                           | Confirmed human outbreak overseas                         | <b>4</b>   | Small cluster(s) with limited human-to-human transmission but spread in highly localized suggesting that the virus is not well adapted to humans.   |
|   |                                    |   | <b>5</b>   | Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).                 |
| <b>Pandemic Period</b>  |                                    |   |            |   |
| Widespread human outbreak <u>outside</u> U.S.   | <b>3</b>                           | Widespread human outbreaks in multiple locations overseas | <b>6</b>   | Pandemic Phase: Increased and sustained   |
|   | <b>4</b>                           | First human case in North America                         |            |   |
| Human outbreak <u>inside</u> U.S.   |                                    |   |            |   |
| Human outbreak in S.C.  | <b>5</b>                           | Spread throughout United States                           |            |   |
|   | <b>6</b>                           | Recovery and preparation for subsequent waves             |            |   |

The four traditional phases of emergency management can be matched with the six WHO phases of a pandemic in the following way:

1. *Preparedness* Interpandemic (WHO Phases 1 and 2)
2. *Response* Pandemic Alert (WHO Phases 3, 4 and 5)  
Pandemic (WHO Phase 6)
3. *Recovery* Pandemic Over and Interpandemic (WHO Phases 1 and 2)
4. *Mitigation* Interpandemic (primarily) (WHO Phases 1 and 2)

- F. In addition to the recommendations using WHO pandemic phases, the US Centers for Disease Control and Prevention in 2007 issued a planning document that outlines a Pandemic Severity Index (PSI), characterizing the possible severity of a pandemic. The index uses case fatality ratio as the critical driver for categorizing the severity of a pandemic. In this index, pandemics may be assigned to one of five discrete categories of increasing severity (Category 1 to Category 5). This index is included as Attachment 1 for reference.

Additional guidance was issued by the DCD in the form of the Pandemic Influenza Plan 2017 Update and provides updated planning recommendations for specific community mitigation interventions that may be used for a given level of pandemic severity.

The severity level of a pandemic will not be known at its initial declaration, or may change during its course. Therefore, South Carolina's response will initially be conducted based on the assumption that the novel influenza virus is the highest level of severity. Response will be adjusted as the situation unfolds.

- G. Response to an influenza pandemic relies on health and medical resources, including transportation assets, temporarily realigned from established programs. Key program elements include: Command and Control and Public Health Authority; Disease Surveillance and Outbreak Response; Laboratory; Vaccine Procurement; Distribution and Use, Distribution of Medications and Other CDC-approved Medical Countermeasures; Community Mitigation; Management of Surge; Public Information; Communication with Response Partners; Behavioral Health; Continuity; and Mass Fatality Management.

1. **COMMAND AND CONTROL AND PUBLIC HEALTH AUTHORITY** refers to the legal authorities granted to SCDHEC that enable the agency to respond effectively to a disease outbreak

and the use of the incident command system as outlined in the South Carolina Emergency Operations Plan and its Standard Operation Procedures. Public Health Authority refers to the aspects of pandemic response requiring executive decisions and recommendations for social distancing, such as:

- a. ordering and enforcing *quarantine*, which is the physical separation, including restriction of movement, of populations or groups of healthy people who have been potentially exposed to a contagious disease;
  - b. ordering and enforcing *isolation*, which is the separation and confinement of individuals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with a contagious disease to prevent them from transmitting disease to others;
  - c. ordering the release of medical information for epidemiological investigation;
  - d. expanding or lifting regulations and licensure requirements to allow for the expansion of medical services; and
  - e. ordering expansion of medical services under emergency conditions;
  - f. issuing other lawful directives in support of the response;
  - g. recommending other or additional nonpharmaceutical containment strategies and other measures applied to an entire community or region, designed to reduce personal interactions and thereby transmission risk; and
  - h. recommendations for school and public institution closings.
2. **DISEASE SURVEILLANCE AND OUTBREAK RESPONSE** refers to the voluntary and required systematic reporting and analysis of signs, symptoms, and other pertinent indicators of illness to identify disease and characterize disease transmission and spread, as well as the actions required to respond to the outbreak to include case determination and the identification / tracking of contacts of known/suspected cases of pandemic-strain influenza.
  3. **LABORATORY** refers to the activities performed by the SCDHEC Public Health Laboratories to provide testing needed to assist in the

surveillance of the disease, including monitoring the clinical progression of the disease.

4. **VACCINE PROCUREMENT, DISTRIBUTION AND USE** refers to acquisition, allocation, distribution, and administration of influenza vaccine, and monitoring the safety and effectiveness of influenza vaccinations. Vaccine programs are established as part of pharmaceutical intervention measures. Implementing a pandemic response vaccine program involves SCDHEC staff as well as community health care providers and other stakeholders. Activities that must be implemented include: the identification and registration enrollment of vaccine providers; the distribution and tracking of vaccine administration through these providers; the identification and hiring of additional staff needed to conduct a statewide vaccine campaign; and additional tasks to implement population specific campaigns (i.e. school-located vaccine clinics), if needed. Implementation of school-located vaccination clinics require establishing procedures for school nurses as partners and addressing the training needed to incorporate the use of volunteers in the vaccine distribution program.
5. **DISTRIBUTION OF MEDICATIONS AND OTHER CDC APPROVED COUNTERMEASURES** refers to the acquisition, apportionment, and distribution of pharmaceuticals (other than vaccines) and other countermeasures such as personal protective equipment, IV fluids and ventilators to lessen the impact of the disease and also to minimize secondary infection. This includes strategies involving antiviral medications, antibiotics and non-pharmaceutical intervention measures.
6. **COMMUNITY MITIGATION** refers to the actions considered for implementation by public health to control the spread of the pandemic influenza. These actions may include, but are not limited to, the use of:
  - a. isolation and quarantine. Isolation is the separation and confinement of individuals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with a contagious disease to prevent them from transmitting disease to others. Voluntary isolation of the ill at home will be recommended for all severity levels of a pandemic. Quarantine is the physical separation, including restriction of movement, of populations or groups of healthy people who have been potentially exposed to a contagious disease, or to efforts to segregate these persons within specified geographic areas;

- b. infection control measures to protect individuals from coming in direct contact with infectious materials or agents to limit transmission and include physical barriers (e.g., masks, gloves, hygiene (e.g., respiratory and hand hygiene) and disinfection measures;
  - c. community based activity restrictions (also referred to as “social distancing”) to increase distance between members of a community by restricting or limiting public gatherings, public events, or group activities. This includes school closures.
7. MANAGEMENT OF SURGE refers to the regulatory and disease control recommendations provided by SCDHEC that are needed to respond to patient surge created by persons suffering from the influenza virus and by persons who arrive at a facility who are not currently suffering from any diagnosable disease, but may fear that they have been exposed to the novel influenza virus (“emotionally impacted”) in hospitals, emergency medical service providers and physician offices. Medical surge is the rapid expansion of the health care system (primary care, urgent care, hospital and rehabilitative care) to accommodate a surge in the number of patients. Public health activities are a minor part of medical surge. This includes, but is not limited to SCDHEC’s support for:
- a. The establishment of alternate triage sites established to relieve patient surge in hospitals;
  - b. The recommendations for hospital policies to address visitors/children, vaccination of employees, scarce medical equipment such as ventilators and altered standards of care during patient surge;
  - c. Recommendations for the establishment of critical care triage policies in hospitals;
  - d. Surge as a result of the arrival of the “emotionally impacted.”

SCDHEC’s role in the management of medical surge is primarily related to insuring that regulations are in place to allow healthcare facilities to accommodate medical surge, to provide guidance on the allocation of scarce resources, including ventilators, and to provide clinical guidance, especially concerning personal protective equipment, infection control, etc., and to assist healthcare providers in planning for a pandemic. The SC Hospital Association works with SCDHEC to disseminate guidance and information on regulatory issues regarding medical surge and to assist in the vaccination procedures for healthcare employees. Hospitals must establish individual plans to respond to a pandemic and are

responsible for the protection of their employees and their patients during a pandemic.

8. **PUBLIC INFORMATION** refers to the development of appropriate and necessary information and messages about the pandemic by SCDHEC and the provision of this critical information to the public and the media. Appropriate and timely messages to the public are an essential element of community mitigation.
9. **COMMUNICATION WITH RESPONSE PARTNERS** refers to the actions taken to ensure that other statewide partners are provided with information that will establish and maintain situational awareness of the unfolding agency response. This may include clinical guidance and information regarding the novel influenza virus and mitigation measures in a timely fashion. Information may include, but is not limited to training and workshops, community mitigation recommendations and recommendations for personal protective equipment, ethical guidance and altered standards of care. Communication with response partners also refers to the communications that will occur between other state partners in FEMA Region IV and national communications, such as participation in conference calls. SCDHEC will share public information messages so that partners may assist in providing updated pandemic messages to their employees and public.
10. **BEHAVIORAL HEALTH** refers to actions taken to provide emergency behavioral health services to first responders, staff and the general public. Most of the behavioral actions to be taken in a pandemic are outlined in Annex 8 of the State Emergency Operations Plan.
11. **CONTINUITY** refers to the actions needed to sustain the operations of this plan, including resource prioritization. It should be recognized that the standard and delivery of services, including public health, health care services and infrastructure services may be curtailed in a pandemic, especially a severe pandemic. Responses related to continuity take into account efforts to sustain the workforce. SCDHEC will make recommendations to community partners on maintaining their workforces and will encourage them to develop continuity of operations plans. In a pandemic, it may be necessary for SCDHEC to implement its continuity of operations plan.
12. **MASS FATALITY MANAGEMENT** during a pandemic influenza refers to the local and statewide management and identification of human remains during pandemic that will overwhelm local and



regional resources. The general plan for mass fatality management is Annex 4 in the South Carolina Mass Casualty Plan, Appendix 5 to the South Carolina Emergency Operations Plan

## II. SITUATION AND ASSUMPTIONS

### A. Situation

1. South Carolina Department of Health and Environmental Control maintains an influenza surveillance system that consists of voluntary and mandatory components:

#### Voluntary Reporting by Providers

- ILINet-A network of approximately 31 providers (Internal med, OB/GYN, student health centers, infectious disease, urgent care) report weekly (**to CDC online or via fax**) the total number of patients seen along with the number of patients with ILI (Fever  $\geq 100$  and cough and/or sore throat in the absence of other known cause).

#### Mandatory Reporting by Providers

- Providers that conduct **rapid tests** submit the total number of positive rapid tests (by type) weekly to the regional health department.
  - Positive **viral cultures, PCRs, DFAs, and IFAs** are reported by providers and labs within 3 days via ELR, direct entry into CHES, 1129 card, or paper lab report.
  - Hospitals report the total number of lab confirmed **hospitalizations** by age group weekly to the regional health department.
  - All influenza deaths are reportable within 24 hours to the regional health department. Case report forms are completed for all influenza associated deaths.
2. The South Carolina Department of Health and Environmental Control has an Immunization Information System (IIS). This registry system is used to account for immunizations administered and is critical for such elements as Counter Response Administration (CRA) reporting. The South Carolina Immunization Registry Statute and Regulation (SC Regulation 61-

120) requires vaccination providers to report immunizations administered; however, it is not in full effect for all age groups until January 1, 2017.

3. The Public Health Laboratories of the South Carolina Department of Health and Environmental Control has the capacity to identify influenza viruses from clinical specimens. Laboratory response is a key element in the rapid identification of a novel influenza virus and in monitoring the outbreak.
4. In South Carolina, suspected cases of novel influenza are immediately reportable.
5. South Carolina Department of Health and Environmental Control will continue to perform influenza surveillance and responses to outbreaks of influenza during a pandemic period.
6. South Carolina Department of Health and Environmental Control will continue to use the SC Health Alert Network (HAN) and the RX Alert Network as a communication method to clinicians and other external partners.
7. South Carolina Department of Health and Environmental Control may use electronic communication to communicate directly with vaccine providers.
8. In the pandemic alert period and in the early phases of the pandemic, identifying the source of infection of new cases will be a critical activity that will support decisions about containment strategies. Once the pandemic is underway, the need for continuing such investigations will be determined.
9. The South Carolina Department of Health and Environmental Control maintains a stockpile of antiviral medication and other CDC-approved medical countermeasures that can be distributed to the four public health regions within several hours of notification of the need for treatment and prophylaxis of initially identified cases and contacts if a public health emergency declaration has been made and the Secretary of health and Human Services executes a declaration in accordance with section 319F-3(b) of the Public Health Service Act as per the terms of purchase.
10. Vaccination of susceptible individuals is the primary means to prevent disease and death from influenza during an epidemic or pandemic.

11. The State's established vaccine delivery infrastructure consists of county health departments, community health centers, private physicians' offices, hospitals, pharmacies and universities with health centers or schools of medicine or nursing.
12. In the event of a pandemic, the Advisory Committee on Immunization Practices (ACIP), a federal entity, will publish recommendations to state immunization programs on the use of the pandemic vaccine and priority groups for immunization. These recommendations will be distributed as national guidelines as soon as possible with the expectation that they will be followed in order to ensure a consistent and equitable program.
13. The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention will control the allocation and distribution of influenza vaccine to the states during a pandemic period.
14. The South Carolina Department of Health and Environmental Control will control the allocation and distribution of influenza vaccine within South Carolina and will implement specific Advisory Committee on Immunization Practices recommendations regarding priority groups for immunization.
15. A large number of severe influenza cases will increase the burden in hospitals and other healthcare facilities that are already strained by normal case load volume and acuity.
16. The South Carolina Department of Health and Environmental Control will rely on external partnerships to successfully respond to a pandemic. This includes relying on assistance from those partners in implementing community mitigation measures, surveillance and distribution and implementation of a vaccine program.
17. County Coroners have control over mass fatalities within their jurisdiction. When a County Coroner deems that the number of fatalities exceeds local resources and capabilities to effectively handle a mass fatality incident. He may request mutual aid from another jurisdiction or state level assistance through county emergency management.
18. A lag time may exist between the identification of cases in South Carolina by the state and the recognition of these on a national level by the Centers for Disease Control and Prevention which will

slow the release of vaccine and antiviral medication to South Carolina.

**B. Assumptions**

1. Susceptibility to the pandemic influenza subtype will be universal.
2. The severity level of a pandemic will not be known at its initial declaration, or may change during its course. Therefore, South Carolina's response will initially be conducted based on the assumption that the pandemic is the highest level of severity.
3. The CDC maintains adequate stockpile and/ or access to production capability and ability to distribute appropriate antivirals for known strains in a timely manner to the entire nation.
4. An effective statewide response to pandemic influenza requires a well-functioning influenza surveillance system.
5. Once a pandemic is under way, supplies necessary for specimen collection and reagents for immunofluorescence assays and RT-PCR likely will be limited or depleted. At this phase, surveillance for novel virus infection will rely primarily on clinical diagnoses made in outpatient clinics, emergency departments, inpatient wards, and intensive care units, with assistance from the local health departments.
6. Certain supplies, including laboratory consumables and personal protective equipment, will be in high demand.
7. In response to the event, the Secretary of Health and Human Services must issue a public health emergency declaration to authorize the emergency use of certain antiviral and other countermeasures to diagnose, treat and prophylax potential victims. The Federal Drug Administration Commissioner must properly issue an emergency use authorization for the Strategic National Stockpile antiviral and other countermeasures to be shipped to South Carolina.
8. All persons will lack immunity and may require two doses of the influenza vaccine.
9. After receipt of the influenza vaccine, the goal is to vaccinate the population of South Carolina on a continuous, prioritized basis.

10. When influenza vaccine becomes available, initial supplies will not be sufficient to immunize the whole population and prioritization for vaccine administration will be necessary.
11. Antiviral medications and non-pharmaceutical countermeasures which play a significant role in disease control operations may be in short supply. A shortage of ancillary supplies for vaccine administration may also hamper the administration of vaccinations.
12. A reduction or cessation of other public health programs may be necessary in order to provide supplemental personnel for specific pandemic influenza response related duties.
13. In a severe pandemic, South Carolina's health care workers, emergency response workers, medical examiners, funeral directors and morticians, and infrastructure workers will face a sudden and massive demand for services and a possible 40% attrition of essential personnel.
14. The projected peak transmission period for a pandemic influenza outbreak will be 6 to 8 weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and to contribute to seasonal influenza.
15. For the purposes of these estimates, the Centers for Disease Control and Prevention (CDC) FluAID 2.0 and FluSURGE 2.0 models were used. Planning assumptions used for these estimates are as follows:
  - a. South Carolina Population: 4, 961,119 (2016 Census estimate)
  - b. Age groups:
    - 1.School-aged children (0-17 yrs): 1,091,180
    - 2.Working adults (18-64 yrs): 2,957,050
    - 3.Retirees (65+yrs): 666,045
  - c. Attack rates:
    - 1.Minimum: 15%
    - 2.Most likely: 25%
    - 3.Maximum: 35%
  - d. Deaths: (From Flu Aid 2.0): 2,037 (15% attack rate);  
3,395 (25% attack rate);  
4,754 (35% attack rate).
16. Based upon these planning assumptions, South Carolina could anticipate between:
  - a. 377,208 (15% attack rate) and 881,506 (35% attack rate) outpatient visits,
  - b. 8,609 (15% attack rate) and 20,086 (35% attack rate) hospitalizations, due to novel or pandemic-strain influenza.

17. The demand for hospital resources will peak at week five during an eight-week pandemic wave. During this week, an expected increase due to the additional burden statewide caused by pandemic influenza-related cases would be:
  - a. An increase of an estimated 486 hospital admissions per day,
  - b. An additional estimated 2,373 persons requiring hospitalization,
  - c. An additional estimated 688 requiring the use of an ICU bed,
  - d. An additional estimated 344 requiring mechanical ventilation.
18. The number of hospital beds and the level of mortuary services available to manage the consequences of a severe influenza pandemic will be inadequate.
19. In the case of a severe pandemic, the death care industry, comprised of public and private agencies, will not be able to process remains the traditional manner due to the increased number of cases.
20. Pandemic Influenza- related deaths will primarily fall in two major categories, attended and unattended. The process to identify remains from attended deaths will be relatively straightforward, however, unattended deaths, which require verification of identity, issuing a death certificate and notifying the next of kin, will be labor intensive.
21. In a severe pandemic, there may be delays in the issuances of death certificates for both attended and unattended deaths.
22. South Carolina recognizes that a mass fatality event and the subsequent caring for the deceased is a sensitive issue. The state can also expect to see a significant increase in the need for behavioral health services due to the number of stress reactions and extreme feelings of grief, loss and guilt in survivors and health care responders.

#### IV. CONCEPT OF OPERATIONS

- A. The Department of Health and Environmental Control is responsible for the coordination of all Public Health measures in South Carolina, including coordination of Emergency Support Function-8 (ESF-8 Health and Medical Services). Beyond the traditional scope of medical care outlined in the Health and Medical Services Emergency Support Function (Annex 8), the priorities in an Influenza Pandemic response will be:

Command and Control and Public Health Authority; Laboratory; Public Information; Communication with Response Partners; Disease Surveillance and Outbreak Response; Vaccine Procurement, Distribution and Use; Distribution of Medications and Other CDC-approved Medical Countermeasures; Community Mitigation Management of Medical Surge; Continuity; and Mass Fatality Management

- B. Certain key actions may be accomplished in these priority areas during each phase of an Influenza Pandemic. The following sections will discuss activation of the plan, local response to a pandemic, pharmaceutical and nonpharmaceutical intervention measures and will give specific details on activities to be accomplished by phases during a pandemic. Some actions, such as the release of vaccine may begin or be distributed from the federal level to the region level to local vaccine providers.
- C. Prior to a pandemic and during a pandemic, SCDHEC's role in assisting health care providers includes encouraging and assisting providers in participating with surveillance of the novel influenza, submitting laboratory specimens for confirmatory testing, addressing issues of altered standards of care, providing current medical information regarding the novel influenza, assisting health care providers to address alternate care sites and to develop pandemic plans and assisting health care providers to distribute pandemic influenza vaccine to at-risk populations and priority groups. SCDHEC depends on partnerships with the South Carolina Hospital Association and the South Carolina Medical Association to assist with liaisons with hospitals and providers to accomplish the needed responses.
- D. Surveillance needs will expand and change as an influenza pandemic evolves from the initial phases (i.e. when a novel influenza virus is first identified in one or more persons), to a pandemic (i.e. with efficient human-to-human transmission). Surveillance needs will differ, depending upon where the disease has been identified, whether there is coexisting disease among poultry or other animals, whether and how efficiently transmission occurs between people, and whether disease outbreaks have occurred in the United States or other countries.

Surveillance data will be critical to help guide implementation of control measures, such as restricting travel, closing schools, canceling public gatherings, initiating antiviral and vaccine usage in target groups, assessing the impact of a pandemic on the healthcare system, and assessing the social and economic impact on society.

At the onset of a pandemic, SCDHEC will monitor individual cases of suspected and confirmed novel virus infection and collect relevant demographic and clinical information. Once sustained community transmission is established, monitoring suspected and confirmed cases

may become overwhelming, SCDHEC at that time may opt to only collect aggregate numbers.

The types of epidemiologic investigations conducted (i.e., those addressing clinical characteristics, risk factors, the probability of transmission among humans, treatment efficacy studies) will vary during different phases of the pandemic.

#### E. Activation

This plan discusses many public health activities such as disease surveillance that are conducted during normal operations. The progression of small disease outbreaks into larger pandemics is tracked by the World Health Organization, the health organizations of other nations and the Centers for Disease Control and Prevention. SCDHEC officials may identify and communicate to the Centers for Disease Control and Prevention about South Carolina's pandemic phase status. Certain actions described in this plan will be taken by the relevant agencies before activation of the State Emergency Operations Plan. Full activation of this plan and activation of the State Emergency Response Team would be made in accordance with procedures outlined in the SC State Emergency Operations Plan.

The plan is divided into sections that presume the appearance of a novel virus outside the U.S., inside the U.S. and inside South Carolina. Response will be enacted based on the timing and location of the appearance of the novel virus.

SCDHEC will establish and maintain a limited cache of pharmaceutical resources for distribution to designated first responders.

SCDHEC will maintain a system for year-round influenza surveillance, capable of identifying influenza activity, clusters and outbreaks, and identifying increases in numbers that might indicate the presence of an emerging novel influenza strain.

SCDHEC's Public Health Laboratories will maintain systems for identification of circulating influenza strains, with capacity for identification of strains requiring further analysis as possible novel influenza strains.

Standing orders for SCDHEC employees responding to routine/seasonal, novel, or pandemic influenza will be maintained and updated by the Division of Acute Disease Epidemiology (DADE), the Immunization Division, and the Office of Nursing.

Following the suspicion or evidence of a novel influenza virus, SCDHEC Division of Acute Disease Epidemiology will activate its incident command



system (ICS) and determination will be made regarding the activation of the Agency Coordination Center (ACC).

Also following the suspicion or evidence of a novel influenza virus, SCDHEC will notify the State Emergency Management Division and may request partial activation of the State Agency Coordination Center to include ESFs 8, 5 and 15.

Notification of South Carolina's pandemic status and/or notification of the activation of this plan will be given to SCDHEC's partners.

Scalable adjustments will be made to the activation of the agency ICS and ACC as needed as more information is known about the disease and throughout the progression of the disease.

- F. Actions listed in Annex 2, Pandemic Influenza, are specific to mass fatalities during a pandemic. The general plan for mass fatality management is included as Annex 4 in the South Carolina Mass Casualty Plan, Appendix 5 to the South Carolina Emergency Operations Plan. Actions cited in the SC Mass Fatality Management Plan will be implemented in addition to the pandemic-specific actions cited in this plan.

The following sections discuss state-level actions triggered by certain phases of an influenza pandemic.

**Inter Pandemic Period**  
*Preparedness*

1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.
2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

**1. Command and Control and Public Health Authority**

- a. Ensure legal authorities and procedures exist to implement disease containment activities.
- b. Confirm that health region standard operating procedures incorporate the actions to employ the recommended disease containment activities.

**2. Disease Surveillance and Outbreak Response**

Influenza Surveillance:

- a. Continue year-round Outpatient Influenza-Like Illness Sentinel Provider Surveillance, which is voluntary participation by South Carolina healthcare providers in the influenza-like illness (ILI) surveillance, under the guidance of the Centers for Disease Control and Prevention. Sentinel healthcare providers report the percentage of ILI patients seen each week.
- b. Encourage enrollment of influenza-like illness sentinel providers and year-round reporting of influenza-like illness activity.
- c. Encourage enrollment in the syndromic surveillance systems.
- d. Ensure communication with school districts to facilitate reporting of school absences.
- e. Continue surveillance system for influenza-associated deaths.
- f. Encourage the use of influenza viral culture, immunofluorescence assays, and polymerase chain reaction tests.
- g. Continue to perform year-round influenza surveillance and testing via viral culture and reverse transcriptase polymerase chain reaction (RT-PCR).
- h. Commercial and private clinical laboratories are required by law to report influenza viral isolates from South Carolina residents to the Department of Health and Environmental Control.
- i. Continue monitoring influenza hospitalizations.
- j. Coordinate with the office of the state veterinarian (CULPH) on enhanced and private poultry flocks, and wild birds, to identify disease activity in animal populations and to characterize the human health threat.
- k. Maintain inclusion of influenza-like illness (ILI) in school and out-of-home childcare exclusion reporting guidance on contagious and communicable diseases.
- l. Continue education and updates to school nurses regarding school and out-of-home childcare exclusion lists on contagious and communicable diseases and the role/functions of the regional disease surveillance coordinators.

Epi Investigation:

- a. Sustain capacity at the local and state levels to conduct case investigations and epidemiologic investigations during WHO Phases 1 through 4. These activities will include conducting an inventory of current capacities, determining current skill levels, conducting drills and exercises in case investigations, developing forecasts of future capacity needs under different pandemic scenarios, identifying gaps in capacity, and conducting epidemiologic investigations during WHO Phase 1 and Phase 2.
- b. Modify existing surveillance systems for case investigations, case management, case ascertainment, case reporting, surveillance, and data analysis of novel influenza.
- b. Investigations of pediatric deaths and influenza hospitalizations will be continued during this period.
- c. Maintain system for reporting the hospitalizations and deaths.

### **3. Laboratory**

- a. Conduct Sentinel Laboratory Surveillance for viral isolates.
- b. The Department of Health and Environmental Control, Public Health Laboratories maintains the Laboratory Influenza Surveillance Program, under the guidance of the Centers for Disease Control and Prevention. Participating institutions (physicians, colleges, hospitals and local health departments) submit influenza culture specimens for viral isolation and typing.
- c. Perform real time polymerase chain reaction testing to confirm influenza virus infection in South Carolina under the guidance of the CDC.

### **4. Vaccine Procurement, Distribution and Use**

- a. Develop tiered contingency plans for use of pandemic vaccine and targeted population groups for immunization.
- b. Maintain and periodically review contact lists of key Department of Social Service, SC Board of Education and independent school leaders to enable communication of pandemic information and the possibility of implementing school-located vaccination clinics.
- c. Explore ways to effectively reach specific populations, such as pre-school children, minority populations, the elderly, non-English speaking populations and school-age children along with their parents/guardians who may not attend a local school building. Children in this category would

include but not be limited to homebound students, students attending virtual schools and children who are schooled at home.

- d. Develop state and regional plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to nationally defined high-priority target groups. These plans should include the following:
  1. mass immunization clinic capability within each Health Region for reaching target priority groups (e.g. school-aged children, senior citizens, pregnant women);
  2. Preliminary identification of agencies, organizations and individuals capable of providing assistance in administering vaccine.
  3. locations of clinics (e.g., central sites for mass clinics, pharmacies, work place, military facilities, child care centers, K-12 schools, colleges/universities);
  4. vaccine storage capability, including current and potential contingency depots for both state and region-level storage
  5. numbers of staff needed to operate immunization clinics;
  6. procedures to deploy staff from other areas, from within and outside public health, to assist in immunization clinics;
  7. training for deployed staff; and
  8. measures to be taken to prevent distribution to persons other than those in the targeted population groups.
- e. Determine how receipt of vaccine will be recorded and how a two-dose immunization program would be implemented, including necessary recall and record keeping procedures.
- f. Determine the number of people within each Public Health Region who fall within each of the targeted population groups for vaccination and ensure that regional plans are consistent with state plans.
- g. Verify capacity of suppliers for direct shipping of vaccine and ancillary supplies to public health regions and private health care providers.
- h. Ensure that regional plans include vaccine security:
  - 1) during transport,

- 2) during storage, and
- 3) at clinics.
- i. Continue vaccine adverse event surveillance.

## **5. Distribution of Medications and Other CDC-approved Medical Countermeasures**

- a. Develop, coordinate and maintain a written plan to implement the Pandemic Influenza Antiviral Distribution Plan incorporating appropriate elements of the State SNS plan where appropriate.
- b. Ensure that the SCDHEC Health Regions develop Pandemic Influenza Antiviral Distribution Plans in coordination with the State Pandemic Influenza plan and the State Antiviral Distribution plan, incorporating appropriate elements of the State and Region SNS plan.
- c. Identify methods to obtain and coordinate current inventories of available antiviral medication and other pandemic influenza countermeasures and medical equipment/supplies at community healthcare providers.
- d. Obtain a current inventory of available antiviral medication and other pandemic influenza countermeasures maintained by the SC Department of Health and Environmental Control (SCDHEC) and at the SCDHEC prime pharmaceutical vendor.
- e. Identify and establish Board of Pharmacy permitted locations for reception, repackaging, staging, distributing and dispensing.
- f. Identify and establish locations for reception, repackaging, and staging other non-legend CDC approved countermeasures in conjunction with the SNS assets.
- g. Develop and maintain SCDHEC Public Health standing orders and policies and procedures for antiviral medications and other countermeasures located within the SCDHEC Public Health Preparedness Pharmacy.

## **6. Community Mitigation**

- a. Update public health regions on state level planning to ensure continuity of pandemic planning between state and regional levels. Distribute published medical information to regional preparedness directors and other appropriate regional staff.

- b. As staff is available, coordinate with SC Department of Education (SCDOE) and the Department of Social Services (SCDSS) to provide procedural guidance for pandemic planning documents for K-12 schools and child care centers. Distribute pandemic planning recommendations to regional SCDHEC public health coordinators to facilitate collaboration with local education agencies and childcare centers.
- c. Appropriate staff within Public Health will meet to review recommendations of community containment measures and personal protective equipment (PPE).
- d. Review policies for initiating and monitoring isolation and quarantine measures.
- e. Define risk groups by potential risk of exposure and develop guidelines and recommendations for the use of personal protective equipment (PPE) by individual risk groups or potential exposure setting.
- f. Develop plans for the coordination of Public Health Orders and plans with bordering states, including isolation and quarantine orders and recommendations and orders related to social distancing and community mitigation measures.
- g. Conduct community mitigation education and planning with state level partners.

**7. Management of Medical surge**

- a. Establish plans to address medical surge issues, including personnel, equipment, supplies, medication and the allocation of health care services among traditional health care facilities, alternate care sites, and triage facilities.
- b. Encourage hospitals to use the SMARTT hospital bed capacity system on a daily basis to ensure that information is current and accurate. Provide training, if needed.
- c. Establish and maintain a database of alternate care sites and triage facilities.
- d. Recruit medical volunteers for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include distribution of antiviral medication or administering vaccinations.

**8. Public Information**

- a. Following guidance from the CDC and other respected health institutions, SCDHEC will take the lead, providing consistent messaging for regional offices and partners.
- b. Prepare pre-event messages and materials on pandemic influenza for public dissemination

- c. Communicate educational messages regarding influenza prevention, surveillance, and other recommendations to the media and the public.
- d. Develop public information about the appropriate use of personal protective equipment such as disposable masks and respirators that could be used during a pandemic

**9. Communication with Response Partners**

- a. Communicate health advisories, alerts and updates through the Health Alert Network and the RX Alert network.
- b. Request, as appropriate, that advisories, alerts and updates be forwarded via communication avenues available through state level partners.
- c. Keep notification lists for local agencies and decision makers current.
- d. Participate in meetings and workshop with the partner states in FEMA Region IV to review plans and methods of communication. Determine how and what Region IV states will communicate. Establish point of contacts for each state.

**10. Behavioral Health**

- a. Increase the awareness of the potential behavioral health implications of a pandemic with internal and external partners.
- b. Continue to develop partnerships with support agencies and community organizations that can assist with providing behavioral health support services.
- c. Continue to include behavioral health in drills and tabletop exercises.
- d. Continue to train staff and volunteer behavioral health responders about appropriate behavioral health interventions.

**11. Continuity**

- a. Ensure that SCDHEC's divisions and regions have in place updated Continuity of Operations Plans that address, at a minimum, succession of authority, identification of essential functions, alternative facility operations, skills database, and SOP for plan activation and notification.
- b. Provide guidance to state level partners regarding the importance of continuity of operations planning and the minimal criteria for inclusion in such plans.

**12. Mass Fatality Management**

- a. Review state and local laws and regulations to ensure that authority for temporary interment is in place.
- b. Train local coroners, funeral directors and morticians in the planning assumptions and the issues of mass fatality management specific to a pandemic.
- c. Encourage local coroners, funeral directors and morticians to develop response plans and continuity of operations plans that include pandemic influenza scenario.
- d. Support local coroners, funeral directors and morticians in utilizing the state’s electronic death reporting system and to participate in disease surveillance activities.
- e. Encourage local coroners to make contact with hospitals in their counties to ensure contact and communication information is current.
- f. Provide guidance to fatality responders on personal protective equipment, infection control measures, and secondary traumatic stress.

**Pandemic Alert Period**  
*Response*

- 1. Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
- 2. Small cluster(s) with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.
- 3. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

**1. Command and Control and Public Health Authority**

- a. Review state and regional response plans.
- b. The Director of Health (or designee) will advise the Governor on:
  - 1. the most appropriate pharmaceutical and non-pharmaceutical community mitigation measures during the time period when no vaccines are yet available,
  - 2. criteria for school closures



3. the most appropriate distribution priorities and systems during time when there is insufficient supply of vaccines and prioritization of distribution is necessary;
  4. the most appropriate uses of antiviral drugs during the time before vaccine is available;
  5. the projected demand for health and medical care services; and
  6. whether the threat of a public health emergency, as defined in Section 44-4-130, is imminent.
- c. Disseminate influenza isolation and quarantine guidelines and social distancing measures.
  - d. Provide consultation and support on animal issues which impact public health and coordinate with Animal Emergency Response Agencies regarding culling infected animal populations or other animal disease containment activities during a pandemic. This activity will be coordinated with ESF-17.
  - e. Determine if a meeting of health advisors is indicated to recommend courses of action for disease containment measures.
  - f. Convene a school closure meeting led by SCDHEC and SCDOE to identify threshold criteria for consideration of epidemiological and administrative school closure thresholds during a pandemic

## **2. Disease Surveillance and Outbreak Response**

Year-round sentinel provider, sentinel lab and rapid influenza test surveillance activities will continue as in preparedness phase, with the addition of the following:

### Influenza Illness Surveillance

*Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact:*

- a. Actively monitor, and implement as necessary, any changes in recommendations and guidelines for surveillance and diagnostic testing from CDC (e.g., revision of the case definition, screening criteria, case report forms, or diagnostic testing algorithms), and post a case screening form and case report form for laboratory confirmed cases to the SCDHEC website.
- b. Work with Regional Outbreak Response Teams (ORTs) to detect and monitor persons who present with clinical illness consistent with influenza and who have recently traveled to areas where the novel virus has been identified. Provide

- technical assistance and guidance for assessing and reporting these suspect cases of novel virus infection.
- c. Upon laboratory confirmation of the first case of novel influenza virus in South Carolina, develop and distribute guidance to local health departments on surveillance, case detection, contact tracing, and infection control. SCDHEC will coordinate disease control activities and provide technical assistance to local health departments with any confirmed cases of novel influenza virus infection. This collaboration will include provision/development of guidance for containment strategies, such as isolation and quarantine, contact tracing, and use of limited vaccine and antiviral medication in the populations at risk.
  - d. Communicate with healthcare providers via electronic communications, Health Alert Network and the RX Alert network, and conference calls to share information on surveillance criteria, infection control guidelines, case management, enhanced surveillance, specimen collection and submission, and appropriate testing and reporting of suspect cases to local health departments.
  - e. Collaborate with the Public Health Laboratories, issue guidelines for collecting and shipping specimens for novel influenza diagnostics, laboratory biosafety guidelines for handling and processing specimens of novel influenza A, and specimen submittal forms will be posted on the SCDHEC website.
  - f. Maintain other existing surveillance systems.
  - g. Maintain weekly reports of statewide influenza activity at this address <http://www.SCDHEC.gov/flu/flu-activity-surveillance.htm>.
  - h. Review contingency plans to further enhance influenza surveillance if efficient person-to person transmission of the novel virus is confirmed, including training additional personnel on surveillance, case detection, contact tracing, and infection control issues.
  - i. Continue coordinating with CULPH on enhanced surveillance and reporting of novel influenza virus detection in poultry workers, commercial and private poultry flocks, and in wild birds to identify disease activity in animal populations and to characterize the human health threat.
  - j. Communicate current surveillance data, epidemiologic information, and changes in recommendations and guidelines for surveillance and diagnostic testing from the CDC.
  - k. Remind commercial laboratory stakeholders who are offering novel virus testing to report any preliminary positive results for novel virus infection to either the local health department or PHL immediately. If PHL is notified first, PHL will contact the local health department within one hour.

- l. Communicate with CDC concerning updated diagnostic algorithms and laboratory reagents for novel virus testing (e.g., specific primers and probes), communicate results on suspect novel influenza virus cases to CDC, and expedite specimen shipping.
- m. Provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues within SCDHEC and to external partners.
- n. Facilitate local public health departments' forwarding of clinical specimens to PHL for novel virus testing.
- o. Modify existing surveillance systems for case investigations, case management, case ascertainment, case reporting, surveillance, and data analysis of novel influenza.
- p. Monitor investigation and management resources. As resources permit, assess and enhance epidemiologic capacity to support expanded activities.

*Small cluster(s) with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.*

- a. Actively monitor, and implement as necessary, any changes in recommendations and guidelines for surveillance and diagnostic testing from CDC (e.g., revision of the case definition, screening criteria, case report forms, or diagnostic testing algorithms), and post a case screening form and case report form for laboratory confirmed cases to the SCDHEC website;
- b. Work with Regional Outbreak Response Teams (ORTs) to detect and monitor persons who present with clinical illness consistent with influenza and who have recently traveled to areas where the novel virus has been identified. Provide technical assistance and guidance for assessing and reporting these suspect cases of novel virus infection;
- c. Upon laboratory confirmation of the first case of novel influenza virus in South Carolina, develop and distribute guidance to local health departments on surveillance, case detection, contact tracing, and infection control. SCDHEC will coordinate disease control activities and provide technical assistance to local health departments with any confirmed cases of novel influenza virus infection. This collaboration will include provision/development of guidance for containment strategies, such as isolation and quarantine, contact tracing, and use of limited vaccine and antiviral medication in the populations at risk;
- d. Communicate with healthcare providers via electronic communications, Health Alert Network and the RX Alert network, and conference calls to share information on surveillance criteria, infection control guidelines, case

- management, enhanced surveillance, specimen collection and submission, and appropriate testing and reporting of suspect cases to local health departments;
- e. Collaborating with the Public Health Laboratories, issue guidelines for collecting and shipping specimens for novel influenza diagnostics, laboratory biosafety guidelines for handling and processing specimens of novel influenza A, and specimen submittal forms will be posted on the SCDHEC website;
  - f. Maintain other existing surveillance systems;
  - g. Maintain weekly reports of statewide influenza activity at this address: <http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/>
  - h. Review contingency plans to further enhance influenza surveillance if efficient person-to person transmission of the novel virus is confirmed, including training additional personnel on surveillance, case detection, contact tracing, and infection control issues;
  - i. Continue coordinating with CULPH on enhanced surveillance and reporting of novel influenza virus detection in poultry workers, commercial and private poultry flocks, and in wild birds to identify disease activity in animal populations and to characterize the human health threat;
  - j. Communicate current surveillance data, epidemiologic information, and changes in recommendations and guidelines for surveillance and diagnostic testing from the CDC with SCDHEC public health officials;
  - k. Remind commercial laboratory stakeholders who are offering novel virus testing to report any preliminary positive results for novel virus infection to either the local health department or PHL immediately. If PHL is notified first, PHL will contact the local health department within one hour;
  - l. Modify existing surveillance systems for case investigations, case management, case ascertainment, case reporting, surveillance, and data analysis of novel influenza;
  - m. Monitor investigation and management resources. As resources permit, assess and enhance epidemiologic capacity to support expanded activities.

*Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk):*

- a. SCDHEC, South Carolina Department of Education and local education agencies begin enhanced surveillance of school student and faculty absences, and situationally determined epi assessments;
- b. Communicate with CDC to monitor any changes in recommendations and guidelines for surveillance and diagnostic testing, including guidance on triaging specimens for testing and choosing which isolates to send to CDC and immediately inform health care providers and regional ORTs of new recommendations;
- c. Communicate with local public health laboratories and other stakeholders regarding the detection and circulation of novel virus worldwide and in the United States and provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues. As the pandemic progresses and guidelines and testing algorithms are revised, PHL will communicate these changes to local public health laboratories and to external partners (e.g. hospitals);
- d. Work closely with healthcare providers and regional ORTs to manage new suspect cases, provide confirmatory testing, and implement containment strategies to prevent or limit local spread (e.g., isolation and quarantine and antiviral treatment and prophylaxis);
- e. Provide technical assistance to guide testing of specific cases that represent a risk of spread of the novel virus infection in the community, including those who have an epidemiologic link to infected cases (e.g., recent contact with a person in whom an infection is either suspected or confirmed) or who are hospitalized;
- f. Consult with CDC concerning management, reference laboratory testing, and containment strategies for cases identified;
- g. Communicate current surveillance criteria for cases of human novel virus infection, and the need to report data year-round and submit clinical specimens on influenza-like illness cases to sentinel providers and local health departments;
- h. Continue to generate weekly reports of statewide influenza activity;
- i. Allocate additional personnel as needed to assist with surveillance activities and outbreak response activities;
- j. Maintain expanded critical laboratory testing capacity, including novel virus testing.

#### Epi Investigation

*Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact:*

- a. In coordination with CDC, develop, distribute, and implement case management protocols to assure that suspect human cases are promptly identified and isolated and that the source(s) of exposure (animal vs. human) are determined. Assure protocols are distributed to local health departments and settings where cases and their contacts might be diagnosed;
- b. In collaboration with CDC and local health departments, conduct, direct, coordinate, or provide guidance on epidemiologic investigations of human cases to identify the populations at risk, the current clinical characteristics of disease, and the risk that infected persons or their environment may pose to others, including an assessment of likely human-to-human transmission.

*Small cluster(s) with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.*

- a. In coordination with CDC, develop, distribute, and implement case management protocols to assure that suspect human cases are promptly identified and isolated and that the source(s) of exposure (animal vs. human) are determined. Assure protocols are distributed to local health departments and settings where cases and their contacts might be diagnosed;
- b. In collaboration with CDC and local health departments, conduct, direct, coordinate, or provide guidance on epidemiologic investigations of human cases to identify the populations at risk, the current clinical characteristics of disease, and the risk that infected persons or their environment may pose to others, including an assessment of likely human-to-human transmission.

*Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk):*

- a. In coordination with CDC, review and revise case management protocols to reflect current recommendations and epidemiologic data needs; and
- b. Continue pandemic influenza-specific epidemiologic investigations and other special clinical studies.

### **3. Laboratory**

- a. Continue to perform year-round influenza surveillance testing for the Laboratory Influenza Surveillance Network.
- b. Perform novel virus testing on all suspect cases of the novel influenza virus, as test procedures and reagents are made available.

- c. Communicate with CDC concerning updated diagnostic algorithms and laboratory reagents for novel virus testing (e.g., specific primers and probes), communicate results on suspect novel influenza virus cases to CDC, and expedite specimen shipping;
- d. Provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues within SCDHEC and to external partners (hospitals and other members of the laboratory surveillance network).
- e. Facilitate local public health departments' forwarding of clinical specimens to PHL for novel virus testing.

#### **4. Vaccine Procurement, Distribution and Use**

- a. Review and modify if necessary, plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to high-priority target groups.
- b. Review forms, and modify if necessary, to be used during immunization clinics and update as needed (e.g. consent forms, vaccine coverage data forms, post-vaccination communication).
- c. Establish Memoranda of Agreement (MOA) and/or contracts with agencies, organizations and individuals capable of providing assistance in administering vaccine.
- d. Develop a list of currently qualified vaccinators and sources of potential vaccinators (e.g., commercial vaccinators and pharmacists).
- e. Determine whether targeted vaccination clinics such as school-located vaccination clinics, or clinics at nursing homes, elder care facilities and preschools, are feasible.
- f. Assist SCDHEC public health regions with processes for obtaining comprehensive listings of schools in South Carolina for pandemic related activities.
- g. Review estimates of the number of people who fall within each of the targeted population groups for vaccination (i.e., high-risk groups, health care workers, emergency service workers, specific age groups).
- h. Communicate with SCDHEC Regions to assess supplies (e.g., syringes, adrenalin, sharps disposal units), equipment and locations potentially required for a vaccine-based response (i.e., mass immunization clinics).
- i. Review educational materials concerning administration of vaccines and update as needed.

- j. Review forms to be used during immunization clinics and update as needed (e.g., consent forms, post-vaccination communication).
- k. Ensure staff is trained and infrastructure is in place to record immunizations, including requirements for a two-dose immunization program (i.e., recall and record keeping procedures).

**5. Distribution of Medications and Other CDC-approved Medical Countermeasures**

- a. Determine current inventories of available medication at health care providers utilizing SC SMARTT (hospital bed availability system) and Hospital Preparedness Program hospital surveys.
- b. Determine current inventory of available medication at Department of Health and Environmental Control primary drug wholesaler and additional wholesalers in South Carolina.
- c. Prepare to activate memoranda of agreement with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication such as the South Carolina Pharmacy Association.
- d. Confirm credentialed personnel necessary to deploy the Pandemic Influenza Antiviral Distribution Plan.
- e. Confirm the locations for reception, repackaging, staging, distributing and distributing the Pandemic Influenza antiviral medications and other CDC approved counter measures in conjunction with the SNS assets. (Reference SCDHEC Strategic National Stockpile Plan.)
- f. If necessary, modify state and regional plans for the distribution of medications and other medical materiel.
- g. Maintain a listing of intravenous antiviral medication for use under investigational new drug status and the procedure for which treating physician can obtain these medications under compassionate use.

**6. Community Mitigation**

*Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact:*

- a. Coordinate and collaborate with SCDOE, local education agencies, private/independent school group associations, and home-school associations for dissemination of information regarding the proposed threat of the novel virus,



WHO/CDC recommendations, disease countermeasures, and vaccination opportunities for local education agencies and private schools if available.

- b. Coordinate disease control activities with SCDSS by ensuring timely dissemination of health information regarding the proposed threat of the novel virus, WHO/CDC recommendations, disease containment measures, and (PPE) for child care centers.

*Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk):*

- a. Determine if a meeting of health advisors is indicated to recommend courses of action for disease containment measures.
- b. Develop triggers for recommending implementation of other specific community mitigation and social isolation actions.
- c. Develop messages for home care of pandemic influenza patients
- d. Disseminate influenza isolation and quarantine guidelines and social distancing measures.
- e. If available, coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are either at high risk of spreading the influenza virus or who provide essential community services.
- f. If enhanced epidemiological surveillance data indicate, school closure task force-determined school-closure thresholds have been met, or if other compelling epi or societal criteria present themselves, a school closure committee is convened by the State Epidemiologist.

## **7. Management of Medical Surge**

- a. Communicate disease prevention, control, and mitigation guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.
- b. Coordinate triage logistics with hospitals and Emergency Medical Services including patient assessment, communication between facilities, and direction of patients to available beds.
- c. Working with the South Carolina Hospital Association (SCHA) and appropriate hospitals, ensure that facility medical surge plans are in place.
- d. Request hospitals to ensure that their hospital data in SMARTT is current.

**8. Public Information**

- a. Develop or use pre-developed risk communication messages and education programs to improve public understanding of the dangers of pandemic influenza and the benefits of community-wide disease control practices, including social distancing measures and on stress management, psychosocial impact of disasters.
- b. Work with HHS Region IV states to ensure consistency of risk communication messages across state lines.
- c. Develop scripts and messages for use in the statewide 2-1-1 information system, if available.
- d. Determine if SCDHEC Care Line Staff support is needed to meet the demand for public information; develop scripts and provide training if needed.

**9. Communication with Response Partners**

- a. Communicate with statewide stakeholders, partners, and healthcare providers regarding enhanced surveillance (e.g., via health advisories).
- b. Communicate with local public health laboratories and other stakeholders regarding the detection and circulation of novel virus worldwide and in the United States and provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues. As the pandemic progresses and guidelines and testing algorithms are revised, PHL will communicate these changes to local public health laboratories and to external partners (e.g. hospitals). Consider beginning regular conference calls to hospitals, coordinated by SCHA.
- c. Communicate current surveillance criteria for cases of human novel virus infection, and the need to report data year-round and submit clinical specimens on influenza-like illness cases to sentinel providers and local health departments.
- d. Communicate with statewide stakeholders and partners regarding actions to be taken if a person presents with severe respiratory signs and symptoms and a travel history from a high-risk global area.
- e. Provide responses and resource assistance as needed for state level partners regarding the status of the novel virus, disease countermeasures, and a review of proposed pandemic exercises.
- f. Inform SC health care providers of the latest clinical and epidemiologic risk factors through the Health Alert Network and the RX Alert network.

- g. Determine the need to consult with other SC SCDHEC internal divisions to maximize vaccination uptake for specific priority target groups..
- h. Immunization Division will provide on-going electronic communication with state vaccinators regarding status of vaccine (e.g., recalls, expiration dates, etc).
- i. Hold meetings or conference calls with FEMA Region IV partner states to discuss regional preparations and communication plans.

**10. Behavioral Health**

- a. Prepare educational materials about the behavioral health impacts and appropriate coping strategies of dealing with a pandemic.
- b. Increase communication with support agencies and community organizations that can assist with providing behavioral health support services.
- c. Continue to train staff and volunteer behavioral health responders about appropriate behavioral health interventions.

**11. Continuity**

- a. Review and update agency continuity of operations plans.
- b. Explore alternate staffing options (SCDHEC staff, contracts with staffing agencies, volunteers) to meet vaccination demands while maintaining other essential functions.
- c. Encourage staff and all stakeholders/partners to review their continuity of operations plans.

**12. Mass Fatality Management**

- a. Ensure that MOAs for temporary interment are in place.
- b. Establish multiple vendors for mortuary resources which may be in short supply during the pandemic; stockpile supplies as possible.

**Pandemic Period**  
**Pandemic Occurring Outside U.S.**  
*Response*

**1. Command and Control and Public Health Authority**

- a. Consult with the South Carolina Emergency Management Division to consider the activation at the appropriate OPCON level to provide the needed support to pandemic response while conserving personnel resources.
- b. Provide public health input and recommendations on culling infected animal populations or other animal disease containment activities during a pandemic.
- c. If indicated by the disease Severity Level, determine if implementation of the Emergency Public Health Authority Act or Governor's Declaration of State of Emergency is needed.

## **2. Disease Surveillance and Outbreak Response**

### Influenza Illness Surveillance

- a. Support local health departments, public and private medical providers, hospitals, and other stakeholders to maintain surveillance efforts for cases of novel virus infection.
- b. Facilitate individual case reporting; may request regular aggregate reports from local health departments for cumulative statewide case counts associated with novel virus infection, morbidity, and mortality; such reports might include the number of:
  1. clinically suspected cases;
  2. laboratory confirmed cases;
  3. persons hospitalized with a novel virus infection; and
  4. deaths attributed to novel virus infection.
- c. In collaboration with CDC and local health departments, and as resources are available, conduct enhanced surveillance to:
  1. describe unusual clinical syndromes;
  2. describe unusual pathologic features associated with fatal cases;
  3. determine efficacy of vaccination, if vaccine is available, or antiviral prophylaxis;
  4. assess antiviral effectiveness in circulating strains to help refine antiviral recommendations and target high risk groups; and
  5. assess the effectiveness of non-pharmaceutical containment measures such as school and business closures.
- d. Review epidemiological evidence to determine which populations are at greatest risk for contracting novel influenza and/or poor outcomes and, in conjunction with CDC and ACIP guidance, refine and revise any existing priority groups for vaccination as vaccine availability increases;
- e. Generate reports of statewide activity;

- f. Communicate the most current information on influenza surveillance, epidemiology, pharmaceutical and non-pharmaceutical control efforts to SCDHEC public health officials.

#### Epidemiologic Investigation

SCDHEC will continue situation-specific pandemic influenza epidemiologic investigations and other special clinical studies, as warranted

### **3. Laboratory**

- a. Continue to perform year-round influenza surveillance cultures for the Laboratory Influenza Surveillance Network.
- b. Enhance surveillance efforts to detect novel influenza in high-risk populations using real-time polymerase chain reaction and culture.
- c. Communicate with CDC concerning updated diagnostic algorithms and laboratory reagents for novel virus testing (e.g., specific primers and probes), communicate results on suspect novel influenza virus cases to CDC, and expedite specimen shipping;
- d. Provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues within SCDHEC and to external partners (hospitals and other members of the laboratory surveillance network);
- e. Facilitate local public health departments' forwarding of clinical specimens to the Public Health Laboratories for novel virus testing.

### **4. Vaccine Procurement, Distribution and Use**

- a. Ensure ongoing communication with CDC regarding vaccine updates and production status.
- b. Purchase vaccine if necessary. Explore ability to offer vaccine free of charge to public.
- c. Explore the ability to waive administration costs at health departments to offer the administration of vaccine free of charge.
- d. Review local plans and recommend modifications if necessary, for vaccine security (i.e., during transport, storage, and clinic administration).
- e. Assist with the licensure of out-of-state vaccine distributors shipping location with the South Carolina Board of Pharmacy.

**5. Distribution of Medications and Other CDC-approved Medical Countermeasures**

- a. Assess availability of antiviral medication and other approved countermeasures.
- b. Provide for the distribution of state and federal medical assets in conjunction with the SC SNS plan.
- c. Continue activities as in previous phases.

**6. Community Mitigation**

- a. Issue recommendation not to travel to affected areas.
- b. Provide educational resources and guidance to state level partners regarding disease containment measures and PPE.

**7. Management of Medical surge**

Request hospitals to ensure that their hospital data in SMARTT is current.

**8. Public Information**

- a. Activities begun in previous periods should continue as needed.
- b. Activate Careline or PIPS system, if available.

**9. Communication with Response Partners**

- a. Begin pre-established communications with FEMA Region IV partner states.
- b. Continue communication updates regarding novel virus threat to South Carolina through appropriate network channels for state level partners.

**10. Behavioral Health**

- a. Prepare psycho-educational materials about the behavioral health impacts and appropriate coping strategies of dealing with a pandemic.
- b. Increase communication with support agencies and community organizations that can assist with providing behavioral health support services.
- c. Continue to train staff and volunteer behavioral health responders about appropriate behavioral health interventions

**11. Continuity**

**12. Mass Fatality Management**

- a. Provide information to local coroners, funeral directors and morticians on the current disease characteristics of a novel virus.
- b. Establish precautions needed for disposition of deceased persons

**Pandemic Period**  
**Pandemic Virus Appears Inside U.S.**  
*Response*

**1. Command and Control and Public Health Authority**

**2. Disease Surveillance and Outbreak Response**

- a. Enhanced surveillance that will include participation of stakeholders and partners, once novel strain identified in the U.S.
- b. Develop means of rapid communication to other HHS Region IV states if a suspected novel virus appears in South Carolina.
- c. SCDHEC and State Department of Education begin enhanced surveillance of school student and faculty absences and situationally determined epi assessments.

**3. Laboratory**

- a. Continue to perform year-round influenza surveillance via the Laboratory Influenza Surveillance Network.
- b. Enhance surveillance efforts to detect novel influenza in high-risk populations.
- c. Communicate with CDC concerning updated diagnostic algorithms and laboratory reagents for novel virus testing, communicate results on suspect novel influenza virus cases to CDC, and expedite specimen shipping per their request for additional viral characterization.
- d. Provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues within SCDHEC and to external partners (hospitals and other members of the Laboratory Surveillance Network).

**4. Vaccine Procurement, Distribution and Use**

- a. Purchase vaccine and ancillary supplies if not supplied by the federal government (CDC).
- b. Communicate with local regions regarding the most strategic immunization clinic sites and methods.
- c. Provide public health regional coordinators with educational materials, consent packets in multiple languages, and other supplies necessary to support a successful clinic outcome.
- d. When vaccine is available:
  1. Activate immunization clinic capability.
  2. Implement streamlined Vaccine Adverse Event surveillance.
  3. Arrange for direct shipping of vaccine to public health regions and private providers, as applicable. Consider use of redistribution system.
  4. Coordinate with the SCDE and local education agencies for the implementation of school-located vaccination clinics if appropriate.
  5. Coordinate with the Department of Social Services for dissemination of information regarding vaccinations and clinics to childcare centers. Work with the SCDHEC Health Regulations Division to coordinate distribution of vaccination and clinic information for nursing homes. Coordinate with other government or nonprofit agencies such as the Lieutenant Governor's Office on Aging to reach the senior population not residing in licensed healthcare facilities.
  6. If school-located vaccination clinics are implemented, provide standardized consent form and consent packet resources in a variety of languages for schools to give to parents and students.
  7. If school-located vaccination clinics are implemented establish a method at the regional level for South Carolina parents/guardians to ask questions for informed consent.
  8. Ensure that standing orders are established and emergency medications are readily available at all vaccination clinics. Note: timing of standing order availability is dependent on receipt of information from CDC and the FDA.



9. Using the Immunization Information System (IIS), collect and compile reports of total people immunized with one or two doses. Report data to Counter Response Administration, as applicable.
10. Monitor vaccine supply, demand, distribution, and uptake.
11. Recruit trained immunization staff from unaffected public health regions to augment regular staff in affected areas.

**5. Distribution of Medications and Other CDC-approved Medical Countermeasures**

- a. Deploy State antiviral and other appropriate countermeasures from the State stockpile to the SCDHEC Health Regions for initial disease containment.
- b. Communicate to providers who have signed the Memorandum of Agreement with SCDHEC when the federal government:
  1. authorizes the release of the joint state/federal purchased antiviral medication;
  2. determines commercially available supplies are sufficient;
  3. activate established memoranda of agreement with other governmental entities, professional associations, volunteer organizations and private services that may assist during a pandemic influenza or other disaster.
- c. Consult with CDC/DSNS as to when CDC will begin shipment of the antiviral medication and other medical countermeasures to the project areas per Division of Strategic National Stockpile (DSNS) shipping schedule.
- d. Prepare to receive federal assets upon notification by the Division of Strategic National Stockpile.
- e. Distribute antivirals and other CDC approved countermeasures in accordance with the pandemic Influenza Antiviral Distribution plan and the SC Strategic National Stockpile plan.
- f. Develop strategies for antiviral drug use incorporating CDC guidance and identified priority groups.
- g. Update SCDHEC inter- and intranet sites to insure accurate information are available concerning pharmaceutical and other pandemic countermeasures.
- h. Continue to receive countermeasures from the CDC until shipments cease.

- i. Continue to ship countermeasures to the SCDHEC public health regions until the number of identified cases subsides and/or commercial supplies are adequate.
- j. Report to CDC/DSNS distribution and use rate of antiviral medication and other medical countermeasures per CDC/DSNS parameters which are determined at the time of the event and at the required frequency.

**6. Community Mitigation**

1. Coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are either at high risk of spreading the influenza virus or who provide essential community services.
2. Provide educational resources to SCDOE and local education agencies regarding disease containment measures, vaccinations, school-located vaccination clinics (if implemented), and PPE.
3. Coordinate and provide assistance to schools to maximize immunization outreach efforts for children, parents/guardians, and school staff.

**7. Management of Medical surge**

- a. Continue activities begun in Pandemic Outside U.S.
- b. Encourage hospitals to ensure that information in the SMARTT is current.

**8. Public Information**

- a. Continue activities begun in Pandemic Outside U.S.
- b. Activate 2-1-1 information system, if available.
- c. Determine if SCDHEC Care Line Staff support is needed to meet the demand for public information; develop scripts and provide training if needed.
- d. Reinvigorate efforts to educate public about pandemic influenza, its origin (if known), its symptoms, and measures to help prevent the spread of illness.

**9. Communication with Response Partners**

- a. Continue regular communications with FEMA Region IV partner states.
- b. Begin or continue regular conference calls with SCHA and hospitals.
- c. Consider holding regular conference calls with SCEMD, county emergency managers and ESF representatives. These calls can be organized and hosted by SCEMD.

**10. Behavioral Health**

- a. Prepare psycho-educational materials about the behavioral health impacts and appropriate coping strategies of dealing with a pandemic.
- b. Increase communication with support agencies and community organizations that can assist with providing behavioral health support services.
- c. Continue to train staff and volunteer behavioral health responders about appropriate behavioral health interventions

**11. Continuity**

Coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are either at high risk of spreading the influenza virus or who provide essential community services.

**12. Mass Fatality Management**

- a. Continue activities as in previous phase.
- b. Communicate precautions needed for disposition of deceased persons.

**Pandemic Period**  
**Pandemic Virus Appears In SC**  
*Response*

**1. Command and Control and Public Health Authority**

- a. Dependent on the severity of the pandemic, implement social distancing measures and school closings.
- b. Consider issuing public health orders that may be necessary to implement community mitigation measures.

**2. Disease Surveillance and Outbreak Response**

Influenza Illness Surveillance

- a. Continue community and school surveillance activities in any local education agencies in which schools remain open or are re-opened.

- b. Monitor disease fatality rate using the electronic death reporting system and written Vital Records reports.
- c. Insure communication with other HHS Region IV states if a suspected novel virus appears in South Carolina.

#### Epidemiologic Investigations

- a. Continue epidemiological investigations.
- b. Continue individual isolation and quarantine.

### **3. Laboratory**

- a. Continue to perform year-round influenza surveillance via the Laboratory Influenza Surveillance Network. This may require the institution of shifts (24/7 worktime) to cover the volume of specimens submitted to the laboratory, or discontinuation of culture for more rapid technology (real-time RT-PCR).
- b. Continue viral cultures.
- c. Communicate with CDC concerning updated diagnostic algorithms and laboratory reagents for novel virus testing (e.g., specific primers and probes), communicate results on novel influenza virus cases to CDC, and expedite specimen shipping per their request for additional viral characterization.
- d. Continue to provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues within SCDHEC and to external partners (hospitals and other members of the Laboratory Surveillance Network).

### **4. Vaccine Procurement, Distribution and Use**

- a. End of First Wave:
  - 1. Expand vaccine programs to cover population not yet immunized, according to priority group, if applicable.
  - 2. Continue to coordinate with the SCDE and local education agencies for the implementation of school-located vaccination clinics if appropriate.
  - 3. Continue to coordinate with the Department of Social Services, SCDHEC Division of Health Regulation and other government offices and a nonprofit agencies for dissemination of information regarding vaccinations and clinics for childcare centers and the senior population.

4. If school-located vaccination clinics have been implemented, continue to provide standardized consent forms and consent packet resources in a variety of languages for schools to give to parents and students.
5. Ensure that standing orders are established and emergency medications are readily available at all SC SCDHEC vaccination clinics. Encourage private providers to implement standing orders and make available emergency medications.
6. If school-located vaccination clinics have been implemented, have mechanism in place for accurately documenting school level vaccine coverage data within each region for state level reporting.
7. Continue to summarize and report coverage data (with one or two doses) and Vaccine Adverse Event data.
8. Continue Vaccine Adverse Event surveillance.

**5. Distribution of Medications and Other CDC-approved Medical Countermeasures**

- a. Deploy antiviral and other appropriate countermeasures from the State stockpile to the SCDHEC Health Regions for initial disease containment.
- b. Communicate to providers who have signed the Memorandum of Agreement with SCDHEC when the federal government:
  1. authorizes the release of the joint state/federal purchased antiviral medication;
  2. determines commercially available supplies are sufficient;
  3. activate established memoranda of agreement with other governmental entities, professional associations, volunteer organizations and private services that may assist during a pandemic influenza or other disaster.
- c. Consult with CDC/DSNS as to when CDC will begin shipment of antiviral medication and other medical countermeasures to the project areas per Division of Strategic National Stockpile shipping schedule.
- d. Distribute antivirals and other CDC approved countermeasures in accordance with the pandemic Influenza Antivirals Distribution plan and the SC Strategic National Stockpile plan.

- e. Develop strategies for antiviral drug use incorporating CDC guidance and identified priority groups.
- f. Updates SCDHEC inter- and intranet sites to insure accurate information are available concerning pharmaceutical and other pandemic countermeasures.
- g. Continue to receive countermeasures from the CDC until shipments cease.
- h. Continue to ship countermeasures to the SCDHEC public health regions until the number of identified cases subsides and/or commercial supplies are adequate.
- i. Report to CDC/DSNS distribution and use rate of antiviral medication and other medical countermeasures per CDC/DSNS parameters which are determined at the time of the event and at the required frequency.
- j. Retrieve unused antiviral medications and other medical countermeasures from SCDHEC public health regions per the antiviral distribution plan.
- k. Maintain countermeasures in required environmental conditions where space is available or dispose of in the proper manner or return to the CDC/DSNS per their instructions.

## **6. Community Mitigation**

- a. Implement recommendations for individual isolation and quarantine of suspect and confirmed cases and their close contacts, as long as allowable by resources. Continue to encourage self-isolation and quarantine throughout pandemic.
- b. Provide educational resources to local education agencies regarding disease containment measures including vaccinations and PPE.
- c. Coordinate disease control activities with the Department of Social Services (DSS) by ensuring timely dissemination of health information to child and day care centers.
- d. Depending on the severity of the pandemic and its proximity to the state, implement social distancing measures and school closings.
- e. Determine if travel restrictions or recommendations are needed and implement as determined.

## **7. Management of Medical surge**

- a. Continue communication with hospitals, with assistance from SCHA initiated regular teleconferences with hospitals throughout the state.

- b. Communicate with hospitals (with assistance of SCHA) regarding their ability to respond to the Pan Flu and the currency of their information in SMARTT.
- c. Consider allowing alternate standards of care/critical care triage guidance and implementation.
- d. Assist and monitor the establishment of hospital Alternate Care Sites and Alternate Triage Sites.

**8. Public Information**

- a. Continue activities begun in earlier phases of appearance of virus.
- b. Activate a Joint Information Center to include communications with SCDHEC regional public information officers and necessary partners, to potentially include the SC Emergency Management Division, the SC Department of Education, the SC Hospital Association and other agencies and organizations as necessary.
- c. Advise public of virus' arrival in state, while reminding that its nature will cause it to spread throughout the entire state eventually.
- d. Consider the use of daily media briefing coordinated through ESF-15 to provide most up-to-date information regarding the nature of the virus and its effects on the public.

**9. Communication with Response Partners**

- a. Update FEMA Region IV partner states with surveillance and response information. Inform Region IV of community mitigation measures that are implemented.
- b. Establish a regular schedule of conference calls with Emergency Management Division and other state agencies and ESF representatives, and coordinate regular conference calls with the SC Hospital Association.
- c. Share talking points and messages with response partners so that they can make the best decisions for their employees and constituents.
- d. Communicate and disseminate information to state level partners through appropriate network channels.

**10. Behavioral Health**

- a. Disseminate educational materials to staff and partners for potential distribution.

- b. Deploy regional behavioral health teams as outlined in the South Carolina Emergency Operations Plan (SCEOP), as available.
- c. Coordinate psychological first aid for the impacted general public and first responders as identified in ESF-8 of the SCEOP.
- d. Conduct just in time behavioral health training for volunteers and responders as needed.

**11. Continuity**

**12. Mass Fatality Management**

- a. Monitor disease fatality rate using the electronic death reporting system and written Vital Records reports.
- b. Establish Family Assistance Centers that minimize contact with the public; consider the use of virtual FACs.

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| <p><b>Post Pandemic Period</b><br/><i>Recovery and Mitigation</i></p> |
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**1. Command and Control and Public Health Authority**

- a. Lift or revoke public health orders that are no longer necessary.
- b. Evaluate effectiveness of statutory and regulatory authorities related to pandemic response.
- c. Make efforts to amend statutory and regulatory authorities to increase the effectiveness of pandemic response.
- d. Prepare After Action Reports and Improvement Plans

**2. Disease Surveillance and Outbreak Response**

Analyze surveillance data and share SC morbidity and mortality data.

**3. Laboratory**

- a. Resume routine, year-round laboratory surveillance activities.



- b. Replenish laboratory supplies and reagents.

**4. Vaccine Procurement, Distribution and Use**

- a. Replenish medical supplies and initiate resumption of routine programs.
- b. Review and revise policies, procedures, and standing orders used during the mass immunization campaigns.
- c. Conduct an evaluation of mass immunization campaign effort and revise state level and regional pandemic processes as appropriate.
- d. Recommend post-pandemic studies to assist in evaluations of the pandemic influenza response capacities and coordinated activities.

**5. Distribution of Medications and Other CDC-approved Medical Countermeasures**

- a. Review and revise current distribution plans.
- b. Review, evaluate, and take corrective action to improve response.

**6. Community Mitigation**

Evaluate effectiveness of school closings, if any, and impact versus value of closings.

**7. Management of Medical surge**

- a. Discontinue alternate standards of care/critical care triage exception, if implemented.
- b. Continue active communication with hospitals through teleconferences.
- c. Provide guidance and assistance to hospitals as they close alternate care sites and alternate triage sites.
- d. Obtain appropriate hospital patient census/treatment statistics.

**8. Public Information**

- a. Activities begun in previous periods should continue as needed.
- b. Communicate to medical community, the media and the general public regarding decreasing trend of influenza attack rates data.

- c. Communicate the lifting or revocation of public health orders that are no longer necessary to the affected populations through the Joint Information System.

**9. Communication with Response Partners**

- a. Conclude regular conference calls and poll response partners to determine if information that was provided was sufficient and frequent enough to assist in their responses.
- b. Gather school feedback on effectiveness of pandemic planning activities, processes, and partnership and update existing pandemic plans as needed.
- c. Conduct follow-up conference calls or meetings with FEMA Region IV partner states.

**10. Behavioral Health**

- a. Provide information to general public and responders about the potential long-term psychosocial impacts of a severe pandemic.
- b. Evaluate the psychosocial needs and response activities during the pandemic period and modify plans as needed.

**11. Continuity**

Review and revise state Continuity of Operations Plans

**12. Mass Fatality Management**

- a. Replenish mortuary supplies
- b. Review and revise state plans for managing mass fatalities.

V. **RESPONSIBILITIES**

A. **Department of Health and Environmental Control**

1. Ensure legal authorities and procedures exist to implement disease containment activities.
2. Confirm that health region plans incorporate the capability to employ the recommended disease containment activities.
3. Coordinate enrollment of influenza sentinel providers and year-round reporting of influenza-like illness activity,
4. Coordinate enrollment in the syndromic surveillance systems,
5. Explore existing data systems for absenteeism in schools (i.e. public and private/independent K-12 schools) and establishment of associated Memoranda of Agreement (MOA) with participating schools if needed.
6. Continue surveillance system for influenza-associated hospitalizations and deaths;
7. Encourage the use of influenza viral culture, immunofluorescence assays, and polymerase chain reaction tests.
8. Coordinate with the office of the state veterinarian (CULPH) on enhanced surveillance and reporting of novel influenza virus in poultry workers, commercial and private poultry flocks, and wild birds, to identify disease activity in animal populations and to characterize the human health threat.
9. Continue year-round Outpatient Influenza-Like Illness Sentinel Provider Surveillance, which is voluntary participation by South Carolina health care providers in the influenza-like illness (ILI) surveillance, under the guidance of the Centers for Disease Control and Prevention.
10. Maintain inclusion of influenza-like illness (ILI) in school and out-of-home childcare exclusion reporting guidance on contagious and communicable diseases.
11. Continue education and updates to school nurses regarding school and out-of-home childcare exclusion lists on contagious and communicable diseases and the role/functions of the regional disease surveillance coordinators.
12. Sustain capacity at the local and state levels to conduct case investigations and epidemiologic investigations during WHO Phases 1 through 4. These activities will include conducting an inventory of current capacities, determining current skill levels, conducting drills and exercises in case investigations,

developing forecasts of future capacity needs under different pandemic scenarios, identifying gaps in capacity, and conducting epidemiologic investigations during WHO Phase 1 and Phase 2.

13. Modify existing surveillance systems for case investigations, case management, case ascertainment, case reporting, surveillance, and data analysis of novel influenza.
14. Investigations of pediatric deaths and influenza hospitalizations will be continued during this period.
15. Conduct Sentinel Laboratory Surveillance for viral isolates.
16. Maintain the Laboratory Influenza Surveillance Program, under the guidance of the Centers for Disease Control and Prevention.
17. Perform real time polymerase chain reaction testing to confirm influenza virus infection in South Carolina under the guidance of the CDC.
18. Develop tiered contingency plans for use of pandemic vaccine and targeted population groups for immunization.
19. Maintain and periodically review contact lists of key Department of Social Service, SC Board of Education and independent school leaders to enable communication of pandemic information.
20. Explore ways to effectively reach specific populations, such as pre-school children, minority populations, the elderly, non-English speaking populations and school-age children along with their parents/guardians who may not attend a local school building. Children in this category would include but not be limited to homebound students, students attending virtual schools and children who are schooled at home.
21. Develop state and regional plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to nationally defined high-priority target groups. These plans should include the following:
  - a) mass immunization clinic capability within each Health Region for reaching target priority groups (e.g. school-aged children, senior citizens, pregnant women);
  - b) Preliminary identification of agencies, organizations and individuals capable of providing assistance in administering vaccine.

- c) locations of clinics (e.g., central sites for mass clinics, pharmacies, work place, military facilities, child care centers, K-12 schools, colleges/universities);
- d) numbers of staff needed to operate immunization clinics;
- e) procedures to deploy staff from other areas, from within and outside public health, to assist in immunization clinics;
- f) training for deployed staff; and
- g) measures to be taken to prevent distribution to persons other than those in the targeted population groups.

23. Determine how receipt of vaccine will be recorded and how a two-dose immunization program would be implemented, including necessary recall and record keeping procedures.

23. Determine the number of people within each Public Health Region who fall within each of the targeted population groups for vaccination and ensure that regional plans are consistent with state plans.

24. Verify capacity of suppliers for direct shipping of vaccine and ancillary supplies to public health regions and private health care providers.

25. Ensure that regional plans include vaccine security:

- a) during transport,
- b) during storage, and
- c) at clinics.

26. Continue vaccine adverse event surveillance.

27. Develop, coordinate and maintain a written plan to implement the Pandemic Influenza Antiviral Distribution Plan incorporating appropriate elements of the State SNS plan where appropriate.

28. Ensure that the SCDHEC Health Regions develop Pandemic Influenza Antiviral Distribution Plans in coordination with the State Pandemic Influenza plan and the State Antiviral Distribution plan, incorporating appropriate elements of the State and Region SNS plan.

29. Identify methods to obtain and coordinate current inventories of available antiviral medication and other pandemic influenza countermeasures and medical equipment/supplies at community healthcare providers.
30. Maintain a current inventory of available antiviral medication and other pandemic influenza countermeasures maintained by the SC Department of Health and Environmental Control (SCDHEC) and at the SCDHEC prime pharmaceutical vendor.
31. Identify and establish Board of Pharmacy permitted locations for reception, repackaging, staging, distributing and distributing.
32. Identify and establish locations for reception, repackaging, and staging other non-legend CDC approved countermeasures in conjunction with the SNS assets.
33. Develop and maintain Public Health standing orders and policies and procedures for antiviral medications and other countermeasures located within the Public Health Preparedness Pharmacy.
34. Update public health regions on state level planning to ensure continuity of pandemic planning between state and regional levels. Distribute published medical information to regional coordinators.
35. The Disease Control subcommittee will meet to review recommendations of community containment measures and PPE.
36. Review policies for initiating and monitoring isolation and quarantine measures.
37. Define risk groups by potential risk of exposure and develop guidelines and recommendations for the use of personal protective equipment (PPE) by individual risk groups or potential exposure setting.
38. Develop plans for the coordination of Public Health Orders and plans with bordering states, including isolation and quarantine orders and recommendations and orders related to social distancing and community mitigation measures.
39. Conduct community mitigation planning with state level partners.
40. Establish plans to address medical surge issues, including personnel, equipment, supplies, medication and the allocation of health care services among traditional health care facilities, alternate care sites, and triage facilities.
41. Encourage hospitals to use the SMARTT hospital bed capacity system on a daily basis to ensure that information is current and accurate. Provide training, if needed.
42. Establish and maintain a database of alternate care sites and triage facilities.

43. Recruit medical volunteers for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include distributing antivirals or administering vaccinations.
44. Following guidance from the CDC and other respected health institutions, SCDHEC will take the lead, providing consistent messaging for regional offices and partners.
45. Prepare pre-event messages and materials on pandemic influenza for public dissemination.
46. Communicate educational messages regarding influenza prevention, surveillance, and other recommendations to the media and the public.
47. Develop public information about the appropriate use of personal protective equipment such as disposable masks and respirators that could be used during a pandemic.
48. Communicate health advisories, alerts and updates through the Health Alert Network and the RX Alert network.
49. Request, as appropriate, that advisories, alerts and updates be forwarded via communication avenues available through state level partners.
50. Participate in meetings and workshop with the partner states in FEMA Region IV to review plans and methods of communication. Determine how and what Region IV states will communicate. Establish point of contacts for each state.
51. Increase the awareness of the potential behavioral health implications of a pandemic with internal and external partners.
52. Continue to develop partnerships with support agencies and community organizations that can assist with providing behavioral health support services.
53. Continue to include behavioral health in drills and tabletop exercises.
54. Continue to train staff and volunteer behavioral health responders about appropriate behavioral health interventions.
55. Ensure that SCDHEC's divisions and regions have in place Continuity of Operations Plans that address, at a minimum, succession of authority, identification of essential functions, alternative facility operations, skills database, and SOP for plan activation and notification.
56. Provide guidance to state level partners regarding the importance of continuity of operations planning and the minimal criteria for inclusion in such plans.

57. Review state and local laws and regulations to ensure that authority for temporary interment is in place.
58. Train local coroners, funeral directors and morticians in the planning assumptions and the issues of mass fatality management specific to a pandemic.
59. Encourage local coroners, funeral directors and morticians to develop response plans and continuity of operations plans that include pandemic influenza scenario.
60. Support local coroners, funeral directors and morticians in utilizing the state's electronic death reporting system and to participate in disease surveillance activities.
61. Encourage local coroners to make contact with hospitals in their counties to ensure contact and communication information is current.
62. Provide guidance to fatality responders on personal protective equipment, infection control measures, and secondary traumatic stress.
63. Review state and regional response plans.
64. The Director of Health (or designee) will advise the Governor on:
  - a. the most appropriate pharmaceutical and non-pharmaceutical community mitigation measures during the time period when no vaccines are yet available,
  - b. criteria for school closures;
  - c. the most appropriate distribution priorities and systems during time when there is insufficient supply of vaccines and prioritization of distribution is necessary;
  - d. the most appropriate uses of antiviral drugs during the time before vaccine is available;
  - e. the projected demand for health and medical care services; and
  - f. whether the threat of a public health emergency, as defined in S.C. Code Ann. § 44-4-130, is imminent.
65. Disseminate influenza isolation and quarantine guidelines and social distancing measures.
66. Provide consultation and support on animal issues which impact public health and coordinate with Animal Emergency Response Agencies regarding culling infected animal populations or other animal disease containment activities during a pandemic. This activity will be coordinated with ESF-17.



67. Determine if a meeting of the Disease Control subcommittee or other advisors is indicated to recommend courses of action for disease containment measures.
68. Convene a school closure task force led by SCDHEC and State Department of Education (SCDE) to identify threshold criteria for consideration of epidemiological and administrative school closure thresholds during a pandemic.
69. Actively monitor, and implement as necessary, any changes in recommendations and guidelines for surveillance and diagnostic testing from CDC (e.g., revision of the case definition, screening criteria, case report forms, or diagnostic testing algorithms), and post a case screening form and case report form for laboratory confirmed cases to the agency website.
70. Work with Regional Outbreak Response Teams (ORTs) to detect and monitor persons who present with clinical illness consistent with influenza and who have recently traveled to areas where the novel virus has been identified. Provide technical assistance and guidance for assessing and reporting these suspect cases of novel virus infection.
71. Upon laboratory confirmation of the first case of novel influenza virus in South Carolina, develop and distribute guidance to local health departments on surveillance, case detection, contact tracing, and infection control. SCDHEC will coordinate disease control activities and provide technical assistance to local health departments with any confirmed cases of novel influenza virus infection. This collaboration will include provision/development of guidance for containment strategies, such as isolation and quarantine, contact tracing, and use of limited vaccine and antiviral medication in the populations at risk.
72. Communicate with healthcare providers via electronic communications, Health Alert Network, and conference calls to share information on surveillance criteria, infection control guidelines, case management, enhanced surveillance, specimen collection and submission, and appropriate testing and reporting of suspect cases to local health departments.
73. Issue guidelines for collecting and shipping specimens for novel influenza diagnostics, laboratory biosafety guidelines for handling and processing specimens of novel influenza A, and specimen submittal forms will be posted on the SCDHEC website.
74. Maintain other existing surveillance systems.
75. Maintain weekly reports of statewide influenza activity at this address: <http://www.SCDHEC.gov/flu/flu-activity-surveillance.htm>.
76. Review contingency plans to further enhance influenza surveillance if efficient person-to-person transmission of the novel virus is confirmed, including training

additional personnel on surveillance, case detection, contact tracing, and infection control issues.

77. Communicate current surveillance data, epidemiologic information, and changes in recommendations and guidelines for surveillance and diagnostic testing from the CDC.

78. Remind commercial laboratory stakeholders who are offering novel virus testing to report any preliminary positive results for novel virus infection to either the local health department or PHL immediately. If PHL is notified first, PHL will contact the local health department within one hour.

79. Communicate with CDC concerning updated diagnostic algorithms and laboratory reagents for novel virus testing (e.g., specific primers and probes), communicate results on suspect novel influenza virus cases to CDC, and expedite specimen shipping.

80. Provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues within SCDHEC and to external partners.

81. Facilitate local public health departments' forwarding of clinical specimens to PHL for novel virus testing.

82. Modify existing surveillance systems for case investigations, case management, case ascertainment, case reporting, surveillance, and data analysis of novel influenza.

83. Monitor investigation and management resources. As resources permit, assess and enhance epidemiologic capacity to support expanded activities.

84. Enhance novel influenza surveillance.

85. Maintain systems for enhanced epi surveillance of school absences.

86. Begin enhanced surveillance of school student and faculty absences and situationally determined epi assessments with the SCDOE and local education agencies.

87. Communicate with CDC to monitor any changes in recommendations and guidelines for surveillance and diagnostic testing, including guidance on triaging specimens for testing and choosing which isolates to send to CDC and immediately inform health care providers and regional ORTs of new recommendations;

88. Communicate with local public health laboratories and other stakeholders regarding the detection and circulation of novel virus worldwide and in the United States. As the pandemic progresses and guidelines and testing algorithms are revised, PHL will communicate these changes to local public health laboratories and to external partners (i.e., hospitals).

89. Work closely with healthcare providers and regional ORTs to manage new suspect cases, provide confirmatory testing, and implement containment strategies to prevent or limit local spread (e.g., isolation and quarantine and antiviral treatment and prophylaxis).
90. Provide technical assistance to guide testing of specific cases that represent a risk of spread of the novel virus infection in the community, including those who have an epidemiologic link to infected cases (e.g., recent contact with a person in whom an infection is either suspected or confirmed) or who are hospitalized.
91. Consult with CDC concerning management, reference laboratory testing, and containment strategies for cases identified.
92. Communicate current surveillance criteria for cases of human novel virus infection, and the need to report data year-round and submit clinical specimens on influenza-like illness cases presenting to sentinel providers and local health departments;
93. Allocate additional personnel as needed to assist with surveillance activities and outbreak response activities.
94. Maintain expanded critical laboratory testing capacity, including novel virus testing.
95. In coordination with CDC, review and revise case management protocols to reflect current recommendations and epidemiologic data needs.
96. Continue pandemic influenza-specific epidemiologic investigations and other special clinical studies.
97. Continue to perform year-round influenza surveillance testing for the Laboratory Influenza Surveillance Network.
98. Perform novel virus testing on all suspect cases of the novel influenza virus, as test procedures and reagents are made available.
99. Review local plans and recommend modifications if necessary, plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to high-priority target groups.
100. Establish Memoranda of Agreement (MOA) and/or contracts with agencies, organizations and individuals capable of providing assistance in administering vaccine.
101. Develop a list of currently qualified vaccinators and sources of potential vaccinators (e.g., commercial vaccinators).
102. Determine whether school-located vaccination clinics are feasible.

103. Assist the public health regions with processes for obtaining comprehensive listings of schools in South Carolina for pandemic related activities.
104. Review estimates of the number of people who fall within each of the targeted population groups for vaccination (i.e., high-risk groups, health care workers, emergency service workers, specific age groups).
105. Communicate with SCDHEC Regions to assess supplies (e.g., syringes, adrenalin, sharps disposal units), equipment and locations potentially required for a vaccine-based response (i.e., mass immunization clinics).
106. Review educational materials concerning administration of vaccines and update as needed.
107. Review forms to be used during immunization clinics and update as needed (e.g., consent forms, post-vaccination communication).
108. Ensure staff is trained and infrastructure is in place to record immunizations, including possible requirements for a two-dose immunization program (i.e., recall and record keeping procedures).
109. Determine current inventories of available medication at health care providers utilizing SC SMARTT (hospital bed availability system) and Hospital Preparedness Program hospital surveys.
110. Determine current inventory of available medication at Department of Health and Environmental Control primary drug wholesaler and additional wholesalers in South Carolina.
111. Prepare to activate memoranda of agreement with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication such as the South Carolina Pharmacy Association.
112. Confirm credentialed personnel necessary to deploy the Pandemic Influenza Antiviral Distribution Plan.
113. Confirm the locations for reception, repackaging, staging, distributing and distributing the Pandemic Influenza antiviral medication and other CDC approved counter measures in conjunction with the SNS assets. (Reference SCDHEC Strategic National Stockpile Plan.)
114. Establish and maintain a limited cache of pharmaceutical resources for distribution to designated first responders.

114. If necessary, modify plans for the distribution of medications and other medical materiel.
115. Coordinate and collaborate with the South Carolina Department of Education (SCDE), local education agencies, private/independent school group associations, and home-school associations for dissemination of information regarding the proposed threat of the novel virus, WHO/CDC recommendations, disease countermeasures, and vaccination opportunities for local education agencies and private schools if available.
116. Coordinate disease control activities with the Department of Social Services (DSS) by ensuring timely dissemination of health information regarding the proposed threat of the novel virus, WHO/CDC recommendations, disease containment measures, and (PPE) for child care centers.
117. Develop triggers for recommending implementation of other specific community mitigation and social isolation actions.
118. Develop messages for home care of pandemic influenza patients
119. If available, coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are either at high risk of spreading the influenza virus or who provide essential community services.
120. If enhanced epidemiological surveillance data indicate, school closure task force-determined school-closure thresholds have been met, or if other compelling epi or societal criteria present themselves, School Closure Executive Committee is convened by the State Epidemiologist.
121. Communicate disease prevention, control, and mitigation guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.
122. Coordinate triage logistics with hospitals and Emergency Medical Services including patient assessment, communication between facilities, and direction of patients to available beds.
123. Working with SCHA and appropriate hospitals, ensure that facility medical surge plans are in place.
124. Request hospitals to ensure that their hospital data in SMARTT is current.
125. Develop or use pre-developed risk communication messages and education programs to improve public understanding of the dangers of pandemic influenza and the benefits of community-wide disease control practices, including social distancing measures and on stress management, psychosocial impact of disasters.

126. Work with FEMA Region IV states to ensure consistency of risk communication messages across state lines.
127. Develop scripts and messages for use in the statewide 2-1-1 information system, if available.
128. Determine if SCDHEC Care Line Staff support is needed to meet the demand for public information; develop scripts and provide training if needed.
129. Communicate with statewide stakeholders, partners, and healthcare providers regarding enhanced surveillance, e.g. via health advisories.
130. Communicate with statewide stakeholders and partners regarding actions to be taken if a person presents with severe respiratory signs and symptoms and a travel history from a high-risk global area.
131. Provide responses and resource assistance as needed for state level partners regarding the status of the novel virus, disease countermeasures, and a review of proposed pandemic exercises.
132. Inform SC health care providers of the latest clinical and epidemiologic risk factors through the Health Alert Network and the RX Alert network.
133. Confirm that notification lists are current for local agencies and decision makers.
134. Determine need to consult with other SC SCDHEC internal divisions to maximize vaccination uptake for specific priority target groups..
135. Immunization Division will provide on-going electronic communication with state vaccinators regarding status of vaccine (ie. recalls, expiration dates, etc).
136. Hold meetings or conference calls with FEMA Region IV partner states to discuss regional preparations and communication plans.
137. Prepare educational materials about the behavioral health impacts and appropriate coping strategies of dealing with a pandemic.
138. Increase communication with support agencies and community organizations that can assist with providing behavioral health support services.
139. Review and update continuity of operations plans.
140. Explore alternate staffing options (SCDHEC staff, contracts with staffing agencies, volunteers) to meet vaccination demands while maintaining other essential functions.

141. Ensure that MOAs for temporary interment are in place.
142. Establish multiple vendors for mortuary resources which may be in short supply during the pandemic; stockpile supplies as possible.
143. Consult with the South Carolina Emergency Management Division to consider the activation at the appropriate OPCON level to provide the needed support to pandemic response while conserving personnel resources.
144. Provide public health input and recommendations on culling infected animal populations or other animal disease containment activities during a pandemic.
145. If indicated by the disease severity level, determine if implementation of the Emergency Public Health Authority Act or Governor's Declaration of State of Emergency is needed.
146. Facilitate individual case reporting; may request regular aggregate reports from local health departments for cumulative statewide case counts associated with novel virus infection, morbidity, and mortality; such reports might include the number of:
  - a. clinically suspected cases;
  - b. laboratory confirmed cases;
  - c. persons hospitalized with a novel virus infection; and
  - d. deaths attributed to novel virus infection
147. In collaboration with CDC and local health departments, and as resources are available, conduct enhanced surveillance to:
  - a. describe unusual clinical syndromes;
  - b. describe unusual pathologic features associated with fatal cases;
  - c. determine efficacy of vaccination, if vaccine is available, or antiviral prophylaxis;
  - d. assess antiviral effectiveness in circulating strains to help refine antiviral recommendations and target high risk groups; and
  - e. assess the effectiveness of non-pharmaceutical containment measures such as school and business closures.
148. Review epidemiological evidence to determine which populations are at greatest risk for contracting novel influenza and/or poor outcomes and, in conjunction with CDC and ACIP guidance, refine and revise any existing priority groups for vaccination as vaccine availability increases;
149. Generate reports of statewide influenza activity.
150. Communicate the most current information on influenza surveillance, epidemiology, pharmaceutical and non-pharmaceutical control efforts to SCDHEC public health officials.

151. Continue situation-specific pandemic influenza epidemiologic investigations and other special clinical studies, as warranted.
152. Enhance surveillance efforts to detect novel influenza in high-risk populations using real-time polymerase chain reaction and culture.
153. Ensure ongoing communication with CDC regarding vaccine updates and production status.
154. Purchase vaccine if necessary. Explore ability to offer vaccine free of charge to public.
155. Explore the ability to waive administration costs at health departments to offer the administration of vaccine free of charge.
156. Review local plans and recommend modifications if necessary, plans for vaccine security (i.e., during transport, storage, and clinic administration)
157. Assess availability of antiviral medication and other approved countermeasures.
158. Provide for the distribution of state and federal medical assets in conjunction with the SC SNS plan.
159. Issue recommendation not to travel to affected areas.
160. Provide educational resources and guidance to state level partners regarding disease containment measures and PPE.
161. Activate 2-1-1 system, if funding is available.
162. Begin pre-established communications with FEMA Region IV partner states.
163. Continue communication updates regarding novel virus threat to South Carolina through appropriate network channels for state level partners.
164. Provide information to local coroners, funeral directors and morticians on the current disease characteristics of a novel virus.
165. Establish precautions needed for disposition of deceased persons
166. Enhanced surveillance that will include participation of stakeholders and partners, once novel strain identified in the U.S.
167. Develop means of rapid communication to other FEMA Region IV states if a suspected novel virus appears in South Carolina.



168. Communicate with local regions regarding the most strategic immunization clinic sites and methods.
169. When vaccine is available:
- a. Activate immunization clinic capability
  - b. Implement streamlined Vaccine Adverse Event surveillance
  - c. Arrange for direct shipping of vaccine to public health regions and private providers, as applicable.
  - d. Coordinate with the SCDE and local education agencies for the implementation of school-located vaccination clinics if appropriate.
  - e. Coordinate with the Department of Social Services for dissemination of information regarding vaccinations and clinics to childcare centers.
  - f. Provide standardized consent form and consent packet resources in a variety of languages for schools to give to parents and students.
  - g. Establish a method at the regional level for South Carolina parents/children to ask questions for informed consent.
  - h. Ensure that standing orders are established and emergency medications are readily available at all vaccination clinics. Note: timing of standing order availability is dependent on receipt of information from CDC and the FDA.
  - i. Using the Immunization Information System (IIS), collect and compile reports of total people immunized with one or two doses. Report data to Counter Response Administration, as applicable.
  - j. Monitor vaccine supply, demand, distribution, and uptake.
  - k. Recruit trained immunization staff from unaffected public health regions to augment regular staff in affected areas.
170. Deploy State antiviral and other appropriate countermeasures from the State stockpile to the SCDHEC Health Regions for initial disease containment
171. Communicate to providers who have signed the Memorandum of Agreement with SCDHEC when the federal government:
- a. Authorizes the release of the joint state/federal purchased antiviral medications
  - b. Determines commercially available supplies are sufficient.

c. Activate established memoranda of agreement with other governmental entities, professional associations, volunteer organizations and private services that may assist during a pandemic influenza or other disaster.

172. Consult with CDC/DSNS as to when CDC will begin shipment of the antiviral medication and other medical countermeasures to the project areas per Division of Strategic National Stockpile (DSNS) shipping schedule.

173. Prepare to receive federal assets upon notification by the Division of Strategic National Stockpile.

174. Distribute antivirals and other CDC approved countermeasures in accordance with the pandemic Influenza Antivirals Distribution plan and the SC Strategic National Stockpile plan.

175. Develop strategies for antiviral drug use incorporating CDC guidance and identified priority groups.

176. Update SCDHEC inter- and intranet sites to ensure accurate information are available concerning pharmaceutical and other pandemic countermeasures.

177. Continue to receive countermeasures from the CDC until shipments cease.

178. Continue to ship countermeasures to the SCDHEC public health regions until the number of identified cases subsides and/or commercial supplies are adequate.

179. Provide educational resources to SCDE and local education agencies regarding disease containment measures, vaccinations, school-located vaccination clinics, and PPE.

180. Coordinate and provide assistance to schools to maximize immunization outreach efforts for children, parents/guardians, and school staff.

181. Reinvigorate efforts to educate public about pandemic influenza, its origin (if known), its symptoms, and measures to help prevent the spread of illness.

182. Dependent on the severity of the pandemic, implement social distancing measures and school closings.

183. Continue community and school surveillance activities in any local education agencies in which schools remain open or are re-opened.

184. Monitor disease fatality rate using the electronic death reporting system and written Vital Records reports.

185. Ensure communication with other HHS Region IV states if a suspected novel virus appears in South Carolina
186. Expand vaccine programs to cover population not yet immunized, according to priority group, if applicable.
187. Encourage private providers to implement standing orders and make available emergency medications.
188. Have mechanism in place for accurately documenting school level vaccine coverage data within each region for state level reporting.
189. Continue to summarize and report coverage data (with one or two doses) and Vaccine Adverse Event data.
190. Implement recommendations for individual isolation and quarantine of suspect and confirmed cases and their close contacts. Continue to encourage self-isolation and quarantine throughout pandemic.
191. Continue communication with hospitals, with assistance from SCHA initiated regular teleconferences with hospitals throughout the state.
192. Consider allowing alternate standards of care/critical care triage guidance and implementation.
193. Assist and monitor the establishment of hospital Alternate Care Sites and Alternate Triage Sites.
194. Activate a Joint Information Center to include communications with necessary partners, to potentially include the SC Emergency Management Division, the SC Department of Education, the SC Hospital Association and other agencies and organizations as necessary.
195. Advise public of virus' arrival in state, while reminding that its nature will cause it to spread throughout the entire state eventually.
196. Consider the use of daily media briefing coordinated through ESF-15 to provide most up-to-date information regarding the nature of the virus and its effects on the public
197. Update FEMA Region IV partner states with surveillance and response information. Inform Region IV of community mitigation measures that are implemented.
198. Establish a regular schedule of conference calls with Emergency Management Division and other state agencies and ESF representatives, and coordinate regular conference calls with the SC Hospital Association.

199. Share talking points and messages with response partners so that they can make the best decisions for their employees and constituents.
200. Communicate and disseminate information to state level partners through appropriate network channels.
201. Disseminate educational materials to staff and partners for potential distribution.
202. Deploy regional behavioral health teams as outlined in SCEOP, as available.
203. Coordinate psychological first aid for the impacted general public and first responders as identified in ESF-8 of the SCEOP.
204. Conduct just in time behavioral health training for volunteers and responders as needed.
205. Establish Family Assistance Centers that minimize contact with the public; consider the use of virtual FACs.
206. Lift or revoke public health orders that are no longer necessary.
207. Evaluate effectiveness of statutory and regulatory authorities related to pandemic response.
208. Make efforts to amend statutory and regulatory authorities to increase the effectiveness of pandemic response.
209. Prepare After Action Reports and Improvement Plans
210. Analyze surveillance data and share SC morbidity and mortality data.
211. Resume routine, year-round laboratory surveillance activities.
212. Replenish laboratory supplies and reagents.
213. Replenish medical supplies and initiate resumption of routine programs.
214. Review and revise policies, procedures, and standing orders used during the mass immunization campaigns.
215. Conduct an evaluation of mass immunization campaign effort and revise state level and regional pandemic processes as appropriate.
216. Recommend post-pandemic studies to assist in evaluations of the pandemic influenza response capacities and coordinated activities.

217. Review and revise current medical countermeasure distribution plans.
  218. Review, evaluate, and take corrective action to improve medical countermeasure response.
  219. Evaluate effectiveness of school closings, if any, and impact versus value of closings.
  220. Discontinue alternate standards of care/critical care triage exception, if implemented.
  221. Provide guidance and assistance to hospitals as they close alternate care sites and alternate triage sites.
  222. Obtain appropriate hospital patient census/treatment statistics.
  223. Communicate to medical community, the media and the general public regarding decreasing trends and mortality data.
  224. Communicate the lifting or revocation of public health orders that are no longer necessary to the affected populations through the Joint Information System.
  225. Conclude regular conference calls and poll response partners to determine if information that was provided was sufficient and frequent enough to assist in their responses.
  226. Gather school feedback on effectiveness of pandemic planning activities, processes, and partnership and update existing pandemic plans as needed.
  227. Conduct follow-up conference calls or meetings with FEMA Region IV partner states.
  228. Provide information to general public and responders about the potential long-term psychosocial impacts of a severe pandemic.
  229. Evaluate the psychosocial needs and response activities during the pandemic period and modify plans as needed.
  230. Replenish mortuary supplies.
  231. Review and revise state and local plans for managing mass fatalities.
- B. South Carolina Hospital Association**
1. Encourage enrollment of influenza sentinel providers and year-round reporting of influenza-like illness activity.

2. Encourage enrollment in the syndromic surveillance systems.
3. Continue to encourage participation in year-round Outpatient Influenza-Like Illness Sentinel Provider Surveillance, which is voluntary participation by South Carolina health care providers in the influenza-like illness (ILI) surveillance, under the guidance of the Centers for Disease Control and Prevention.
4. Encourage submission of influenza culture specimens to the Department of Health and Environmental Control, Public Health Laboratories' Laboratory Influenza Surveillance Program.
5. Encourage participation in vaccine adverse event surveillance.
6. Assist in the establishment of plans to address medical surge issues, including personnel, equipment, supplies, medication and the allocation of health care services among traditional health care facilities, alternate care sites, and triage facilities.
7. Encourage hospitals to use the SMARTT hospital bed capacity system on a daily basis to ensure that information is current and accurate. Assist in providing training, if needed.
8. Assist in the establishment and maintenance of a database of alternate care sites and triage facilities.
9. Assist in the recruitment of medical volunteers for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing.
10. Assist in the forwarding of advisories, alerts and updates via their communication avenues.
11. Assist in the dissemination of influenza isolation and quarantine guidelines.
12. Assist SCDHEC in communicating with healthcare providers via electronic communications, Health Alert Network, and conference calls to share information on surveillance criteria, infection control guidelines, case management, enhanced surveillance, specimen collection and submission, and appropriate testing and reporting of suspect cases to local health departments.
13. Assist SCDHEC in communicating current surveillance data, epidemiologic information, and changes in recommendations and guidelines for surveillance and diagnostic testing from the CDC.

14. Forward detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues received from SCDHEC to SC hospitals and healthcare systems.
15. Assist SCDHEC in communicating with local public health laboratories and other stakeholders regarding the detection and circulation of novel virus worldwide and in the United States and share detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues.
16. Assist SCDHEC in sharing guidance on epidemiologic investigations of human cases to identify the populations at risk, the current clinical characteristics of disease, and the risk that infected persons or their environment may pose to others, including an assessment of likely human-to-human transmission.
17. Assist SCDHEC in determining current inventories of available medication at health care providers by encouraging hospitals to participate in SC SMARTT (hospital bed availability system) and Hospital Preparedness Program hospital surveys.
18. Work with SCDHEC to coordinate triage logistics with hospitals and Emergency Medical Services including patient assessment, communication between facilities, and direction of patients to available beds.
19. Assist SCDHEC in working with appropriate hospitals to ensure that facility medical surge plans are in place.
20. Request hospitals to ensure that their hospital data in SMARTT is current.
21. Assist SCDHEC in communicating with hospitals regarding actions to be taken if a person presents with severe respiratory signs and symptoms and a travel history from a high-risk global area.
22. Assist SCDHEC in supporting hospitals to maintain surveillance efforts for cases of novel virus infection.
23. Assist in continuing communication updates regarding novel virus threat to South Carolina through appropriate network channels for state level partners.
24. Encourage hospitals to begin enhanced surveillance efforts to detect novel influenza in high-risk populations.
25. Assist SCDHEC in continuing communication with hospitals by initiating regular teleconferences with hospitals throughout the state.
26. Work with SCDHEC to consider allowing alternate standards of care/critical care triage guidance and implementation.

27. Assist and monitor the establishment of hospital Alternate Care Sites and Alternate Triage Sites.
28. Assist in recommending post-pandemic studies to assist in evaluations of the pandemic influenza response capacities and coordinated activities.
29. Assist in notification to discontinue alternate standards of care/critical care triage exception, if implemented.
30. Continue active communication with hospitals through teleconferences.
31. Assist with providing guidance and assistance to hospitals as they close alternate care sites and alternate triage sites.
32. Assist in obtaining appropriate hospital patient census/treatment statistics.

C. **South Carolina Medical Association**

1. Encourage enrollment of influenza sentinel providers and year-round reporting of influenza-like illness activity.
2. Continue to encourage participation in year-round Outpatient Influenza-Like Illness Sentinel Provider Surveillance, which is voluntary participation by South Carolina health care providers in the influenza-like illness (ILI) surveillance, under the guidance of the Centers for Disease Control and Prevention.
3. Encourage submission of influenza culture specimens to the Department of Health and Environmental Control, Public Health Laboratories' Laboratory Influenza Surveillance Program.
4. Encourage participation in vaccine adverse event surveillance.
5. Assist in the establishment of plans to address medical surge issues, including personnel, equipment, supplies, medication and the allocation of health care services among traditional health care facilities, alternate care sites, and triage facilities.
6. Assist in the recruitment of medical volunteers for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing.
7. Assist in the forwarding of advisories, alerts and updates via SCMA communication avenues.
8. Assist in the dissemination of influenza isolation and quarantine guidelines and social distancing measures.



9. Assist SCDHEC in communicating with healthcare providers via electronic communications, Health Alert Network, and conference calls to share information on surveillance criteria, infection control guidelines, case management, enhanced surveillance, specimen collection and submission, and appropriate testing and reporting of suspect cases to local health departments.
10. Assist SCDHEC in communicating current surveillance data, epidemiologic information, and changes in recommendations and guidelines for surveillance and diagnostic testing from the CDC.
11. Forward detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues received from SCDHEC.
12. Assist SCDHEC in communicating with local public health laboratories and other stakeholders regarding the detection and circulation of novel virus worldwide and in the United States and share detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues.
13. Assist SCDHEC in communicating current surveillance criteria for cases of human novel virus infection, and the need to report data year-round and submit clinical specimens on influenza-like illness cases to sentinel providers and local health departments.
14. Assist SCDHEC in sharing guidance on epidemiologic investigations of human cases to identify the populations at risk, the current clinical characteristics of disease, and the risk that infected persons or their environment may pose to others, including an assessment of likely human-to-human transmission.
15. Assist SCDHEC in communicating disease prevention, control, and mitigation guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.
16. Assist SCDHEC in communicating with health care providers regarding actions to be taken if a person presents with severe respiratory signs and symptoms and a travel history from a high-risk global area.
17. Assist SCDHEC in informing SC health care providers of the latest clinical and epidemiologic risk factors received through the Health Alert Network.
18. Assist SCDHEC in supporting public and private medical providers to maintain surveillance efforts for cases of novel virus infection.
19. Assist in continuing communication updates regarding novel virus threat to South Carolina through appropriate network channels for state level partners.

20. Encourage providers to begin enhanced surveillance efforts to detect novel influenza in high-risk populations.
21. Encourage private providers to implement standing orders and make available emergency medications.
22. Work with SCDHEC to consider allowing alternate standards of care/critical care triage guidance and implementation.
23. Assist in recommending post-pandemic studies to assist in evaluations of the pandemic influenza response capacities and coordinated activities.
24. Assist in notification to discontinue alternate standards of care/critical care triage exception, if implemented.

D. **South Carolina Pharmacy Association**

1. Assist in the identification and establishment of Board of Pharmacy permitted locations for reception, repackaging, staging, distributing and distributing of antiviral medications and other medical countermeasures.
2. Assist in the forwarding of advisories, alerts and updates via SCPHA communication avenues.
3. Assist SCDHEC in determining current inventory of available medication at wholesalers in South Carolina.
4. Prepare to activate memoranda of agreement with SCDHEC to provide assistance in obtaining and distributing medication.
5. Assist in assessing availability of antiviral medication and other approved countermeasures.
6. Assist SCDHEC in communicating with healthcare providers via electronic communications, RX Alert network, to share information on surveillance criteria, infection control guideline, case management, enhanced surveillance, specimen collection and submission, and appropriate testing and reporting of suspect cases to local health departments.

E. South Carolina Department of Education

1. Participate in development of an enhanced surveillance system for absenteeism in schools (i.e., public and private/independent K-12 schools) and establishment of associated Memoranda of Agreement (MOA) with participating schools if needed.

2. Continue to encourage local education agencies to focus on pandemic plan development and revision.
3. Assist in exploring ways to effectively reach specific populations, such as pre-school children, minority populations, the elderly, non-English speaking populations and school-age children along with their parents/guardians who may not attend a local school building. Children in this category would include but not be limited to homebound students, students attending virtual schools and children who are schooled at home.
4. Coordinate with SCDHEC to provide procedural guidance for pandemic planning documents for K-12 schools. Distribute pandemic planning recommendations to local education agencies.
5. Work with SCDHEC to convene a school closure task force led by SCDHEC to identify threshold criteria for consideration of epidemiological and administrative school closure thresholds during a pandemic.
6. Encourage the review of Regional memoranda of Agreements between Local Education Agencies and SCDHEC Regions for enhanced epi surveillance of school absences, if needed. Continue working with SCDHEC for the development and testing of mechanisms for enhanced epi surveillance of school absences.
7. With SCDHEC local education agencies begin enhanced surveillance of school student and faculty absences, ability to operate administratively, and situationally determined epi assessments.
8. Assist SCDHEC in determining whether school-located vaccination clinics are feasible.
9. Coordinate with SCDHEC to maintain and review Regional Memoranda of Agreements between Local Education Agencies and SCDHEC Regions for enhanced epi surveillance of school absences.
10. Coordinate and collaborate with SCDHEC for dissemination of information regarding the proposed threat of the novel virus, WHO/CDC recommendations, disease countermeasures, and vaccination opportunities for local education agencies, if available.
11. If enhanced epidemiological surveillance data indicate, school closure task force-determined school-closure thresholds have been met, or if other compelling epi or societal criteria present themselves, participate in the School Closure Executive Committee convened by the State Epidemiologist.
12. When vaccine is available:

- a. Coordinate with the SCDHEC and local education agencies for the implementation of school-located vaccination clinics if appropriate.
  - b. Distribute standardized consent form and consent packet resources in a variety of languages for schools to give to parents and students.
  - c. Assist SCDHEC in establishing a method at the regional level for South Carolina parents/children to ask questions for informed consent.
13. Assist SCDHEC in coordinating and providing assistance to schools to maximize immunization outreach efforts for children, parents/guardians, and school staff.
  14. Dependent on the severity of the pandemic, implement social distancing measures and school closings.
  15. Continue school surveillance activities in any local education agencies in which schools remain open or are re-opened.
  16. Continue to distribute standardized consent forms and consent packet resources in a variety of languages to parents and students.
  17. Provide educational resources to local education agencies regarding disease containment measures including vaccinations and PPE.
  18. Depending on the severity of the pandemic and its proximity to the state, implement school closings.
  19. Assist in recommending post-pandemic studies to assist in evaluations of the pandemic influenza response capacities and coordinated activities.
  20. Assist in evaluating the effectiveness of school closings, if any, and impact versus value of closings.
  21. Assist with gathering school feedback on effectiveness of pandemic planning activities, processes, and partnership and update existing pandemic plans as needed.

F. **South Carolina National Guard**

1. Assist in the development of plans for vaccine security:
  - 1) during transport,
  - 2) during storage, and
  - 3) at clinics.
2. Assist in reviewing and modifying if necessary, plans for vaccine security (i.e., during transport, storage, and clinic administration)

3. Assist in distributing antiviral medication and other CDC approved countermeasures in accordance with the Pandemic Influenza Antivirals Distribution plan and the SC Strategic National Stockpile plan.
4. Assist in continuing to ship countermeasures to the SCDHEC public health regions until the number of identified cases subsides and/or commercial supplies are adequate.
5. Assist in deploying State antiviral and other appropriate countermeasures from the State stockpile to the SCDHEC Health Regions for initial disease containment.
6. Assist in reviewing and revising current medical countermeasure distribution plans.

G. **Department of Public Safety**

1. Assist in the development of plans for vaccine security:
  - 1) during transport,
  - 2) during storage, and
  - 3) at clinics.
2. Assist in reviewing and modifying if necessary, plans for vaccine security (i.e., during transport, storage, and clinic administration).
3. Assist in distributing antiviral medication and other CDC approved countermeasures in accordance with the pandemic Influenza Antivirals Distribution plan and the SC Strategic National Stockpile plan.
4. Assist in continuing to ship countermeasures to the SCDHEC public health regions until the number of identified cases subsides and/or commercial supplies are adequate.
5. Assist in deploying State antiviral medication and other appropriate countermeasures from the State stockpile to the SCDHEC Health Regions for initial disease containment
6. Assist in reviewing and revising current medical countermeasure distribution plans.

H. State Law Enforcement Division

1. Assist in the development of plans for vaccine security:
  - a. during transport,
  - b. during storage, and
  - c. at clinics.

2. Assist in reviewing and modifying if necessary, plans for vaccine security (i.e., during transport, storage, and clinic administration).
3. Assist in distributing antiviral medication and other CDC approved countermeasures in accordance with the pandemic Influenza Antiviral Distribution plan and the SC Strategic National Stockpile plan.
4. Assist in continuing to ship countermeasures to the SCDHEC public health regions until the number of identified cases subsides and/or commercial supplies are adequate.
5. Assist in deploying State antiviral medication and other appropriate countermeasures from the State stockpile to the SCDHEC Health Regions for initial disease containment
6. Assist in reviewing and revising current medical countermeasure distribution plans.

I. **SC Budget and Control Board**

1. Assist SCDHEC in purchasing vaccine if necessary. Explore ability to offer vaccine free of charge to public.
2. Assist SCDHEC in purchasing vaccine and ancillary supplies when/if available.
3. Assist with replenishing medical supplies.

J. **Clemson University Livestock and Poultry Health (CULPH)**

1. Coordinate with SCDHEC on enhanced surveillance and reporting of novel influenza virus in poultry workers, commercial and private poultry flocks, and wild birds, to identify disease activity in animal populations and to characterize the human health threat.
2. Provide consultation and support on animal issues which impact public health and coordinate with Animal Emergency Response Agencies regarding culling infected animal populations or other animal disease containment activities during a pandemic. This activity will be coordinated with ESF-17.
3. Make decisions about culling infected animal populations or other animal disease containment activities during a pandemic.

K. **USDA-APHIS-VS**

1. Coordinate with SCDHEC on enhanced surveillance and reporting of novel influenza virus in poultry workers, commercial and private poultry flocks, and wild birds, to

identify disease activity in animal populations and to characterize the human health threat.

2. Provide consultation and support on animal issues which impact public infected animal populations or other animal disease containment activities during a pandemic. This activity will be coordinated with ESF-17.
3. Make decisions about culling infected animal populations or other animal disease containment activities during a pandemic.

L. **South Carolina Department of Mental Health**

1. Assist SCDHEC in increasing the awareness of the potential behavioral health implications of a pandemic with internal and external partners.
2. Continue to participate in drills and tabletop exercises that exercise behavioral health response.
3. Continue to train staff and volunteer behavioral health responders about appropriate behavioral health interventions during a pandemic.
4. Increase communication with support agencies and community organizations that can assist with providing behavioral health support services.
5. Assist in disseminating educational materials to staff and partners for potential distribution.
6. Deploy regional behavioral health teams as outlined in SCEOP, as available.
7. Assist in coordinating psychological first aid for the impacted general public and first responders as identified in ESF-8 of the SCEOP.
8. Assist in conducting just in time behavioral health training for volunteers and responders as needed.
9. Provide information to general public and responders about the potential long-term psychosocial impacts of a severe pandemic.
10. Assist with evaluating the psychosocial needs and response activities during the pandemic period and modifying plans as needed.

M. **South Carolina Department of Social Services**

1. Assist in exploring ways to effectively reach specific populations, such as pre-school children, non-English speaking populations and school-age children along with their parents/guardians.

2. Coordinate with SCDHEC and SCDE to provide procedural guidance for pandemic planning documents child care centers. Distribute pandemic planning recommendations to SCDSS licensed child care centers and group homes.
3. Coordinate disease control activities with SCDHEC by ensuring timely dissemination of health information regarding the proposed threat of the novel virus, WHO/CDC recommendations, disease containment measures, and (PPE) for child care centers.
4. Continue to coordinate with SCDHEC for dissemination of information regarding vaccinations and clinics for childcare centers.
5. Continue to distribute standardized consent forms and consent packet resources in a variety of languages to parents and children.
6. Assist in distributing educational resources regarding disease containment measures including vaccinations and PPE.
7. Coordinate disease control activities with SCDHEC by ensuring timely dissemination of health information to SCDSS licensed child and day care centers and group homes.

N. **South Carolina Office of the Governor**

If indicated by the disease severity level, determine if implementation of the Emergency Public Health Authority Act or Governor’s Declaration of State of Emergency is needed.

O. **South Carolina Emergency Management Division**

1. Continue to include behavioral health in drills and tabletop exercises.
2. Provide guidance to state level partners regarding the importance of continuity of operations planning and the minimal criteria for inclusion in such plans to address pandemic continuity planning.
3. Consult with the SCDHEC to consider the activation at the appropriate OPGON level to provide the needed support to pandemic response while conserving personnel resources.
4. Activate a Joint Information Center to include communications with necessary partners, to potentially include, the SC Department of Education, the SC Hospital Association and other agencies and organizations as necessary.



5. Consider the use of daily media briefing coordinated through ESF-15 to provide most up-to-date information regarding the nature of the virus and its effects on the public
6. Assist in establishing a regular schedule of conference calls with SCDHEC and other state agencies and ESF representatives.
7. Assist with communicating the lifting or revocation of public health orders that are no longer necessary to the affected populations through the Joint Information System.
8. Post pandemic, conclude regular conference calls and poll response partners to determine if information that was provided was sufficient and frequent enough to assist in their responses.

**P. South Carolina Coroners Association**

1. Assist in training local coroners, funeral directors and morticians in the planning assumptions and the issues of mass fatality management specific to a pandemic.
2. Assist in encouraging local coroners, funeral directors and morticians to develop response plans and continuity of operations plans that include pandemic influenza scenario.
3. Assist in supporting local coroners, funeral directors and morticians in utilizing the state's electronic death reporting system and in participating in disease surveillance activities.
4. Encourage local coroners to make contact with hospitals in their counties to ensure contact and communication information is current.
5. Assist in providing guidance to fatality responders on personal protective equipment, infection control measures, and secondary traumatic stress.
6. Ensure that MOAs for temporary interment are in place.
7. Establish multiple vendors for mortuary resources which may be in short supply during the pandemic; stockpile supplies as possible.
8. Assist in providing information to local coroners on the current disease characteristics of a novel virus.
9. Establish Family Assistance Centers that minimize contact with the public; consider the use of virtual FACs.

10. Replenish mortuary supplies.
11. Assist in reviewing and revising state and local plans for managing mass fatalities.

**Q. South Carolina Funeral Directors Association**

1. Assist in training funeral directors in the planning assumptions and the issues of mass fatality management specific to a pandemic.
2. Assist in encouraging funeral directors to develop response plans and continuity of operations plans that include pandemic influenza scenario.
3. Assist in supporting funeral directors utilizing the state's electronic death reporting system and in participating in disease surveillance activities.
4. Establish multiple vendors for mortuary resources which may be in short supply during the pandemic; stockpile supplies as possible.
5. Assist in providing information to local funeral directors on the current disease characteristics of a novel virus.
6. Replenish mortuary supplies
7. Assist in reviewing and revising state and local plans for managing mass fatalities

**R. South Carolina Mortician's Association**

1. Assist in training morticians in the planning assumptions and the issues of mass fatality management specific to a pandemic.
2. Assist in encouraging morticians to develop response plans and continuity of operations plans that include pandemic influenza scenario.
3. Assist in supporting morticians in utilizing the state's electronic death reporting system and in participating in disease surveillance activities.
4. Establish multiple vendors for mortuary resources which may be in short supply during the pandemic; stockpile supplies as possible.
5. Assist in providing information to local morticians on the current disease characteristics of a novel virus.
6. Replenish mortuary supplies

7. Assist in reviewing and revising state and local plans for managing mass fatalities

S. **South Carolina United Way**

Activate 2-1-1 system, if funding is available.

V. **LOCAL INTERFACE**

Local response to pandemic influenza is discussed in detail in respective Health Region Pandemic Influenza Emergency Operations Plans and Regional Mass Casualty Plans. The primary actions and logistics requirements at the local level are supported in this state-level plan. Local plans will reflect these categories of response: command and control and public health authority; disease surveillance and outbreak response; laboratory; vaccine procurement, distribution and use; distribution of medications and other CDC-approved medical countermeasures ; community mitigation; management of medical surge; public information; communication with response partners; behavioral health; continuity; and mass fatality management.

VI. **FEDERAL INTERFACE**

The Department of Health and Human Services is the principal Federal agency for protecting the health of all Americans. State response operations will interface with Federal response assets through ESF-8 and through liaison between the State Department of Health and Environmental Control and the Centers for Disease Control and Prevention. The Centers for Disease Control and Prevention will also facilitate guidance and information flow between the State of South Carolina and the World Health Organization.

Once the World Health Organization declares Phase 4 of an influenza pandemic, the Director of the CDC on consultation with the Secretary of HHS, or his/her designee, will determine when to activate the SNS to begin the distribution of medical materiel based on the WHO Phase characterization and the severity of the disease; no state request will be necessary to launch the distribution of the medical countermeasures. These medical assets will arrive in three deployments, each taking approximately 7 to 10 days to arrive.

Liaison between the State Agency Coordination Center and the Department of Homeland Security will provide access to additional Federal health and medical assets.

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**ATTACHMENT 1**
**Pandemic Severity Index**

| <b>Pandemic Severity Index (PSI)</b>   |                     |   |
|--|---------------------|---|
| Category of Pandemic   | Case Fatality Ratio | Projected Number of Deaths, SC Estimated Population 2012 4,723,723) |
| Category 5   | > 2.0%              | > 28,343  |
| Category 4   | 1.0 - < 2.0%        | 14,171 - < 28,343   |
| Category 3   | 0.5 - < 1.0%        | 7,086 < 14,171  |
| Category 2   | 0.1 - < 0.5%        | 7,086 - < 1,429   |
| Category 1   | < 0.1%              | < 1,427   |
| Per CDC interim Pre-pandemic Planning Guidance, these figures assume a 30% illness rate and unmitigated pandemic without interventions |                     |   |