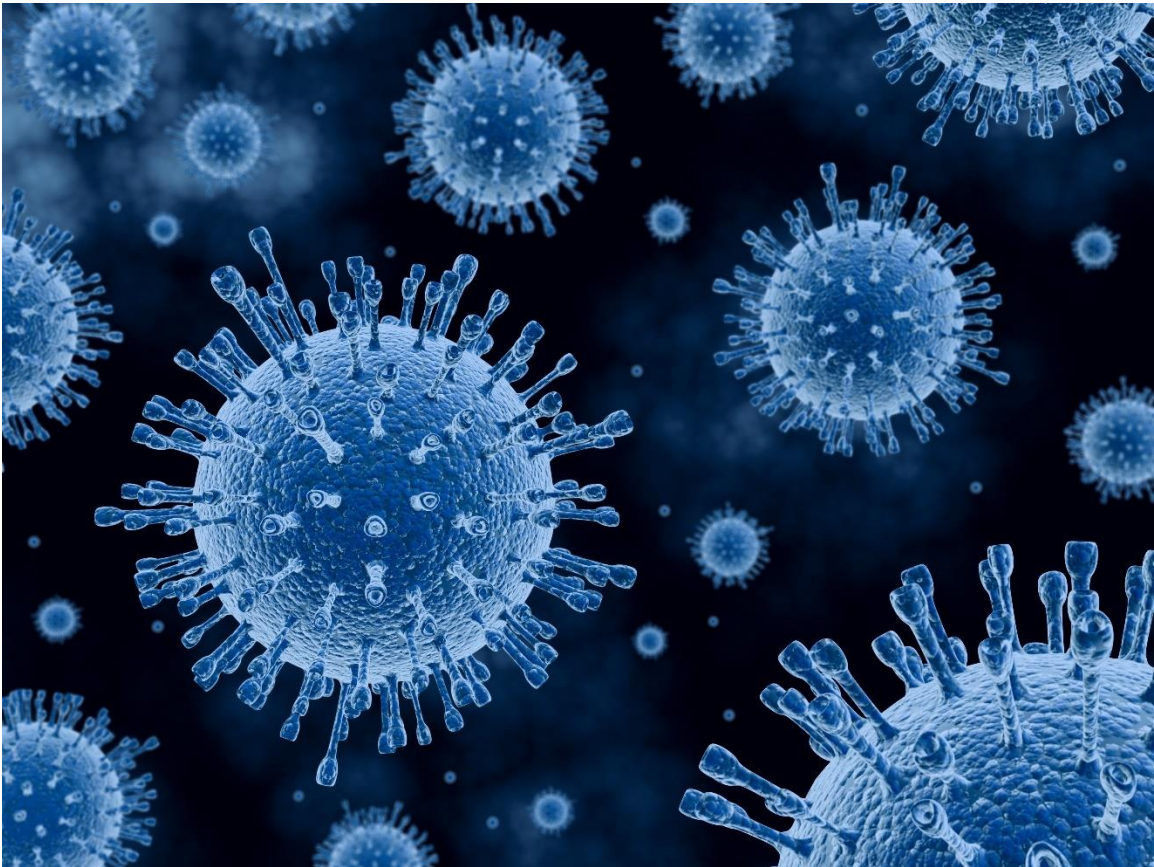


# South Carolina Pandemic Influenza Plan



Attachment 1 to the  
South Carolina Respiratory  
Pandemic Response Plan



**ATTACHMENT 1  
(PANDEMIC INFLUENZA PLAN)  
TO THE RESPIRATORY PANDEMIC RESPONSE PLAN**

**I. Introduction**

A pandemic influenza is an outbreak of a novel influenza virus that has worldwide implications and consequence. Influenza pandemics require heightened 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. A pandemic influenza would impact not just the delivery of health care, but the way South Carolinians conduct their daily lives. In a severe pandemic, impacts to the community can include employee absenteeism, cancelling or reducing attendance of large events, and migration of schools to virtual platforms. In a pandemic influenza environment, South Carolinians may need to change the way they conduct their everyday lives.

The South Carolina Pandemic Influenza Plan is Attachment 1 to the Respiratory Pandemic Response Plan (RPRP), which is Annex 1 to the Infectious Disease Plan (ID).

**II. Purpose**

The mission of the Pandemic Influenza Plan is to reduce the burden of disease and to mitigate the impact of an influenza pandemic in South Carolina. Based on experiences and lessons learned during the COVID-19 response, this plan identifies responsibilities and defines roles of the Department of Health and Environmental Control (DHEC), other State Agencies and partners, and outlines critical pandemic influenza response functions that are necessary for successful outcomes within the State of South Carolina.

**III. Goals**

The following State goals provide additional context to the purpose of this Plan:

- Limit morbidity and mortality caused by a pandemic influenza and its complications.
- Maintain situational awareness to enable informed decision-making.
- Mitigate the intensity of the impacts of the pandemic influenza and overall duration of the incident.
- Reduce health care barriers and increase accessibility.
- Address contributors to inequities that increase the risk to vulnerable populations through policies that ensure access to information and protection from exposure at work sites and in living environments.
- Recover by restoring services, strengthening capabilities, and readying resources.

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- Mitigate the disruption to social and economic activity with data-driven public health guidelines and recommendations.

In the pursuit of these goals, the State recognizes diversity – the diverse needs of individuals and community differences/nuances – and will accommodate all in the delivery of service. The State will provide service options across the State based on these differences (i.e., rural vs urban, nationality, ethnicity, and language).

#### **IV. Objectives**

To support an effective response to a pandemic influenza incident and achieve the outlined goals, the State seeks to:

- Establish a well-organized and adequately staffed incident management team to direct and execute operations and coordinate support for response partners.
- Establish/maintain a comprehensive data and information management system to support collecting, analyzing, and sharing essential and reliable data and information.
- Establish/maintain a resource management system to acquire, track, and deploy critical medical and non-medical materials and personnel.
- Establish/maintain an approach to facilitate effective communication and coordination with response and recovery partners.
- Establish/maintain an approach to effectively identify new cases of infection and potential exposures to determine the incidence of the flu in the community.
- Recommend and implement prevention and mitigation measures (pharmaceutical and non-pharmaceutical) to limit the spread of the flu and maintain the capacity to treat those who are ill.
- Administer a vaccine and/or other medical countermeasures effectively, efficiently, and equitably to the people of South Carolina.
- Establish a public information and outreach strategy conveying critical information and guidance to the public to encourage safe and healthy behaviors.
- Maintain Continuity of Government and Continuity of Operations.
- Protect the health and safety of all people in the State.

#### **V. Scope and Applicability**

This Plan addresses preparedness, response, and recovery actions for the State to take for a pandemic influenza event. While this plan provides an overview of

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those preparedness activities, its focus is on pandemic influenza incidents that require a larger state-wide response.

This Plan describes the operational intent for responding to any pandemic influenza situation in the state of South Carolina. The intention is that this Plan is used for any pandemic influenza environment.

The scope of the Plan applies to all State agencies and external partners with defined (via government code, promulgated plans, and/or formal agreements) roles in responding to an infectious disease emergency that impacts or threatens to impact the state.

This Plan is an attachment to the Respiratory Pandemic Response Plan. It is written to apply and maintain consistency with concepts defined in the South Carolina Emergency Operations Plan (SCEOP) and the DHEC Emergency Operations Plan (DHEC EOP). Additionally, concepts defined in this Plan are applicable to those defined in the plans listed below that may or may not be activated in conjunction with this Plan:

- South Carolina Medical Countermeasures Plan
- South Carolina Mass Fatality Plan
- Annex 8 to the SCEOP: ESF-8 Health and Medical Services

**VI. Facts and Assumptions**

The State assumes the statements below to be true during a pandemic influenza incident:

- Pandemic influenza response operations are conducted with or without a Governor's declaration of a State of Emergency or Public Health Emergency and Federal Disaster Declaration.
- While susceptibility to the pandemic influenza subtype will be universal, a pandemic influenza may disproportionately impact individuals and groups with specific risk factors.
- Pharmaceutical and non-pharmaceutical interventions will be taken to slow the spread of the disease. These interventions may change over time as the disease spreads or additional information is learned.
- Pharmaceutical interventions, like vaccines and antivirals, or ancillary supplies may be unavailable or in short supply.
- The impact of the pandemic influenza can last for several months, and some can continue to reappear in multiple waves of illness. Response operations may extend over a year, requiring implementation of continuity of operations and staffing sustainment plans.

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- Increasing suspected or confirmed cases of influenza in South Carolina will increase hospitalizations and could strain the healthcare system.
- Service delivery and outreach must account for socioeconomic conditions and geography.
- South Carolina’s response will be impacted by the recommendations and decisions made at the federal level by the White House, U.S. Department of Health and Human Services (HHS), Assistant Secretary of Preparedness and Response (ASPR), CDC, Department of Defense (DoD), Food and Drug Administration (FDA), and the Federal Emergency Management Agency (FEMA).
- A pandemic influenza environment may challenge local entities’ ability to manage decedents.

For the purposes of these estimates, the Centers for Disease Control and Prevention (CDC) FluSURGE 2.0 model was used. Planning assumptions used for these estimates are as follows:

- a. South Carolina Population: 5,282,634 (2022 Census estimate)
- b. Age groups:
  - 1.School-aged children (0-17 yrs): 1,135,766
  - 2.Working adults (18-64 yrs): 3,164,298
  - 3.Retirees (65+yrs): 982,570
- c. Attack rates:
  - 1.Minimum: 15%
  - 2.Most likely: 25%
  - 3.Maximum: 35%
- d. Deaths (From Flu Aid 2.0):
  - 2,857 (15% attack rate);
  - 4,365 (25% attack rate);
  - 6,838 (35% attack rate).

Based upon these planning assumptions, South Carolina could anticipate between:

- a. 9,182 (15% attack rate) and 26,704 (35% attack rate) hospitalizations, due to novel or pandemic-strain influenza.

The model indicates that 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 607 hospital admissions per day,
- b. An additional estimated 3,894 persons requiring hospitalization,
- c. An additional estimated 859 requiring the use of an ICU bed,
- d. An additional estimated 429 requiring mechanical ventilation.

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**VII. Organizational Structure**

**A. Unified Coordination Group.**

Per the SCEOP, a Unified Coordination Group (UCG) may be established when agencies with distinctly different capabilities need to perform several functions. The SC Unified Command (UC) will consist of the following personnel:

- Governor’s Office, Chief of Staff
- Director, DHEC
- Director, SCEMD
- The Adjutant General (TAG)
- State Epidemiologist
- Director, South Carolina Hospital Association

**B. Operations/ Coordination Centers.**

The State Emergency Operations Center (SEOC) is the central location for multi-agency coordination and is the location for the Governor to interact with both the UC, Executive Group, and other designated State agencies. The SCNG Joint Operations Center (JOC) is collocated with the SEOC.

Emergency Support Functions (ESF) will be asked to use social distancing and keep SEOC staffing to minimal viable staffing levels during a pandemic influenza environment. For example, the Department of Social Services (DSS) may be required to maintain a liaison at the SEOC, but ESF-6 team members would only assemble by exception/ requirement. Similarly, State Law Enforcement Division (SLED) will coordinate law enforcement activities, without representatives from Department of Natural Resources (DNR), Department of Probation, Parole and Pardon Services (PPP) and others.

The DHEC Emergency Operations Center (referred to as the Agency Coordination Center (ACC)) is the central location for the public health and health operations response. DHEC will respond to a pandemic influenza with an Incident Management Team (IMT), operating from the ACC.

As described in the SCEOP, Infectious Disease Plan, and the Respiratory Pandemic Response Plan, the UCG, SEOC, DHEC ACC, and other state agency operation centers will work to “unify” response functions (Planning, Operations, Logistics and Finance).

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**C. Response Organization**

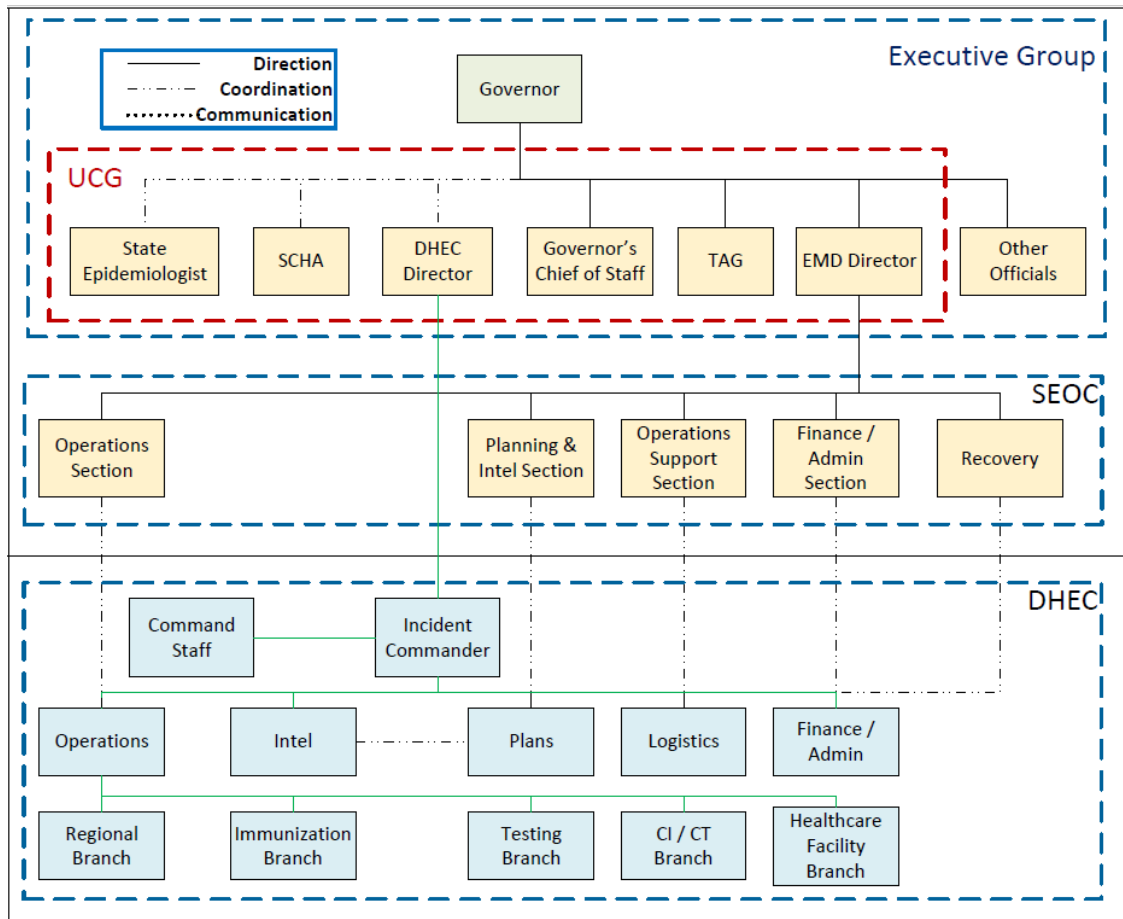
Responding effectively to a pandemic requires the coordinated involvement of several organizations, each with unique missions and statutory authorities. Consistent with the SCEOP and DHEC Emergency Operations Plan (EOP), the State organizes to respond using ICS (Incident Command System) and other related concepts defined in the National Incident Management System (NIMS).

**1. Incident Command**

As established under SC Government Code, Title 44 and the SCEOP, DHEC is the lead agency for coordinating an infectious disease response. When the DHEC ACC is activated, the DHEC Director designates an Incident Commander (IC). However, the Governor has ultimate authority over all State resources, including personnel, and may establish a Unified Coordination Group (UCG) to unify strategic objectives. The State's incident management structure, when all elements of the State's response organization are activated, is shown in **Figure 3**.



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**Figure 3. South Carolina Pandemic Incident Management Structure**

**Figure 3** shows lines of direction, coordination, and communication between organizational elements. The relationships are characterized as:

- **Direction** – providing objectives and instructions to subordinate elements of the organization.
- **Coordination** – two or more elements of the organization working together to achieve an objective by aligning approaches, sharing information, and leveraging capabilities. Examples include establishing workgroups and recurring status calls, sharing of situation reports, incident action plans, and other data and information, and aligning actions to avoid duplication.
- **Communication** – sharing of information and advice.

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**VIII. Concept of Operations**

The Department of Health and Environmental Control is responsible for the coordination of all Public Health measures in South Carolina as outlined in the Infectious Disease Plan and the Respiratory Pandemic Response Plan. The following sections will discuss activation of the plan, pharmaceutical and nonpharmaceutical intervention measures, and will provide specific details on statewide activities conducted during a pandemic influenza environment. Additionally, this plan discusses many public health activities, such as disease surveillance, that occur during normal operations. 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 (SERT) will be made in accordance with procedures outlined in the SC State Emergency Operations Plan. Scalable adjustments will be made to the activation of the DHEC IMT and ACC as needed throughout the progression of the response.

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 influenza specific actions cited in this plan.

**A. Influenza Surveillance Systems**

Prior to and during a pandemic influenza, DHEC's role in aiding healthcare 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 to distribute pandemic influenza vaccines to at-risk populations and priority groups. DHEC engages with the South Carolina Hospital Association (SCHA), the South Carolina Medical Association (SCMA), and other partners to coordinate and disseminate information with hospitals and providers to accomplish the needed responses.

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

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occurs between people, and whether disease outbreaks have occurred in the United States or other countries.

In South Carolina, confirmed cases of novel influenza are [immediately reportable](#). DHEC will continue to perform influenza surveillance and responses to outbreaks of influenza during a pandemic period. DHEC 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. DHEC may use electronic communication to communicate directly with vaccine providers. Additionally, the DHEC Public Health Laboratory (PHL) 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.

DHEC maintains an influenza surveillance system that consists of voluntary and mandatory components:

Voluntary Reporting by Providers

- ILINet- A network of approximately 43 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 (Influenza Like Illness). ILIs are characterized by fever  $\geq 100$  and cough and/or sore throat in the absence of other known cause).

Mandatory Reporting by Providers

- Positive **viral cultures, Polymerase Chain Reaction (PCR), direct fluorescent antibody (dFAs), and indirect fluorescent antibody (IFAs)** are reported by providers and labs within 3 days.
- 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.

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**B. Pharmaceutical and Non-Pharmaceutical interventions**

*Pharmaceutical Interventions*

Vaccination of susceptible individuals is the primary means to prevent hospitalization and death from influenza during an epidemic or pandemic. 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. Utilization of contract services will be considered in certain instances where service delivery is not possible or underperforming. The State will provide service options based on the diverse needs of both individuals and communities (i.e., rural vs urban, nationality, ethnicity, and language).

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.

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.

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. DHEC will determine the allocation and distribution of influenza vaccine within South Carolina and will implement specific ACIP recommendations regarding priority groups for immunization.

Additionally, DHEC maintains a stockpile of antiviral medication and other CDC-approved medical countermeasures. These 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.

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*Non-Pharmaceutical interventions*

Nonpharmaceutical Interventions (NPIs) are actions, apart from getting vaccinated or taking medicine, that people and communities may take to help slow the spread of a communicable disease. For a nonpharmaceutical interventions NPIs are among the best ways of controlling infectious diseases and should be based on disease characteristics, including transmissibility and mode of transmission. Actions related to implementing nonpharmaceutical interventions may include:

- Assessing each intervention option based on probability of success, feasibility of implementation, resource availability, economic and social risks, and legal constraints.
- Disseminating guidance and instructions to support the implementation of NPIs.
- Continually assessing the effectiveness of implemented interventions utilizing available data and guidance.

During an infectious disease event, public health officials will likely recommend a variety of personal mitigation measures that an individual can opt to take themselves. Private businesses and entities may implement their policies that encourage or require certain NPIs to be followed in their facilities. Additionally, DHEC in conjunction with other state response agencies will make recommendations to the Governor's Office on both individual and community NPIs that can be implemented, or mandated, to help slow the spread of the disease. For a more comprehensive list of nonpharmaceutical interventions, please see the Infectious Disease Plan.

**IX. ROLES AND RESPONSIBILITIES**

The roles and responsibilities for Governing Boards and Committees, State Agencies, State Associations, and Federal Agencies can be found in the State Infectious Disease Plan or the Respiratory pandemic Response Plan. Any roles and responsibilities listed below are specific to a pandemic influenza scenario.

**Department of Health and Environmental Control**

DHEC is the Public Health Authority for the State and the lead agency for coordinating the state's response to an infectious disease. In addition to general public health responsibilities and responsibilities assigned to DHEC in the SC Infectious Disease Plan and the SC Respiratory Pandemic Response Plan, DHEC has the following roles and responsibilities during a pandemic influenza response:

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- Encourage providers enrollment into the voluntary year-round influenza-like illness surveillance program.
- Maintain systems for identification of circulating influenza strains, with capacity for identification of strains requiring further analysis as possible novel influenza strains.
- Develop/maintain standing orders for DHEC employees responding to routine/seasonal, novel, or pandemic influenza.
- Monitor for influenza related hospitalizations and deaths.
- Establish/maintain both capacity and skill to conduct case and epidemiologic investigations specific to the flu.
- Communicate School Exclusion List reporting requirements regarding school absences caused by influenza.
- Update public health regions on state level planning to ensure continuity of pandemic influenza preparedness between state and regional levels.
- Conduct community mitigation education and planning regarding a pandemic influenza with state level partners.
- Distribute pandemic planning recommendations to regional DHEC public health coordinators to facilitate collaboration with local education agencies and childcare centers.
- As staff are available, coordinate with SC Department of Education (SCDE) and the Department of Social Services (SCDSS) to provide procedural guidance for pandemic planning documents for K-12 schools and childcare centers.
- Identify/maintain methods to obtain and coordinate current inventories of available antiviral medication and other pandemic influenza countermeasures and medical equipment/supplies.
- Prepare pre-event messages and materials on pandemic influenza for public dissemination.
- Review forms, and modify if necessary, to be used during flu immunization clinics and update as needed (e.g. consent forms, vaccine coverage data forms, post-vaccination communication).
- Develop/maintain a list of currently qualified influenza vaccinators and sources of potential vaccinators (e.g., commercial vaccinators and pharmacists).
- Assess supplies (e.g., syringes, adrenalin, sharps disposal units), equipment, and locations potentially required for a vaccine-based response (i.e., mass immunization clinics).
- Enhance influenza surveillance if efficient person-to person transmission of a novel virus is confirmed:
- Enhance surveillance to:
  - Describe unusual clinical syndromes.
  - Describe unusual pathologic features associated with fatal cases.

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- Determine efficacy of vaccination, if vaccine is available, or antiviral prophylaxis.
  - Assess antiviral effectiveness in circulating strains to help refine antiviral recommendations and target high risk groups.
  - Assess the effectiveness of non-pharmaceutical containment measures such as school and business closures.
- 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.
  - Provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues within DHEC and to external partners.
  - 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 DHEC website.
- Modify, as required, existing surveillance systems for case investigations (CI), case management, case ascertainment, case reporting, surveillance, and data analysis of novel influenza.
- Develop and distribute guidance to local health departments on surveillance, case detection, contact tracing (CT), and infection control regarding a novel case of an influenza virus in South Carolina.
- Notify EMD following the suspicion or evidence of a novel influenza virus.
  - Request partial activation of the State Agency Coordination Center to include ESFs 5, 8, and 15.
  - Consult with the EMD to consider the activation at the appropriate Operational Condition (OPCON) level to provide the needed support to pandemic influenza response while conserving personnel resources.
  - Establish a regular schedule of conference calls with EMD and other state agencies and ESF representatives and coordinate regular conference calls with the SCHA if activated.
- Coordinate with FEMA Region IV states to ensure consistency of risk communication messages across state lines.
- Develop state and regional plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to nationally defined priority groups.
  - For additional information on operational components of a vaccination clinic, reference Attachment 4 Vaccine Operations to the RPRP.

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- Communicate to providers who have signed the DHEC Memorandum of Agreement (Record Information Management System form number 0599) when:
  - The federal government determines commercially available supplies are sufficient.
  - The State activates event specific memoranda of agreement with other governmental entities, professional associations, volunteer organizations and private services that may assist during a pandemic influenza or other disaster.
- Encourage hospitals to use the State bed capacity reporting system on a twice daily basis (0600 and 1800) during an activation to ensure that information is current and accurate.
- Instruct commercial laboratory stakeholders who are offering novel virus testing to report any preliminary positive results for novel virus infection to DHEC in accordance with the List of Reportable Conditions.
- Disseminate non pharmaceutical intervention recommendations i.e., influenza isolation and quarantine guidelines and social distancing measures, to partners and stakeholders.
- Provide on-going electronic communication with state vaccinators regarding status of flu vaccine (e.g., recalls, expiration dates, etc).
- Using the Immunization Information System (IIS), collect and compile reports of total people immunized with one or two doses.
- Continue vaccine adverse event surveillance with respect to influenza specific inoculations.
- Provide consultation and support on animal issues which impact public health and coordinate with ESF-17 and CULPH regarding culling infected animal populations or other animal disease containment activities during a pandemic.
- Discontinue alternate standards of care/critical care triage exception, if implemented.

**South Carolina Coroners Association**

- Encourage local coroners, funeral directors, and morticians to develop response plans and continuity of operations plans that include a pandemic influenza scenario.

**South Carolina Hospital Association**

- Encourage enrollment in and participation as influenza sentinel providers.
- Encourage year-round reporting of influenza-like illness activity.



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- Assist in the dissemination of influenza isolation and quarantine guidelines.
- Encourage hospitals to conduct enhanced surveillance efforts to detect novel influenza in high-risk populations.

**South Carolina Medical Association**

- Encourage enrollment in and participation as influenza sentinel providers.
- Encourage submission of influenza culture specimens to the DHEC, Public Health Laboratory' Laboratory Influenza Surveillance Program.
- Assist in the dissemination of influenza isolation and quarantine guidelines and social distancing measures.
- Assist DHEC in supporting public and private medical providers to maintain surveillance efforts for cases of novel influenza virus infection.
- Encourage providers to begin enhanced surveillance efforts to detect novel influenza in high-risk populations.

**South Carolina Pharmacy Association**

- The roles and responsibilities for the South Carolina Pharmacy Association can be found in the State Infectious Disease Plan.

**South Carolina Department of Education**

- The roles and responsibilities for the South Carolina Department of Education can be found in the State Infectious Disease Plan.

**South Carolina National Guard**

- The roles and responsibilities for the South Carolina National Guard can be found in the State Infectious Disease Plan.

**USDA-APHIS-VS**

- Coordinate with DHEC 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.
- Provide consultation and support regarding infected animal populations or other animal disease containment activities during a pandemic.
  - This activity will be coordinated with ESF-17.

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- Make decisions about culling infected animal populations or other animal disease containment activities during a pandemic.

**X. Communications**

Sharing accurate and timely information is a critical function of emergency management. The SEOC Planning and Intelligence Section and the DHEC Plans Sections coordinate to share and disseminate timely, accurate, consistent, and accessible information relating to the pandemic influenza. DHEC and the other members of the SERT will coordinate with internal and external stakeholders to identify information needs.

Information is shared in different formats and platforms and to varying extents based on the audience. Pandemic influenza related information is shared with all response partners, internal and external stakeholders, and the public. Information is shared in different formats and means to include: Situation Reports, Incident Action Plans, Ad Hoc Reports, DHEC and other State Agency websites, traditional and social media, meetings, press conferences, and Palmetto EOC.

During a pandemic influenza response, the DHEC Incident Command will coordinate with the SEOC to establish a Joint Information Center (JIC) to coordinate public messaging related to the pandemic. The JIC brings the State's Public Information Officers (PIOs) together to develop consistent messages for dissemination to their audience. A JIC should be established at the SEOC but may be established as part of the DHEC Incident Command when the SEOC is not activated. Within the JIC, the DHEC PIO leads all health-related public messaging, while all other messaging is led by the SCEMD PIO.

For additional details on communications see the Respiratory Pandemic Response Plan and Attachment 5: Data and Information Management Plan.

**XI. Logistics**

Logistics is an essential function of any response. For a pandemic influenza response, logistics is coordinated by both the DHEC ACC and SEOC. The DHEC ACC Logistics Section coordinates logistics for all health and medical resources, and the SEOC Logistics Section coordinates logistics for all non-health and medical resources. Additionally, the DHEC ACC and SEOC Finance Sections provide support for human resources and resources acquired through procurement.

To effectively manage resources during a pandemic response, the State may activate elements of the South Carolina Logistics Plan, and DHEC may activate elements of the South Carolina Medical Countermeasures Plan. Additional

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information on Logistics, to include details on Resource Management, Personnel Management (staff augmentation, rapid hiring, and volunteer management), Information Technology (IT), and Responses Systems and Databases used in a pandemic is available in the RPRP.

**XII. Administration and Finance**

The DHEC ACC Finance and Administration Section provides financial, administrative, and human resources support for all activities directed under the DHEC ACC. Additionally, when the SEOC is activated, ESF – 7 provides financial, administrative, and human resources support for all other state agencies active in response.

For more information on Administration and Finance, to include information on Procurement, Grant Management, and Responder Health and Safety, refer to the RPRP.

**XIII. Recovery**

When the IC, SEOC, and other pandemic influenza response elements are no longer necessary to support pandemic influenza response operations, they are deactivated and the staff serving in those roles are demobilized. During demobilization, collect all documentation for the Recovery Section.

**XIV. Plan Development and Maintenance**

The Pandemic Influenza Plan is developed under the authority of the DHEC Director. It is a living document, subject to revision based on organizational changes, new laws or guidance, and observations from other response efforts. As Attachment 1 to the SC Respiratory Pandemic Response Plan, this plan is developed and maintained in a manner consistent with the guidance provided in Base Plan.

**A. Responsibility**

DHEC BPHP is responsible for developing and maintaining this plan and any tabs. Plan content remains the responsibility of all DHEC divisions and external partners with roles and responsibilities outlined in this plan. Additionally, to enhance and maintain capabilities, DHEC divisions and external partners are responsible for developing standard operating procedures (SOPs) to support the performance of their responsibilities defined in this Plan.

**B. Distribution**

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BPHP will distribute copies of this plan to the DHEC Director and other response partners. This plan will be made available on SCEMD's website as a subset of the SC Respiratory Pandemic Response Plan.

**C. Statutory and Grant Requirements**

*General Appropriations Act 2019-2020 part 1b, section 34.31.*

(DHEC: Pandemic Influenza) The Department of Health and Environmental Control shall assess South Carolina's ability to cope with a major influenza outbreak or pandemic influenza and maintain an emergency plan and stockpile of medicines and supplies to improve the state's readiness condition. The department shall report on preparedness measures to the Speaker of the House of Representatives, the President of the Senate, and the Governor by November first, each year. The department, in conjunction with the Department of Health and Human Services, is authorized to establish a fund for the purpose of developing an emergency supply, stockpile, and distribution system of appropriate antiviral, antibiotic, and vaccine medicines and medical supplies. In the event the United States Department of Health and Human Services makes available medicines or vaccines for purchase by states via federal contract or federally subsidized contract or other mechanism, the department, with Executive Budget Office approval, may access appropriated or earmarked funds as necessary to purchase an emergency supply of these medicines for the State of South Carolina.

*Public Health Emergency Preparedness (PHEP) Cooperative Agreement*

Per the 2019-2024 PHEP notice of funding opportunity, CDC expects PHEP recipients to work with interagency and intra-agency partners to build operational readiness for an influenza pandemic. The CDC identifies Key Components of Pandemic Influenza strategies and activities that, taken together, constitute operational readiness, according to CDC subject matter experts. Therefore, a jurisdiction is likely to be operationally ready for a pandemic influenza event when they can demonstrate key activities as outlined by the [PHEP Supplemental Guidance Document](#). PHEP recipients that fail to meet benchmarks or pandemic influenza planning requirements are subject to withholding of a statutorily mandated percentage of their awards, consistent with Section 319C-1(g) of the Public Health Service (PHS) Act.

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**XV. Tabs**

- Tab A: Authorities and References
- Tab B: Acronyms and Abbreviations

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**TAB A: Authorities and References**

**South Carolina Plans**

- SC Emergency Operations Plan
  - ESF 8 Annex to the SCEOP
- DHEC Emergency Operations Plan
- South Carolinas Infectious Disease Plan
  - SC Respiratory Pandemic Response Plan
- SC Recovery Plan
- Mass Fatality Plan, Annex 4 to SC Mass Casualty Plan
- Medical Surge Plan
- Medical Countermeasures Plan

**Federal Guidance**

- The Public Health Service Act, Public Law 78-410
- Section 361 of the Public Health Service Act (42 U.S. Code § 264)
- Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188
- Pandemic and All-Hazards Preparedness Reauthorization Act of 2013, Public Law 113-5
- Public Readiness and Emergency Preparedness Act, Public Law 109-148
- Receiving, Distributing, and Dispensing SNS: A guide to Preparedness, Centers for Disease Control and Prevention, Version 11 – January 2014
- CDC – RFA-TP17-1701: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements
- CDC – DHEC Memorandum of Agreement (to transfer SNS assets from the CDC to DHEC for use in responding to public health emergencies)
- The Robert T Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended (41 USC 5121, et seq.)
- Homeland Security Presidential Directive/HSPD-21, Public Health and Medical Preparedness
- Response Federal Interagency Operational Plan, Federal Emergency Management Agency, August 2016
- 42 Code of Federal Regulations parts 70 and 71

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**References**

- Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0, Federal Emergency Management Agency, November 2010
- HIPAA Security Rule <https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>
- Public Health Emergencies: A Resource for Bench and Bar, DHEC 2012
- Centers for Disease Control and Prevention. Public Health Emergency Preparedness and Response Capabilities, January 2019

**South Carolina Code of Laws**

- Title 1, Chapter 3, Article 7; Sections 410 thru 460 (**Maintenance of Peace and Order**)
- Title 25, Chapter 1, Section 420 (**Administration and duties of South Carolina Emergency Management Division of Office of Adjutant General**)
- Title 25, Chapter 1, Section 440 (**Additional powers and duties of Governor during declared emergency**)
- Title 25, Chapter 9, Section 420 (**Emergency Management Assistance Compact**)
- Title 40, Chapter 33, Article 1; Section 5 thru 1365 (**Nurse Practice Act**)
- Title 40, Chapter 43; Section 10 thru 200 (**South Carolina Pharmacy Practice Act**)
- Title 40, Chapter 47; Article 1; Section 5 thru 1620 (**Physicians and Miscellaneous Health Care Professionals**)
- Title 44, Chapter 1, Section 80 (**Department of Health and Environmental Control – Duties and Powers of Board as to Communicable or Epidemic Disease**)
- Title 44, Chapter 1, Section 100 (**Assistance from peace and health officers**)
- Title 44, Chapter 1, Section 110 (**Duties of department in regard to public health, in general**)
- Title 44, Chapter 1, Section 140 (**Department may promulgate and enforce rules and regulations for public health**)
- Title 44, Chapter 4, Article 1; Section 100 thru 570 (**Emergency Health Powers Act**)
- Title 44, Chapter 29, Section 40 (**Department of Health and Environmental Control shall have general supervision of**

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**vaccination, screening, and immunization; statewide immunization registry)**

- Title 44, Chapter 29, Section 210 (**Physicians, licensed nurses, and certain authorized public health employees participating in mass immunization projects exempt from liability; exceptions**)
- S.C. Code of Regulations § 58-101 (**State Government Emergency Preparedness Standards**)
- S.C. Code of Regulations § 61-20 (**Communicable Diseases**)
- S.C. Code of Regulations § 61-112 (**Implementation of the Emergency Health Powers Act**)
- S.C. Code of Regulations § 61-120 (**South Carolina Immunization Registry**)
- Executive Order 2017-11 and successor executive orders of the Governor regarding **emergency functions**
- Executive Order 2020-08 and successive executive orders related to **COVID-19**



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**TAB B: Acronyms and Abbreviations**

ACC	Agency (DHEC) Coordination Center
ACIP	Advisory Committee on Immunization Practices
ASPR	Assistant Secretary of Preparedness and Response
BPHP	Bureau of Public Health Preparedness
CDC	Centers for Disease Control and Prevention
CI	Case Investigation
CLUPH	Clemson University Livestock Poultry Health
CT	Contact Tracing
DHEC	Department of Health and Environmental Control
DHEC EOP	DHEC Emergency Operations Plan
DnR	Department of Natural Resources
DoD	Department of Defense
DSS	Department of Social Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
HAN	SC Health Alert Notice
HHS	Health and Human Services
IC	DHEC Incident Commander
ICS	Incident Command System
ID	Infectious Disease Plan
IIS	Immunization Information Systems
ILI	Influenza Like Illness
IMT	Incident Management Team
IT	Information technology
JIC	Joint Information Center
JOC	Joint Operations Center
NIMS	National Incident Management System
NPI	Nonpharmaceutical Interventions

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OPCON	Operational Condition
PCR	Polymerase Chain Reaction
PHL	Public Health Lab
PIO	Public Information Officer
PIPS	Public Information Phone System
PPE	Personal protective Equipment
RPRP	Respiratory Pandemic Response Plan
SCDE	South Carolina Department of Education
SCEOP	South Carolina Emergency Operations Plan
SCHA	South Carolina Hospital Association
SCMA	South Carolina Medical Association
SCNG	South Carolina National Guard
SCEMD	South Carolina Emergency Management Division
SEOC	State (of South Carolina) Emergency Operations Center
SERT	State Emergency Response Team
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure
State	State of South Carolina
TAG	Adjutant General
UCG	Unified Coordination Group
U.S.	United States