

PART A. INCIDENT MANAGEMENT

NC Department of Health and Human Services, Division of Public Health

A. Statutory and Operational Authority

The state of North Carolina has in place legal authority necessary for preparedness. Operational authority is also in place for public health and other health-related emergency response entities at the state and local levels of government. The federal government retains authority to support affected states or jurisdictions as necessary.

B. Federal Operational Authority

1. In general, the federal government has primary responsibility for preventing the introduction of communicable diseases from foreign countries into the United States. States and local jurisdictions have primary responsibility for isolation and quarantine within their borders. By statute, the U. S. Department of Health and Human Services (US DHHS) may accept state and local assistance in the enforcement of federal quarantine and other health regulations and may assist state and local officials in the control of communicable diseases. Public health officials at the federal, state, and local levels may seek the assistance of their respective law enforcement counterparts to enforce a public health order related to isolation and quarantine.
2. On April 1, 2005, by executive order, the president of the United States added novel influenza virus to the list of federally quarantinable diseases under the Public Health Service Act [42 USC 264(b)].
3. An updated version of the national Pandemic Influenza Response and Preparedness Plan is available at <http://www.pandemicflu.gov>.
4. The US DHHS is the lead federal public health agency. As such, the US DHHS will:
 - Coordinate the federal government's response to the public health and medical requirements of an influenza pandemic.
 - Establish the US DHHS Secretary's Operations Center (SOC) as the national incident command center for all health and medical preparedness, response, and recovery activities.
 - Grant the Centers for Disease Control and Prevention (CDC) primary responsibility for tracking an influenza pandemic and managing the operational aspects of the public health response.
 - To this end, CDC will augment local and state resources for a pandemic response, as available, in the following areas:
 - i. Disease surveillance
 - ii. Epidemiological response
 - iii. Diagnostic laboratory services and reagents
 - iv. Education and communication
 - v. Disease containment and control

C. State Operational Authority

1. During a pandemic, the judgment of public health leadership, based on knowledge of the specific virus, may alter preconceived strategies.
2. State and local officials provide the first line of response in preparing and planning for a pandemic as follows:
 - Identify and manage local resources.

- Isolate ill persons and recommend appropriate resources within mass quarantine measures.
 - Impose other community containment measures as required.
3. For detailed information on the state’s powers of emergency response during a pandemic, see GS 166A the Emergency Management Act and GS 130A, the public health statute (See Appendices L-1 through L-4.)

D. Roles and Responsibilities in Pandemic Influenza Planning and Response

1. Planning for pandemic influenza must respect the jurisdictional limits and responsibilities of particular health agencies. A list of jurisdictions and state entities and agencies with responsibilities in the preparation for and response to a pandemic follows:
 - a. Public Health Command Center (PHCC). The state has designated the PHCC to govern roles and responsibilities during a multi-agency, multi-jurisdictional response to a public health related event such as an influenza pandemic. In the event that the state Emergency Operations Center (EOC) is activated, it will lead the state’s emergency response, and the PHCC will serve in a consulting capacity to the EOC.
 - i. Both the PHCC and the state EOC utilize the National Incident Management System (NIMS) structure for operational processes.
 - ii. The NC DPH roles and responsibilities fall under the Emergency Support Function 8 (ESF 8) Health and Medical Service component.
 - iii. Other NC DHHS entities, including the Office of Emergency Management Services (OEMS), also fall under the ESF 8 component of NIMS.
 - b. Legal preparedness plan. The legal preparedness plan includes statutory authority for isolation and quarantine orders, disease reporting and control, and the governor’s declaration of emergency. (See Appendices L-1 through L-4.)
 - c. Public health authority. Authority for declaration of a public health emergency and for officially activating the state Pandemic influenza plan resides with the State Health Director, state epidemiology section chief, state epidemiologist, and preparedness coordinator at the Office of Public Health Preparedness and Response (PHP&R). The State Health Director also has the authority to issue an emergency order, making a disease or condition reportable for 90 days without having to go through the rules change process.
 - d. Enforcement. Local district attorneys and the attorney general of North Carolina provide enforcement of NC general statutes specific to an influenza pandemic.
 - e. Governor and other agency heads. The roles of the NC Governor’s office and other agency heads are addressed in the NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan (Appendix A-1) in the event of an influenza pandemic that requires EOC activation.
 - f. Transportation command and control. The authority to curtail intra- and interstate modes of transportation in the event of an outbreak resides with the governor with consultation from the State Health Director (as lead technical advisor), NC Department of Transportation, local and state law enforcement agencies, and North Carolina Emergency Management (NCEM).
 - g. Intra- and Interstate coordination. The NC DPH, led by the State Health Director and state epidemiologist, will work cooperatively with the 85 local health jurisdictions, the Eastern Band of the Cherokee Indians (EBCI), the adjoining states of Tennessee, Georgia, South Carolina, and Virginia, the CDC, and other federal agencies to ensure effective communication and coordination of pandemic influenza response.
 - h. Medical personnel coordination. The OEMS within the Division of Health Services Regulation (DHSR) has authority to coordinate different medical personnel groups during an outbreak. Medical surge capacity will be coordinated via the State Medical Response Systems (SMRS).

- i. Public-order and control-measure enforcement. Local law enforcement will assist in maintaining public order and enforcing control measures during an outbreak. In the event of a governor's declaration of a state of emergency, the NCEM can request the assistance of the NC National Guard to assist local law enforcement agencies.
- j. Additional emergency response resources are articulated in NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan (Appendix A-1).

E. Command and Control of Pandemic-Related Activities

1. The State Health Director will convene in the PHCC and operate from that facility.
2. During an influenza pandemic, North Carolina will work with CDC's Emergency Operations System, which includes the director's Emergency Operations Center (EOC).
3. PHCC operations will depend on disease activity in North Carolina:
 - a. Investigation interval: maintain daily operations.
 - b. Recognition and acceleration intervals: elevate activation to support surveillance and epidemiologic investigation activities and coordination with partner response agencies. This is likely to be a full activation.
 - c. Peak interval: activation of PHCC will transition to a long-term incident-management team supporting response activities.
4. When support needs exceed the division's capabilities, the State Health Director is to recommend activation of the State Emergency Response Team (SERT).
5. Upon activation, the SERT will be organized in accordance with the National Incident Management System (NIMS). (The lead technical agencies are outlined in the NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan [Appendix A-1].) During an influenza pandemic, the chief of OEMS and the State Health Director, or their designees, serve as lead technical advisors to the SERT leader. Response phase actions to an influenza pandemic will be based on the size and severity of disease event.
6. The existing State Emergency Operations Plan will be used to respond to a widespread public health threat posed by pandemic influenza.
7. The State Health Director and chief of OEMS will advise the governor on control measures to prevent the spread of pandemic influenza.

F. Information Systems

The success of efforts to rapidly detect, respond to, and contain an outbreak depends in large part on the availability of information systems. These systems can support and coordinate the activities generated within an incident management structure.

Within North Carolina, the Public Health Information Network (PHIN) includes the following components, which are in use or under development:

- The NC Health Alert Network (HAN) is a communications system designed to immediately alert key health officials and care providers to acts of bioterrorism as well as to other types of emerging disease threats. In the event of an influenza pandemic, the NC HAN can be used to rapidly disseminate information on pandemic activity as well as to communicate WHO and CDC alerts regarding the pandemic.

- The North Carolina Electronic Disease Surveillance System (NC EDSS) includes an outbreak module that enables users to report cases electronically to the NC Division of Public Health (NC DPH).
- The North Carolina Immunization Branch is utilizing the NC Immunization Registry (NCIR), which includes a function for tracking adult immunizations, including influenza vaccines.
- The North Carolina Hospital Emergency Surveillance System (NCHES) enables electronic data from hospital emergency departments to be transmitted to a central database. NC DPH monitors emergency department data for specific syndromes, such as influenza-like illness (ILI).
- The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), a statewide syndromic surveillance system, addresses the need for early event detection and timely public health surveillance using a variety of secondary data sources. Authorized users are currently able to view data from emergency departments, the Carolinas Poison Center, and the Pre-hospital Medical Information System (PreMIS), as well as pilot data from the NCSU College of Veterinary Medicine laboratories, and select urgent care centers.

The NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan provides for a Joint Information System (JIS) or Joint Information Center (JIC), which act as liaisons with print and electronic media during activation. The JIS/JIC will distribute news releases, manage press conferences, and insure all necessary emergency information is available in public venues.