

PART A. COMMAND, CONTROL AND MANAGEMENT PROCEDURES

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, and 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 has been granted 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, and 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) Secretary 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. The US DHHS released an updated version of the national Pandemic Influenza Response and Preparedness Plan in November 2005; this plan is available at <http://www.pandemicflu.gov>
4. The US DHHS is the federal government's lead agency for the preparation, planning, and response to an influenza pandemic. As such, the US DHHS will:
 - Coordinate the federal government's response to the public health and medical requirements of an influenza pandemic
 - Provide the US DHHS Secretary's Command Center (SCC) as the national incident command center for all health and medical preparedness, response, and recovery activities
 - Authorize 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
4. To this end, CDC will augment local and state resources for a pandemic response, as available, in the following areas:
 - Disease surveillance
 - Epidemiological response
 - Diagnostic laboratory services and reagents
 - Education and communication
 - Disease containment and control

C. State and Local Operational Authority

1. While this chapter serves as a guide for pandemic influenza intervention activities, during a pandemic the judgment of public health leadership, based on knowledge of the specific virus, may alter the strategies that have been outlined.

2. State and local officials provide the first line of response with respect to preparing and planning for a pandemic at their own jurisdictional level to:
 - Identify and manage local resources to deal with a pandemic.
 - Appropriately isolate ill persons and recommend appropriate resources within mass quarantine measures.
 - Impose other community containment measures as required.

D. Guidelines for Pandemic Influenza Planning

1. Planning for pandemic influenza encompasses a variety of activities and involves persons representing a range of disciplines and expertise.
2. Planning for pandemic influenza needs to be done in the context of the responsibilities of particular health agencies and with an understanding the limits of jurisdictions.
 - Pandemic Influenza Steering Committee. An executive committee has been designated to oversee a pandemic influenza planning process, in cooperation with local health agencies and other partners. This committee is chaired by the State Epidemiologist and includes:
 - The NC Hospital Association (NCHA)
 - Office of the Attorney General
 - Office of Emergency Medical Services (OEMS)
 - NC Department of Agriculture and Consumer Services (NCDA&CS)
 - NC Division of Emergency Management (NCEM)
 - NC Department of Health and Human Services Office of Public Affairs
 - NC Division of Public Health (DPH)
 1. State Health Director
 2. Chief of Epidemiology Section
 3. General Communicable Disease Control Branch (GCDC)
 4. Immunization Branch (IB)
 5. State Laboratory of Public Health (SLPH)
 6. Public Health Preparedness and Response (PHP&R)
 7. Office of the Chief Medical Examiner (OCME)
 - Public Health Coordination Center (PHCC). The PHCC is designated to coordinate roles and responsibilities during a multi-agency, multi-jurisdictional response to a public health event such as an influenza pandemic. It can be activated by the State Health Director, the Chief of the Epidemiology Section, the Deputy Chief of the Epidemiology Section and/or the Director of PHP&R if resources are required to coordinate public health response. In the event that the State EOC (SEOC) is activated, the PHCC will serve in a consulting capacity to the SEOC, through the DPH representative at the SEOC. Both the PHCC and the SEOC utilize the National Incident Management System (NIMS) structure for operational processes. The NC DPH roles and responsibilities fall under the Emergency Support Function (ESF) #8 Health and Medical Service component lead by the Office of EMS. (See Appendix A-2 for an abridged version of the PHCC Standard Operating Plan.)
 - 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.)
 - Public Health Authority. Authority for declaration of a public health emergency resides with the Governor. The State Health Director has the authority to issue an emergency order to make a disease or condition reportable for 90 days. At the end of 90 days a formal rule change must be made or another

order issued.

- Enforcement. Local district attorneys and the Attorney General of North Carolina provide enforcement of NC General Statutes specific to an influenza pandemic.
- 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.
- Transportation Command and Control. Controlling authorities over intrastate and interstate modes of transportation in the event that these need to be curtailed during an outbreak include the Governor, State Health Director (as lead technical advisor), NC Department of Transportation, local and state law enforcement agencies, and NCEM.
- Intra and inter-State 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.
- Medical Personnel Coordination. The OEMS within the Division of Facility Services has authority to coordinate different medical personnel groups during an outbreak. Medical surge capacity will be coordinated via the State Medical Assistance Teams (SMATs).
- 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.
- 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 Epidemiology Section is responsible for Communicable Diseases and Public Health Emergencies including identifying and tracking an influenza pandemic, and informing the medical community about preventive and protective measures. During an influenza pandemic, North Carolina will work with CDC's Emergency Operations System, which includes the Director's Emergency Operations Center (DEOC).
2. If an influenza pandemic is identified, The State Health Director will recommend State Emergency Response Team (SERT) activation. It is likely that SERT activation would be recommended during the Pandemic Phase 6.
3. Agencies will be formed into the SERT and 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. The SERT and other supporting agencies have divided activities into preparation, response, and recovery phases. Response phase actions to an influenza pandemic will be based on the size and severity of disease event.

4. The existing Emergency Operations Plan will be used to respond to a widespread public health threat posed by pandemic influenza.
5. Recommendations on control measures to prevent the spread of pandemic influenza and other emergency actions will be made by DPH through the PHCC to the SEOC and the Governor. Control measures may include mass quarantine measures such as closing schools and canceling large gatherings, or instigating “snow days”.

F. Information Systems

1. 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.
2. Within North Carolina, the Public Health Information Network (NC PHIN) includes the following components that are in use or under development:
 - a. The Health Alert Network (HAN) is a communications system designed to immediately alert key health officials and care providers in North Carolina to acts of bioterrorism as well as 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 in North Carolina as well as WHO and CDC alerts regarding the pandemic.
 - b. A National Electronic Disease Surveillance System (NEDSS) is under development in North Carolina and will include an outbreak module which will enable users to report cases electronically to the NC Division of Public Health, General Communicable Disease Control Branch. The anticipated date of completion for a NEDSS system in North Carolina is early 2007.
 - c. The North Carolina Immunization Branch has developed an Immunization Registry (NCIR). The NCIR will include a function for tracking adult immunizations, including influenza vaccines.
 - d. The North Carolina Hospital Emergency Surveillance System (NCHES) is a system that enables electronic data from North Carolina hospital emergency departments to be transmitted to a central database. NC DPH monitors emergency department data for specific syndromes, such as influenza-like illness.
3. The *NC Emergency Operations Plan – Infectious Disease and Bioterrorism Operations Plan* (Appendix A-1) provides for the Information and Planning Section to designate the Education and Emergency Information Section as liaison with print and electronic media during activation.
4. The Education and Emergency Information Section will distribute news releases, manage press conferences, and insure all necessary emergency information is available in public venues. During an influenza pandemic, a representative from DHHS will be responsible to the State Joint Information Center for public information. This activity will be in coordination with the PHCC.