

NORTH CAROLINA EMERGENCY OPERATIONS PLAN (NCEOP)
ANNEX B | APPENDIX 5
INFECTIOUS DISEASE RESPONSE PLAN
2025

I. INTRODUCTION

A. PURPOSE

This appendix outlines the coordinating actions taken by the State Emergency Response Team (SERT) to a widespread public health threat posed by one or more infectious agents. Such a threat can be a naturally occurring event such as an influenza pandemic, or a bioterrorism act that intentionally exposes individuals to infectious agents.

B. SCOPE

This appendix includes the anticipated actions of the federal, state and local agencies, as well as private sector organizations.

II. SITUATION AND ASSUMPTIONS

A. SITUATION

An infectious disease is any medical condition that is caused by viruses, fungi, bacteria, or parasites. Invading microorganisms include viruses, fungi, bacteria, and parasites. Sources for these organisms include the environment, animals, insects, and other mammals—including humans. Transmission usually occurs by inhalation, ingestion, direct contact or by bites by a vector. Identification, evaluation and mitigation of infectious diseases are essential to protect public health. Infectious diseases can occur naturally, through human error (e.g. food borne outbreaks), or through deliberate acts of bioterrorism. Many infectious diseases are serious threats to human health. The spread of drug-resistant bacteria, emerging diseases, and new strains of influenza are of particular concern.

Bioterrorism is defined as the intentional human release of a naturally occurring or human-modified toxin or biological agent. There has been an increase in acts of bioterrorism in recent history. Numerous surveillance systems are in place to monitor for human health and environmental contamination indicators. Links with veterinary health surveillance systems are also in place in North Carolina to monitor zoonotic infectious diseases that may cause human illness.

The state is responsible for detecting and monitoring the occurrence of acquired or intentionally disseminated infectious diseases or intoxicants, prevent their spread and mitigate their severity. Additionally, it is the state's responsibility to educate the public and medical community regarding signs and symptoms of infection, personal protective measures and control methods.

NORTH CAROLINA EMERGENCY OPERATIONS PLAN (NCEOP)
ANNEX B | APPENDIX 5
INFECTIOUS DISEASE RESPONSE PLAN
2025

B. ASSUMPTIONS

1. Any outbreak of an infectious disease could be widespread and become an epidemic or a pandemic. Prudent preparation can limit spread and lessen effects.
2. Healthcare facilities may become overwhelmed and unable to accommodate all infected or exposed people. Additional temporary treatment facilities may be created in alternative facilities. Screening facilities will be created to triage people for appropriate care.
3. The US Centers for Disease Control and Prevention (CDC) may be called to assist in any human infectious disease epidemic with public health support.
4. Public health control measures include medical countermeasures such as vaccination, infection prevention, and sanitation recommendations. Such measures, especially when widespread, may disrupt the economy and require large numbers of law enforcement and other manpower resources.
5. Buildings and areas may become contaminated with diseases or biological agents and may be closed until they are disinfected or decontaminated. This may cause interruptions in business and government.
6. Emergency transportation of resources (inbound response and outbound disposal) may require permits, licenses, or exemptions.
7. Lesser outbreaks with limited impacts may only require the partial activation of this appendix and may involve coordination between North Carolina Emergency Management (NCEM) and other supporting state agencies.

III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. LEAD STATE AGENCY

1. NC DEPARTMENT OF PUBLIC SAFETY (NCDPS)

NORTH CAROLINA EMERGENCY MANAGEMENT (NCEM)

- a. Support local government efforts through resource and technical assistance during emergencies and coordinate state and federal response and recovery activities.

NORTH CAROLINA EMERGENCY OPERATIONS PLAN (NCEOP)
ANNEX B | APPENDIX 5
INFECTIOUS DISEASE RESPONSE PLAN
2025

B. LEAD TECHNICAL AGENCY

1. NC DEPARTMENT OF HEALTH AND HUMAN SERVICES (NCDHHS)

**DIVISION OF PUBLIC HEALTH PREPAREDNESS & RESPONSE PLANS
WORKING GROUP**

- a. Authorize updated plans and procedures for public health emergencies. The Public Health Preparedness & Response Steering Committee will meet quarterly. The team and its subcommittees will update this plan, develop additional subordinate plans, and develop procedures within their areas of expertise.
- b. The State Epidemiologist with NCDHHS, in collaboration with local public health officials, will be responsible for planning the investigation of human disease events.
- c. The State Veterinarian with NCDA&CS will be responsible for investigating and response planning for animal disease events and collaborating with the State Epidemiologist on outbreaks involving zoonotic diseases.
- d. The State Entomologist with NCDHHS will be responsible for planning for the natural vector or reservoir component of infectious diseases.

C. SUPPORTING STATE AGENCIES

**1. NC DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
(NCDA&CS)**

EMERGENCY PROGRAMS DIVISION

- a. Coordinate food and agriculture response for NCDA&CS and partners.
- b. Provide veterinary expertise and coordinate animal response in support of the State Veterinarian's guidance and Veterinary Division's lead role.
- c. Provide a SERT Liaison as needed.

VETERINARY DIVISION

- a. Monitor the health of livestock, poultry and other animals to identify any potential sources of infectious disease from animals and collaborate with partner agencies as appropriate.

NORTH CAROLINA EMERGENCY OPERATIONS PLAN (NCEOP)
ANNEX B | APPENDIX 5
INFECTIOUS DISEASE RESPONSE PLAN
2025

2. NC DEPARTMENT OF ENVIRONMENTAL QUALITY (NCDEQ)

DIVISION OF AIR QUALITY (DAQ)

- a. Monitor the ambient air quality in the state to determine how an infectious disease agents may travel through the air.

DIVISION OF WATER RESOURCES (DWR)

- a. Monitor the drinking water supply of the state to determine whether infectious disease may travel through drinking water.

3. NC DEPARTMENT OF HEALTH AND HUMAN SERVICES (NCDHHS)

DIVISION OF PUBLIC HEALTH (DPH)

- a. Coordinate public health nurses.
- b. In the event of an emergency or disaster during an outbreak, monitor health of shelter populations for potential infectious disease outbreaks.
- c. Coordinate wastewater testing using laboratories (e.g. NC State Laboratory of Public Health (NCSLPH)) that provide data to the National Wastewater Surveillance System (NWSS). The NWSS is a public health tool used to track pathogens and limit the spread of infectious disease within communities.
- d. The NCSLPH will coordinate an/or conduct active laboratory-based surveillance for biological and/or chemical agents of public health concern in clinical specimens as required.

DIVISION OF SOCIAL SERVICES (DSS)

- a. Coordinate efforts to provide mass care facilities, food, water, and distribution of relief supplies as needed.
- b. Track and report the status of local support operations.
- c. Coordinate with partners to answer questions from county departments of social services about accessibility at mass care sites.
- d. Coordinate all requests for spoken language and American Sign Language interpreters.

NORTH CAROLINA EMERGENCY OPERATIONS PLAN (NCEOP)
ANNEX B | APPENDIX 5
INFECTIOUS DISEASE RESPONSE PLAN
2025

- e. Coordinate/facilitate the provision of relief efforts provided by volunteer organizations with the county DSS.

DIVISION OF HEALTH SERVICE REGULATION (DHSR)

NC OFFICE OF EMERGENCY MEDICAL SERVICES (NCOEMS)

- a. Provide leadership in coordinating and integrating the overall state efforts that provide medical assistance to a disaster-affected area.
- b. Coordinate and direct the activation and deployment of state resources of medical personnel, supplies, equipment, pharmaceuticals and assets.
- c. Assist in the development of local capabilities for the coordination of all healthcare services needed for triage, treatment, transportation, tracking, and evacuation of the affected population with medical concerns.
- d. Establish and maintain the cooperation of the various state medical and related professional organizations in coordinating the shifting of healthcare service resources from unaffected areas to areas of need.
- e. Coordinate with the SERT Military Support Branch to arrange for medical support from military installations.
- f. Coordinate the clinical support and/or movement of patients from an impacted area when higher level of care or evacuation is deemed necessary.
- g. Coordinate the healthcare services for state-operated shelters by implementing the Healthcare Services in Shelters Annex.

4. NC DEPARTMENT OF PUBLIC SAFETY (NCDPS)

NORTH CAROLINA NATIONAL GUARD (NCNG)

- a. Provide trained personnel for traffic control.
- b. Provide security at healthcare facilities and established temporary treatment facilities.

NORTH CAROLINA EMERGENCY OPERATIONS PLAN (NCEOP)
ANNEX B | APPENDIX 5
INFECTIOUS DISEASE RESPONSE PLAN
2025

- c. Provide military forces to assist local law enforcement in the emergency area for security, control of entrance to and exit from disaster area, and protection of people and crowd control.

5. STATE BUREAU OF INVESTIGATION (SBI)

- a. Coordinate investigation efforts, especially if the infectious disease is suspected to have originated via a biological terror attack.

6. NC STATE HIGHWAY PATROL (NCSHP)

- a. Regulate motor vehicle traffic where indicated.
- b. Provide security escort when required by related plans, policies, and/or procedures.

7. UNC CENTER FOR PUBLIC HEALTH PREPAREDNESS

- a. Deliver training, conduct research and provide technical assistance to public health professionals across the state.

D. SUPPORTING FEDERAL AGENCIES

1. US ARMY CORPS OF ENGINEERS (USACE)

- a. Support immediate lifesaving and life safety emergency response priorities.
- b. Sustain lives with temporary emergency power and other needs including temporary housing, temporary roofing, debris management, Urban Search and Rescue (USAR), and Local Government Liaisons (LGLs).
- c. Perform infrastructure assessments to schools, stadiums and other buildings to determine if they can be converted into temporary hospitals.
- d. Initiate recovery efforts by assessing and restoring critical infrastructure.

NORTH CAROLINA EMERGENCY OPERATIONS PLAN (NCEOP)
ANNEX B | APPENDIX 5
INFECTIOUS DISEASE RESPONSE PLAN
2025

IV. CONCEPT OF OPERATIONS

A. GENERAL

When an incident is expected to have limited impacts or confidence in the magnitude of significant impacts is low, the State EOC may elevate from Normal Operations to an Enhanced Watch with NCEM Functional Leads meeting daily. NCEM or SERT Functional Leads will notify SERT agency representatives of the potential release of a biological agent or infectious disease. Upon a greater threat to the state, necessary SERT agencies will report to the State EOC for a SERT Activation and the State Health Director will become a technical advisor to the SERT Leader and the Governor.

SERT agencies will be responsible for the following actions during an infectious disease outbreak:

1. Communicate public health infectious disease information to neighboring states and the federal government;
2. Assist local health departments, hospitals, and other medical treatment facilities in their treatment of the infectious disease;
3. Coordinate federal assistance to the affected regions; and
4. Assist local health departments with public health control measures such as surveillance, disease investigation, social distancing, immunization, prophylaxis, mass treatment, and mass fatality management.

B. RESPONSE ACTIONS

Upon the indication of an infectious disease outbreak, the change from Normal Operations to an Enhanced Watch and/or SERT Activation is dependent upon the observed threat and expected impact. The following are general guidelines that may support a change in activation level. For information on staffing and general responses associated with an activation, please refer to the NCEOP Basic Plan.

INFECTIOUS DISEASE RESPONSE PLAN

2025

The SERT Leader may elevate the State EOC to an Enhanced Watch if there is a threat of a release of a biological agent or infectious disease. The SERT Leader may also elevate to an Enhanced Watch if there has been an infectious disease outbreak in a community, but public health capabilities are sufficient and there are limited deaths reported. State assistance may or may not be requested but this is generally a monitoring stage. During an Enhanced Watch, NCEM or SERT Functional Leads will notify SERT agency representatives of a possible SERT Activation.

The following actions will be taken during an Enhanced Watch:

- All emergency support function agencies are alerted;
- A coordinating call is conducted to determine the need for activation and for SERT partners to report to the State EOC;
- The Public Health Coordination Center (PHCC) is alerted and manned, at the level determined in the PHCC SOP;
- The PHCC provides assistance to local public health officials;
- The NCOEMS begins to identify medical resources available from across the healthcare system in NC and to assess those facilities in need of support; and
- The State Medical Response System is alerted for possible deployment.

The SERT Leader may decide to elevate the State EOC to a SERT Activation if there has been a confirmed release of a biological agent or infectious disease, there is a widespread disease outbreak occurring, there are a large number of patients seeking treatment and hospitals in a multi-county area are overwhelmed, or state resources have been requested.

The following actions will be taken during a SERT Activation:

- The SERT is fully activated with 24-hour staffing from all SERT members, the NCEM Regional Coordination Centers will be activated.
- The State Health Director becomes a technical advisor to the SERT Leader and the Governor.

INFECTIOUS DISEASE RESPONSE PLAN

2025

- The PHCC becomes activated per the PHCC SOP. Medical Countermeasures are activated for possible receipt of the stockpile.
- The Governor, on advice from the SERT Leader and the State Health Director, declares a State of Emergency and may request federal assistance.
- The NCOEMS, coordinates support for medical surge to include surge facilities staff, medical supplies, and equipment.
- Pharmaceutical augmentation through the US CDC Medical Countermeasures will be done through the PHCC in conjunction with DMAT.
- The State Medical Response System may be deployed to an affected area to provide additional medical surge capacity at the direction of the ESF-8 lead in consultation with the SERT Lead.
- Facilities and temporary living accommodations will be decontaminated and disinfected.
- Health and medical response continues as above with additional resources requested from other states and federal assets.
- Alternative sites, distribution of pharmaceuticals, disease containment procedures and public information will be implemented according to agency plans and coordinated through the State EOC.
- The DHHS staff within the Citizens Services Office will assist in coordinating the response to citizens with special medical needs.

V. REFERENCES

- A. Chapter 166A of the North Carolina General Statutes, North Carolina Emergency Management Act, as amended
- B. Chapter 130A of the North Carolina General Statutes, Public Health
- C. NC National Veterinary Stockpile Plan