

Comprehensive Emergency Management Plan



Section 6-Mosquito Borne Disease Response Annex

January 2019

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Annex 6 – 10 Mosquito Borne Disease Response Annex

I. PURPOSE

The purpose of this annex is to supplement the Horry County Emergency Operations Plan by establishing procedures specific to mosquito borne disease response operations. Special emphasis is placed on the use of public outreach and mosquito surveillance to increase the safety of the citizens of Horry County.

II. SITUATION

Mosquitoes cause more human suffering than any other organism -- over one million people worldwide die from mosquito-borne diseases every year. They can also carry diseases that afflict humans, they are able to transmit several diseases and parasites that dogs and horses are very susceptible to. These include Heartworm, West Nile virus (WNV) and Eastern Equine Encephalitis (EEE). In addition, mosquito bites can cause severe skin irritation through an allergic reaction to the mosquito's saliva. This is what causes the red bump and itching at the bite location. Mosquito vectored diseases include Protozoan diseases, i.e., Malaria, Filarial diseases such as heartworm, and viruses such as Dengue, Encephalitis and Yellow fever.

There are at least 61 different species of mosquitoes that exist in South Carolina. The two-winged insects, whose name means "little fly", are closely related to flies like gnats and no-see-ums. Mosquitoes are a pest that can cause itchy bites, but they can also cause more serious health issues like spreading diseases. The most common diseases that could potentially be carried by mosquitoes in South Carolina include: West Nile, Eastern Equine Encephalitis, La Crosse Encephalitis, Saint Louis Encephalitis virus, and Heartworm.

The other big concern that we face is mosquito-borne diseases affecting travelers. Horry County residents who travel to other countries or certain areas of the southern United States can return with mosquito-borne diseases such as Malaria, Dengue, Chikungunya, Yellow Fever, and Zika virus. People who travel to other areas of the world may be at risk and should be familiar with the symptoms of these diseases. Medications used to prevent infection are available for malaria and vaccines are currently available for yellow fever. Avoidance of mosquito bites and use of mosquito repellent are recommended when traveling to affected areas. Listed below are some potential disease carried by mosquito and a description of their symptoms and affects.

A. Malaria

Malaria is an ancient disease. In all likelihood originating in Africa, it has been described by the Chinese as far back as 2700BC and the Sumerians from 1700 BC. The malaria parasite (plasmodium) is transmitted by female Anopheles mosquitoes. The term malaria is attributed to Horace Walpole in a letter from Italy in 1740 and is derived from the Italian 'mal-aria' or "bad air" because it was thought to come on the wind from swamps and rivers. Scientists conducted much research on the disease during the 1880s and early 1900s. Approximately 40% of the world's population is susceptible to malaria, mostly in the tropical and sub-tropical areas of the world. It was by and large eradicated in the temperate area of the world during the 20th century with the advent of DDT and other organochlorine and organophosphate mosquito control insecticides. An elevated standard of living, including the use of air conditioners and window screens, along with public health

interventions have largely remanded malaria transmission to tropical areas. Nonetheless, it can still be found in northern Europe.

More than one million deaths and 300 - 500 million cases are still reported annually in the world. It is reported that malaria kills one child every 40 seconds. In the United States malaria affected colonization along the eastern shore and wasn't effectively controlled until the 1940s when mosquito control organization instituted Anopheles control programs. A resurgence occurred during the 1960s and early 70s in the United States due to returning military personnel from Vietnam. Minor outbreaks of locally-acquired malaria occur sporadically in the United States, but have been quickly controlled by aggressive mosquito control measures. The influx of illegal immigrants in addition to returning tourists may provide for infrequent outbreaks in the future.

B. Chikungunya

Chikungunya virus is a pathogen transmitted by mosquitoes, and has established itself in the Caribbean (approximately 350,000 suspected cases in the Western Hemisphere since December 2013). It has now resulted in 2 cases of locally-transmitted Chikungunya virus in Florida in July of 2014. As of July 22, 2014, 497 travel-related cases have been found in 35 states, Puerto Rico and the U.S. Virgin Islands. The occurrence of locally-transmitted cases causes public health officials fear to its spread and establishment in states bordering the Caribbean. The name “Chikungunya” is attributed to the Kimakonde (a Mozambique dialect) word meaning “that which bends up”, which describes the primary symptom – excruciating joint pain. Although rarely fatal, the symptoms are debilitating and may persist for several weeks. There is no vaccine and primary treatment is limited to pain medication.

The mosquito species that transmit this disease are the Asian Tiger Mosquito (*Aedes albopictus*) and the Yellow Fever Mosquito (*Aedes aegypti*). Genetically, it appears that viral strain currently spreading throughout the Americas is more easily transmitted by *Aedes aegypti*. Both species lay their eggs in containers such as cans, discarded tires and other items that hold water close to human habitation, but *Aedes aegypti* is more geographically confined to the southeastern United States. Traditional mosquito methods of truck-mounted and aerial sprays are ineffective in controlling these mosquitoes. Removal of water-bearing containers and sanitation are key preventive strategies.

C. Heartworm (*Dirofilaria immitis*)

Heartworm (*Dirofilaria immitis*) can be a life-threatening disease for canines. The disease is caused by a roundworm. Dogs and sometimes other animals such as cats, foxes and raccoons are infected with the worm through the bite of a mosquito carrying the larvae of the worm. It is dependent on both the mammal and the mosquito to fulfill its life cycle. The young worms (called microfilaria) circulate in the blood stream of the dog. These worms must infect a mosquito in order to complete their lifecycle. Mosquitoes become infected when they blood feed on the sick dog. Once inside the mosquito the microfilaria leave the gut of the mosquito and live in the body of the insect, where they develop for 2-3 weeks. After transforming twice in one mosquito the third stage infective larvae move to the mosquito's mouthparts, where they will be able to infect an animal. When the mosquito blood feeds, the infective larvae are deposited on the surface of the victim's skin. The larvae enter the skin through the wound caused by the mosquito bite. The worms burrow into the skin where they remain for 3-4 months. If the worms have infected an unsuitable host such as a human, the worms usually die. The disease in dogs and cats cannot be eliminated but it can be controlled or prevented with pills and/or injections. Some risk is present when treating dogs infected with heartworms but death is rare; still prevention is best. Of course good residual mosquito control practices reduce the threat of mosquito transmission. Until the late sixties, the disease was restricted

to southern and eastern coastal regions of the United States. Now, however, cases have been reported in all 50 states and in several provinces of Canada.

D. Dengue

Dengue is a serious arboviral disease of the Americas, Asia and Africa. Although it has a low mortality, dengue has very uncomfortable symptoms and has become more serious, both in frequency and mortality, in recent years. *Aedes aegypti* and *Ades albopictus* are the vectors of dengue. These mosquitoes prefer to lay their eggs in containers close to human habitations and are not well-controlled by standard spraying techniques. The spread of dengue throughout the world can be directly attributed to the proliferation and adaptation of these mosquitoes. Over the last 16 years dengue has become more common, for example; in south Texas 55 cases were reported in 1999 causing one death. More recently, Hawaii recorded 85 cases of dengue during 2001 and the Florida Keys reported over 20 cases in 2010. In 2004 Venezuela has reported more than 11,600 cases classic dengue fever and over 700 cases of DHF. Indonesia dengue outbreak has caused over 600 deaths and more than 54,000 cases. In 1999, Laredo and Nuevo Laredo had an outbreak of almost a 100 cases.

In 2010, Puerto Rico experienced its largest outbreak, with 21,000 cases reported. In 2009, Florida reported the first cases of local dengue transmission in 75 years, within Old Town, Key West. A serosurvey of residents suggested an infection rate of 5%, indicating serious risk of transmission. Despite thorough control efforts carried out by the county and state in early 2010, by the end of 2010, Florida had reported an additional 65 locally acquired dengue cases. All the cases were in Key West, except two cases in two more northerly counties.

E. Yellow fever

Yellow fever, which has a 400-year history, at present occurs only in tropical areas of Africa and the Americas. It has both an urban and jungle cycle. It is a rare illness of travelers anymore because most countries have regulations and requirements for yellow fever vaccination that must be met prior to entering the country. Every year about 200,000 cases occur with 30,000 deaths in 33 countries. It does not occur in Asia. Over the past decade it has become more prevalent. In 2002 one fatal yellow fever death occurred in the United States in an unvaccinated traveler returning from a fishing trip to the Amazon. In May 2003, 178 cases and 27 deaths caused by yellow fever were reported in southern Sudan. In the Americas 226 cases of jungle yellow fever have been reported with 99 deaths (ProMed 12-22-03).

F. Eastern Equine Encephalitis (EEE)

Eastern Equine Encephalitis (EEE) is spread to horses and humans by infected mosquitoes. It is among the most serious of a group of mosquito-borne arboviruses that can affect the central nervous system and cause severe complications and even death. EEE is found in freshwater hardwood swampland in the Atlantic and Gulf Coast states in the eastern part of North America, Central and South America, and the Caribbean. It has a complex life cycle involving birds and a specific type of mosquitoes including several *Culex* species and *Culiseta melanura*. These mosquitoes feed on infected birds and become carriers of the disease and then feed on humans, horses and other mammals. EEE cannot be transmitted from humans or other mammals because the viremia presented in the disease is not sufficient to further transmission. Thus, humans and other animals are known as “dead-end hosts.” Symptoms may range from none at all to a mild flu-like illness with fever, headache, and sore throat. More serious infections of the central nervous system lead to a sudden fever and severe headache followed quickly by seizures and coma. About half of these patients die from the disease. Of those who survive, many suffer permanent brain damage and require lifetime institutional care. There is no specific treatment. A vaccine is available for horses, but not humans.

G. St. Louis Encephalitis (SLE)

St. Louis Encephalitis (SLE) is transmitted from birds to man and other mammals by infected mosquitoes (mainly some *Culex* species). SLE is found throughout the United States, but most often along the Gulf of Mexico, especially Florida. Major SLE epidemics occurred in Florida in 1959, 1961, 1962, 1977, and 1990. The elderly and very young are more susceptible than those between 20 and 50. During the period 1964-1998 [35 years] a total of 4478 confirmed cases of SLE were recorded in the United States. Symptoms are similar to those seen in EEE and like EEE, there is no vaccine. Mississippi's first case of St. Louis Encephalitis since 1994 was confirmed in June 2003. Previously the last outbreak of SLE in Mississippi was in 1975 with over 300 reported cases. It was the first confirmed mosquito-borne virus in the United States in 2003. It turned up in October 2003 in California Riverside County in sentinel chickens. The last [SLE] human case in California occurred in 1997. In Louisiana in 2003 there was a fatal St Louis Encephalitis case previously listed as a West Nile caused death.

H. La Crosse Encephalitis (LAC)

La Crosse encephalitis (LAC) is much less widespread than EEE or SLE, but approximately 90 cases occur per year occurs in all 13 states east of the Mississippi, particularly in the Appalachian region. It was reported first in 1963 in La Crosse, Wisconsin and the vector is thought to be a specific type of woodland mosquito (*Aedes triseriatus*) called the tree-hole mosquito, with small mammals the usual warm-blooded host. Infrequent fatalities occur in children younger than 16. It is not transmissible from human to human. There is no vaccine for La Crosse encephalitis.

I. Western Equine Encephalitis (WEE)

Western Equine Encephalitis (WEE) was first recognized in 1930 in a horse in California. It is found west of the Mississippi including parts of Canada and Mexico. The primary vector is *Culex tarsalis* and birds are the most important vertebrate hosts with small mammals playing a minor role. Unlike LAC it is nonspecific in humans and since 1964 fewer than 1000 cases have been reported. As with EEE a vaccine is available for horses against WEE but not for humans. In Arizona 3 counties have been found with sentinel chicken flocks seroconverting to WEE.

J. West Nile Virus (WNV)

West Nile virus (WNV) emerged from its origins in 1937 in Africa (Uganda) into Europe, the Middle East, west and central Asia and associated islands. It is a Flavivirus (family Flaviviridae) with more than 70 identified viruses. Serologically, it is a Japanese encephalitis virus antigenic complex similar to St. Louis, Japanese and Murray Valley encephalitis viruses. Similar to other encephalitis, it is cycled between birds and mosquitoes and transmitted to mammals (including horses) and man by infected mosquitoes. WNV might be described in one of four illnesses: West Nile Fever might be the least severe in characterized by fever, headache, tiredness and aches or a rash. Sort of like the "flu". This might last a few days or several weeks. At least 63% of patients report symptoms lasting over 30 days, with the median being 60 days. The other types are grouped as "neuroinvasive disease" which affects the nervous system; West Nile encephalitis which affects the brain and West Nile meningitis (meningoencephalitis) which is an inflammation of the brain and membrane around it. (CDC) It first appeared in North America in 1999 in New York (Cornell Environmental Risk Analysis Program) with 62 confirmed cases and 7 human deaths. Nine horses died in New York in 1999. In 2001, 66 human cases (10 deaths) were reported in 10 states. It occurred in birds or horses in 27 states and Washington D.C., Canada and the Caribbean. There were 733 horse cases in 2001 with Florida reporting 66% of the cases; approximately 33% were fatal. In 2001 more than 1.4 million mosquitoes were tested for WNV. In the United States (2004) over 43 species of mosquitoes have tested positive for WNV transmission, the *Culex pipiens* group seems the most common species associated with infecting people and horses. Currently, 65 mosquito and 300 bird species have tested positive in the United States for this virus.

During 2002, the number of areas reporting WNV grew to 44 states and 5 Canadian provinces. The only states not reporting WNV were Alaska, Arizona, Hawaii, Nevada, Oregon and Utah that year. Intrauterine transmission (CDC MMWR) and laboratory infections (CDC MMWR) were reported for the first time. In all over 3800 human cases with 232 fatalities in 39 states and Washington DC were recorded. More than 24,350 horse cases of WNV were confirmed or reported in 2002. There is a vaccine for horses. Even alligators (CDC-EID) were found infected in Georgia.

The first confirmed 2003 WNV infection was in South Carolina on July 7th, 2003. South Dakota confirmed a WNV infection in a dog. The final CDC report list 9858 cases. Nebraska had 1942, Colorado 2947 and Idaho only one (CDC). In Florida there were 94 human cases with most occurring in the panhandle. Bay County, FL reported 14 cases and one death. Of the more than 9858 cases, 6829 were West Nile Fever (the milder form), 2863 were neuroinvasive (the more severe form) and 166 clinically unspecified. There were over 4200 positive dead birds reported in 39 states and 4500 plus infections in horses in 40 states with more than 425 of these in Colorado. West Nile was reported in 1377 sentinel chicken flocks from 15 states. In Florida 1173 seroconversions to WNV were reported from 34 counties. More than 1950 positive mosquito pools were reported from 32 states and New York City.

In Canada (01-12-04) WNV was been confirmed in 9 Provinces. At least 10 human deaths and more than 1220 cases have been confirmed. Canada reported over 445 presumed or confirmed horse cases in 6 Provinces with over 180 in Alberta Province. Five Provinces have reported positive mosquito pools (>575) with over 290 from Manitoba. Canada confirmed over 1600 positive dead birds from 12000 tests.

Mexico (December 2003) has tested over 590 citizens in 25 states. Six have tested positive with three with the more severe form of WNV. Mexico horse data shows 2475 had positive WN returns in 29 states. Of more than 18000 birds tested 117 were positive. The Pan American Health Organization (PAHO).

Arizona and New Mexico reported the first human cases of WNV on May 26, 2004 and a week later confirmed a total of 7 cases. South Dakota reported its first case on June 8, 2004. In 2003 South Dakota had 14 deaths and over human cases reported. Wyoming and Florida has joined the list recently. Alabama, Arizona, Texas and Virginia have reported WN V infections in horses. WNV seroconversions have been reported in 64 sentinel chicken flocks from 4 states (Arizona, California, Florida, and Louisiana), and 58 WNV-positive mosquito pools have been reported from 6 states (Arizona, California, Illinois, Indiana, Louisiana, and Pennsylvania).

As of 2014, there have been 36,437 cases of WNV reported to CDC. Of these, 15,774 have resulted in meningitis/encephalitis and 1538 were fatal. CDC estimates that there have been at least 1.5 million infections (82% are asymptomatic) and over 350,000 cases of West Nile Fever, but the disease is grossly under reported due to its similarity to other viral infections.

Canada's 1st dead bird (a blue jay) from West Nile virus in 2004 was confirmed in Ontario in May 2004. West Nile virus was confirmed in 2 birds in Puerto Rico near the former US Roosevelt Roads Navy Base (southeastern Puerto Rico). Britain's Health Protection Agency has started its annual surveillance program for possible human cases of West Nile virus infection. The program, which has been used for the last three years, operates during the summer, when there is West Nile virus activity in other countries. The UK has had no reported WNV, but are developing a West Nile Virus Contingency Plan.

K. Zika

Zika virus disease (Zika) is a disease caused by the Zika virus, which is spread to people primarily through the bite of an infected *Aedes* species mosquito. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting for several days to a week after being bitten by an infected mosquito. People usually don't get sick enough to go to the hospital, and they very rarely die of Zika. For this reason, many people might not realize they have been infected. However, Zika virus infection during pregnancy can cause a serious birth defect called microcephaly, as well as other severe fetal brain defects. Once a person has been infected, he or she is likely to be protected from future infections.

Zika virus was first discovered in 1947 and is named after the Zika Forest in Uganda. In 1952, the first human cases of Zika were detected and since then, outbreaks of Zika have been reported in tropical Africa, Southeast Asia, and the Pacific Islands. Zika outbreaks have probably occurred in many locations. Before 2007, at least 14 cases of Zika had been documented, although other cases were likely to have occurred and were not reported. Because the symptoms of Zika are similar to those of many other diseases, many cases may not have been recognized.

In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. On February 1, 2016, the World Health Organization (WHO) declared Zika virus a Public Health Emergency of International Concern (PHEIC). Local transmission has been reported in many other countries and territories. Zika virus will likely continue to spread to new areas.

III. ASSUMPTIONS

- A. Horry County desires to control the mosquito population to the best of its ability through a mosquito abatement program which is funded annually.
- B. Various breeds of mosquitos, which can carry different types of viruses, are found throughout the county and surrounding areas.
- C. Various mosquito surveillance measures, including recent precipitation rates, will be utilized to monitor the mosquito population.
- D. DHEC and CDC will be the primary sources for information on both virus identification and identification of known impacted areas.
- E. County staff shall communicate on a regular basis with DHEC regarding the status and results of their human case and surveillance efforts.
- F. The public will respond to the requests from the county to follow mosquito abatement guidelines on public and private properties as a means to help control the mosquito population.
- G. In the event of a major mosquito borne virus outbreak in Horry County, the Horry County Emergency Operations Plan along with the Emergency Operations Center shall be activated. County Council may declare a State of Emergency.
- H. Recourses to control the mosquito population will be in limited supply. Additional funding to support abatement operations will need to be considered.

IV. CONCEPT OF OPERATIONS

A. General

1. This plan is used in conjunction with the responsibilities outlined in the Emergency Operations plan and its annexes.
2. Departments responsible for the mosquito abatement program will utilize their operational procedures in coordination with this annex.

B. Public Outreach

1. The County public information efforts will primarily focus on mosquito source reduction and bite prevention strategies.
2. Public education campaigns will utilize a coordinated effort of social media, websites, news stories, brochures, and meetings with interested groups.
3. Examples of outreach information:
 - a. Eliminate stagnant water on properties, especially artificial water-holding containers. (waste tires, buckets, cans, flower pots, bird baths, baby pools, grill covers, boat covers, pet dishes, cemetery urns/vases, tree holes, etc.)
 - b. Screen all windows and doors; repair the smallest tear or hole.
 - c. Wear protective clothing (long-sleeve shirts, long pants, socks) while working or playing outdoors.
 - d. Use insect repellants containing the active ingredient DEET, picaridin, or oil of lemon-eucalyptus.
 - e. Avoid peak mosquito biting activity; the mosquito associated with Zika virus is an aggressive daytime biter and the peak biting times are during early morning and late afternoon.
4. All outreach information will be coordinated with updates from the Centers for Disease Control (CDC) and South Carolina Department of Health and Environmental Control (DHEC) to ensure the public receives information that is consistent and accurate.

C. Surveillance and Abatement

1. Mosquito service requests will be handled in accordance with our normal processes which involve conducting Landing Rate Counts and conducting surveillance of properties for water holding containers.
2. Larvacide tablets will be added to roadside catch basins in residential areas in April and May.
3. Routine ground and aerial spraying operations will commence based on the operational protocols of the Horry County Storm Water Department.

D. DHEC Mosquito Borne Virus Advisory

1. DHEC keeps the general public and news media informed about the local and/or regional progress of virus activity.
2. Increase public outreach campaign regarding abatement efforts

E. Confirmation Locally Acquired Virus Case

1. Increase Public Education and Outreach efforts.
2. Conduct mosquito containment operations to eliminate adult and larval mosquitoes within 150 yards of the affected property. This will involve fogging with adulticides, elimination of water-holding containers and application of the appropriate larvacides. This could involve door-to-door site inspections and the involvement of law enforcement for uncooperative people.
3. Problem properties that have an abundance of water holding containers, tires, trash and/or neglected swimming pools shall be identified and the owners notified of the need to eliminate these breeding sites in accordance with County ordinances. Follow-up inspections will be conducted and if no progress is made then law enforcement involvement may be necessary.
4. Increase enforcement of nuisance ordinance, possibly utilizing Code Enforcement inspectors who can issue summons.

F. State (DHEC) Declaration of Public Health Emergency

1. Activation of the Emergency Operations Plan.
2. Consider declaring a local State of Emergency for Horry County.
3. Limited activation of the Emergency Operations Center to provide logistical support and increased situational awareness.
4. The County will request a waiver of the NPDES permit requirements to allow additional aerial and truck spraying without the need to meet the prerequisite action thresholds (Landing Rate Counts and Complaints).

V. ANNEX MAINTENANCE

Horry County Emergency Management has the responsibility of coordinating, developing and maintaining the Mosquito Borne Disease Response Annex and is the designated Lead Agency. The Mosquito Borne Disease Response Annex will be updated in conjunction with the CEMP as stated in Section VII, Plan Development and Maintenance.

ATTACHMENTS

- A. Nuisance Enforcement Procedures
- B. Sample Violation Letter

ATTACHMENT A

Nuisance Enforcement Procedures

1. Upon receipt of a mosquito complaint a site inspection is performed.
2. If mosquito breeding sites are found in containers, old tires, neglected swimming pools, boats, etc. contact will be made with the resident or owner in order to educate them of the problem these items are causing and request that they take corrective actions to eliminate these breeding sites. If direct contact cannot be made a door-hanger will be left.
3. Re-inspect the property within 10 days.
4. Send violation letter giving the resident/owner 10 days to correct the violation.
5. Re-inspect the property after 10 days.
6. Contact County Police to issue a citation if violations have not been corrected.

ATTACHMENT B

SAMPLE VIOLATION LETTER

April 26, 2016

Owner Name
Street Address
City, State, Zip

Re: Notice of Violation

TMS No.

PIN:

Owner,

Please be advised that the above-referenced property is currently in violation of the Horry County Code of Ordinances due to the presence of mosquito breeding locations. Specifically we found the following items that need to be corrected.

1. Old tires holding water – these need to be removed or covered
2. Neglected swimming pool – if the pool is not going to be used it should be cleaned and then covered.
3. Numerous open water holding containers – these need to be drained, capped, covered or removed.
4. Uncovered boat is holding water – this should be drained and then covered.

The following is the applicable section of Horry County Code of Ordinances:

Sec. 10-19. - Weeds and debris; maintenance requirements.

(a)

Duties of owners and occupants. No person shall permit their property to serve as a breeding place for mosquitoes, as a refuge for rats and snakes, as a collecting place for trash and litter or a fire hazard. Any of the herein described conditions is declared to be a common nuisance. It shall be the duty of the fee simple owner and/or the occupant of real property to cut and remove all grass, weeds and other ground-cover vegetation as often as necessary to comply with this provision so that grass, weeds or other ground-cover vegetation shall not grow above a height of twelve (12) inches; in addition, drainage ditches, ponds and pipes shall be kept clear of litter, debris, weeds and brush that may block the flow of water and pose a flooding threat to surrounding properties or provides mosquito breeding habitat.

Pursuant to § 10-42, any person found in violation of these provisions shall be

guilty of a misdemeanor and shall be subject to fines up to \$500.00 and/or up to 30 days in jail for each offense. Each day that any person is found to be in violation of these provisions after receiving notice to abate the violation shall constitute a separate violation.

Please be advised that unless the violation of this ordinance is remedied within ten (10) days of the date of this letter, the County will pursue any and all remedies as allowed by law, to include seeking the maximum penalty allowed by law, with each and every day from the date of this notice until such time as the deficient condition of the property is remedied, constituting a separate offense.

Once the condition of the property has been remedied, please contact this office to arrange for an inspection and to ensure that further enforcement measures are not initiated by Horry County.

Kindest regards,