

Comprehensive Emergency Management Plan



Section 6-Mosquito Borne Disease Response Annex

January 2025

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Annex 6 – 10 Mosquito Borne Disease Response Annex

I. PURPOSE

This annex aims to supplement the Horry County Emergency Operations Plan by establishing procedures specific to mosquito-borne disease response operations. Special emphasis is placed on 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 yearly. They can also carry diseases that afflict humans and 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. The saliva 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.

At least 61 different species of mosquitoes 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 severe health issues like spreading diseases. The most common diseases mosquitoes could potentially carry 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 the use of mosquito repellent is recommended when traveling to affected areas. Listed below are some potential diseases a mosquito carries and a description of their symptoms and effects.

A. Malaria

Malaria is an ancient disease. In all likelihood originating in Africa, it has been described by the Chinese as far back as 2700 BC and the Sumerians from 1700 BC. Female Anopheles mosquitoes transmit the malaria parasite (plasmodium). 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, mainly in the tropical and subtropical 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 living standard, including air conditioners and window screens, and 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 worldwide. It is reported that malaria kills one child every 40 seconds. Malaria affected colonization along the eastern shore of the United States and wasn't effectively controlled until the 1940s when mosquito control organizations 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 and 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 resulted in 2 cases of locally-transmitted Chikungunya virus in Florida in July 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 to fear 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, the viral strain currently spreading throughout the Americas appears 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. Still, *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. A roundworm causes the disease. Dogs and sometimes other animals such as cats, foxes, and raccoons are infected with the worm through the bite of a mosquito carrying the worm's larvae. It depends on the mammal and the mosquito to fulfill its life cycle. The young worms (called microfilaria) circulate in the dog's bloodstream. These worms must infect a mosquito to complete their lifecycle. Mosquitoes become infected when they feed on a sick dog. Once inside the mosquito, the microfilaria leaves the mosquito's gut and lives in the insect's body, 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 can 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 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 the United States' southern and eastern coastal regions. However, cases have been reported in all 50 states and several provinces of Canada.

D. Dengue

Dengue is a serious arboviral disease of the Americas, Asia, and Africa. Although dengue has a low mortality rate, it has very uncomfortable symptoms and has become more serious in frequency and mortality in recent years. *Aedes aegypti* and *Aedes 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 in 2001, and the Florida Keys reported over 20 cases in 2010. In 2004 Venezuela reported more than 11,600 cases of classic dengue fever and over 700 cases of DHF. Indonesia's dengue outbreak caused over 600 deaths in more than 54,000 cases. In 1999, Laredo and Nuevo Laredo had an outbreak of almost 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 a 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 northern counties.

E. Yellow fever

Yellow fever, which has a 400-year history, occurs only in tropical areas of Africa and the Americas. It has both an urban and jungle cycle. It is a rare illness for travelers because most countries have regulations and requirements for yellow fever vaccination that must be met before entering the country. Every year about 200,000 cases occur, with 30,000 deaths in 33 countries. It does not occur in Asia. However, over the past decade, it has become more prevalent. In 2002 one fatal yellow fever death happened 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)

Infected mosquitoes spread Eastern Equine Encephalitis (EEE) to horses and humans. 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 parts of North, Central, and South America, along with the Caribbean. EEE has a complex life cycle involving birds and specific types of mosquitoes, including several *Culex* species and *Culiseta melanura*; these mosquitoes feed on infected birds, who then become carriers of the disease 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 for further transmission. Thus, humans and other animals are known as "dead-end hosts." Symptoms may range from none to a mild flu-like illness with fever, headache, and sore throat. More serious central nervous system infections 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. Unfortunately, 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 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; 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. Still, 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. The vector is thought to be a specific type of woodland mosquito (*Aedes triseriatus*) called the tree-hole mosquito, with small mammals as 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 humans. In Arizona, three counties have been found with sentinel chicken flocks seroconverting to WEE.

J. West Nile Virus (WNV)

West Nile virus (WNV) emerged in 1937 in Africa (Uganda), then 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 as one of four illnesses: West Nile Fever might be the least severe and characterized by fever, headache, tiredness, and aches or a rash. Sort of like the "flu." Symptoms 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; 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 seven 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, 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 to be the most common species associated with infecting people and horses. Currently, 65 mosquitoes 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. Intrauterine transmission (CDC MMWR) and laboratory infections (CDC MMWR) were reported for the first time. All over 3,800 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 lists 9,858 cases. Nebraska had 1,942, Colorado 2,947, and Idaho only had one (CDC). There were 94 human cases in Florida, with most occurring in the panhandle. Bay County, FL, reported 14 cases and one death. Of the more than 9,858 cases, 6,829 were West Nile Fever (the milder form), 2,863 were neuroinvasive (the more severe form), and 166 were clinically unspecified. Over 4,200 positive dead birds were reported in 39 states, 4,500 plus infections in horses in 40 states, and more than 425 in Colorado. West Nile was reported in 1,377 sentinel chicken flocks from 15 states. In Florida, 1,173 seroconversions to WNV were reported from 34 counties. More than 1,950 positive mosquito pools were reported from 32 states and New York City.

In Canada (01-12-04), WNV has been confirmed in 9 Provinces. At least ten human deaths and more than 1,220 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 1,600 positive dead birds from 12,000 tests.

Mexico (December 2003) had tested over 590 citizens in 25 states. Six have tested positive, with three with the more severe form of WNV. Mexico horse data shows 2,475 had positive W.N. returns in 29 states. Of more than 18,000 birds tested, 117 were positive. The Pan American Health Organization (PAHO) reports.

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 have joined the list recently. Alabama, Arizona, Texas, and Virginia have reported WNV 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 the 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. Still, the disease is grossly underreported 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. In addition, the 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 U.K. has had no reported WNV but are developing a West Nile Virus Contingency Plan.

K. Zika

Zika virus disease (Zika) is 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 several days to a week after being bitten by an infected mosquito. People typically don't get sick enough to go to the hospital and 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 and other severe fetal brain defects. Once a person has been infected, they are 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 were documented, although other cases were likely to have occurred and were not reported. Because 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 Brazil's first confirmed Zika virus infection. On February 1, 2016, the World Health Organization (WHO) declared the 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 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. The SC Department of Public Health (SC DPH) and the U.S. Center for Disease Control (CDC) will be the primary sources for information on both virus identification and identification of known impacted areas.
- E. County staff shall communicate regularly with SC DPH 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 to help control the mosquito population.
- G. In case of a major mosquito-borne virus outbreak in Horry County, the Horry County Emergency Operations Plan and the Emergency Operations Center shall be activated. In addition, County Council may declare a State of Emergency.
- H. Recourses to control the mosquito population will be in limited supply. Therefore, 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's public information efforts will 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 a minor 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 the Zika virus is an aggressive daytime biter, and the peak biting times are during the early morning and late afternoon.
4. All outreach information will be coordinated with updates from the CDC and the SC DPH to ensure the public receives consistent and accurate information.

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. SC DPH Mosquito-Borne Virus Advisory

1. SC DPH keeps the general public and news media informed about virus activity's local and regional progress.
2. Increase public outreach campaigns 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. Treatment will involve fogging with adulticides, eliminating water-holding containers, and applying the appropriate larvacides. This could involve door-to-door site inspections and law enforcement involvement for uncooperative people.

3. Problem properties with 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 per County ordinances. Follow-up inspections will be conducted; if no progress is made, law enforcement involvement may be necessary.
4. Increase enforcement of nuisance ordinance, possibly utilizing Code Enforcement inspectors who can issue a summons.

F. State (SC DPH) Declaration of Public Health Emergency

1. Activation of the Emergency Operations Plan.
2. Consider declaring a local State of Emergency for Horry County.
3. Consider a 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 is responsible for coordinating, developing, and maintaining the Mosquito-Borne Disease Response Annex and is the designated Lead Coordinating 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. Suppose mosquito breeding sites are found in containers. In that case, with old tires, neglected swimming pools, boats, etc., contact will be made with the resident or owner to educate them of the problem these items are causing and request that they take corrective actions to eliminate these breeding sites. A door hanger will be left if direct contact cannot be made.
3. Re-inspect the property within ten days.
4. Send a violation letter giving the resident/owner ten days to correct the violation.
5. Re-inspect the property after ten days.
6. Contact County Police to issue a citation if violations have not been corrected.

ATTACHMENT B

SAMPLE VIOLATION LETTER

April 26, 2021

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 used, it should be cleaned and then covered.
3. Numerous open water holding containers – these need to be drained, capped, covered, or removed.
4. The uncovered boat is holding water – this should be drained and then covered.

The following is the applicable section of the 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,