

Interim CDC Guidance on Day and Residential Camps in Response to Human Infections with the Novel Influenza A (H1N1) Virus

June 14, 2009 5:30 PM ET

SOURCE: <http://www.cdc.gov/h1n1flu/camp.htm>

Further details for camps at <http://stlucia.gov.lc/mce/>

This document provides interim guidance on suggested means to reduce the spread of the novel influenza A (H1N1) virus in day, residential, or overnight camp settings. Recommendations are interim, based on current knowledge of the H1N1 outbreak, and may be revised as more information becomes available.

Background

Camps for children, young adults and families range from programs conducted for several hours in a day (not overnight) to programs that are residential and involve many weeks in group settings. This guidance will address general recommendations that apply to all programs and some specific guidance that applies to programs that are residential.

At this time, CDC recommends the primary means to reduce spread of influenza in camps focus on early identification of ill campers and staff, staying home (or away from others) when ill, good cough and hand hygiene etiquette, and environmental controls that encourage use of these hygiene practices.

Novel Influenza A (H1N1)

The symptoms of influenza usually include fever plus at least either cough or sore throat. These symptoms are often referred to as an influenza-like illness (ILI). Influenza infection can also lead to additional symptoms like headache, tiredness, runny or stuffy nose, body aches, chills, diarrhea, and vomiting. Like seasonal flu, novel influenza A (H1N1) infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure and even death are possible.

Novel influenza A (H1N1) is thought to spread in the same way that seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus. People may also become infected by touching something with flu viruses on it and then touching their mouth or nose.

General Recommendations and Preparedness for Camps

- Develop a working relationship with local health officials and plan jointly for possible contingencies during this summer camp season. Plans should include what to do if staff or camp participants become ill, including how to separate them from others to limit spreading influenza to other staff and campers, when to seek additional medical evaluation, and how to provide care for them. Camp administrators should work with local health departments to develop mechanisms and protocols for monitoring ILI and any requirements for reporting ILI among campers or camp staff.
- Review any applicable state laws regarding camp requirements around public health issues. Assure compliance with these requirements.

URL: <http://stlucia.gov.lc/mce>

- Consider pre-planning with parents/guardians regarding how illnesses or health emergencies among children attending the camp will be handled. Arrangements should also be made with the parents/guardians of staff, volunteers and other campers who are legally minors. Include logistics for transportation of ill persons for medical care or return home that limits exposures to other persons, multiple ways to contact parents/ guardians, agreement for care and isolation at the camp (if applicable), and planning for additional medical evaluation or emergency care.
- Develop a training program for camp staff regarding communicable disease prevention including specific information on how to recognize ILI and how to report possible cases of ILI to camp leadership.
- Educational materials and information should be provided to campers in a way that is age-appropriate and can be understood by both Children and Adults.

General Infection Control Recommendations

Encourage all persons to effectively cover their cough or sneeze and use good hand hygiene. Posters can be obtained from the Ministry of Health or the NEMO Secretariat.

- Hand washing facilities including running water and liquid hand soap should be readily accessible; alcohol-based hand sanitizers may be used if hands are not visibly soiled.
- Plan ahead to ensure that enough alcohol-based hand sanitizers are available for situations where it is known that hand washing facilities may not be available, for example during hikes.
- Clean all areas and items that are more likely to have frequent hand contact (like doorknobs, faucets, handrails) routinely (e.g., daily, before/after meals, as needed) and also immediately when visibly soiled; use the cleaning agents that are usually used in these areas; it is not necessary to conduct disinfection of environmental surfaces beyond routine cleaning.

Reduction of Risk of Introduction of novel H1N1 Virus into the Camp Setting

- Provide camp attendees, staff and volunteers with materials prior to arrival at the camp to notify them that they are not allowed to attend camp if they have had an ILI in the 7 days prior to the start of the camp. In addition, they should be reminded that if they have been exposed to a person with novel H1N1 or ILI in the 7 days prior to the start of camp, they may attend camp but should closely self-monitor and report development of ILI symptoms immediately.
- Consider active screening of ALL newly arriving camp attendees, staff and volunteers by asking if they have had any symptoms of ILI in the previous 7 days. Provide education to individual campers about reporting ILI. A careful health history of each arriving camper should be taken. Note any conditions that may place them at high risk for complications of influenza.
- Camp attendees, staff and volunteers should be instructed to immediately inform camp management if they currently have or have had an influenza-like illness (ILI) in the 7 days prior to arrival.

- Persons who currently have or have had ILI in the previous 7 days should not attend camp for 7 days after their symptoms began or until they have been symptom-free for 24 hours, whichever is longer.

Rapid Detection and Management of Cases of ILI in the Camp Setting

- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those that are experiencing ILI symptoms.
- Campers who develop ILI should be immediately separated from the general population and kept away from well campers until they can be safely returned home or taken for medical care, if needed, OR for at least 7 days after symptoms began or 24 hours after symptoms resolve, whichever is longer (if the child is to remain at a residential camp).
- Protocols should be in place for when medical evaluation of persons ill with ILI should be done and how monitoring will be conducted. Not all patients with suspected novel influenza (H1N1) infection need to be seen by a health care provider. Patients with severe illness and those at high risk for complications from influenza should contact their medical provider or seek medical care.
- **ASPIRIN OR ASPIRIN-CONTAINING PRODUCTS SHOULD NOT BE ADMINISTERED.**
- If individual rooms for persons with ILI are not feasible, consider using a large room, cabin or tent specifically for ill persons with beds at least 6 feet apart and, if possible, with temporary barriers between beds and nearby bathroom facilities separate from bathrooms used by healthy campers.
- Linens, eating utensils, and dishes used by those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens (such as bed sheets and towels) should be washed in hot water using laundry soap and tumbled dry on a hot setting. Individuals should wash their hands with soap and water immediately after handling dirty laundry.
- Designate staff to care for ill persons and limit their interaction with other campers during their shift to decrease the risk of spreading influenza to other parts of the camp.
- Anyone with a medical condition that would increase their risk of severe illness from influenza, including pregnant women, should NOT be designated as caregivers for ill persons.
- Close contacts (such as roommates) of persons with ILI should be encouraged to self-monitor for ILI symptoms and report illness to camp officials.

Persons at High Risk of Complications from Influenza Infection

- Persons at increased risk of severe illness from influenza include: people older than 65 years, children younger than five years, pregnant women, and people of any age with certain chronic medical conditions, like diabetes, asthma, immune-suppression, or chronic lung disease.