

Guidelines for the Prevention and Management of Novel Influenza A (H1N1) Virus in Camp Settings

Introduction

This document provides guidance on reducing the spread of novel influenza A (H1N1) virus in day or overnight camp settings. Recommendations are based on current knowledge of the H1N1 outbreak in the United States and Canada and may be revised as more information becomes available.

Camps for children, young adults and families range from programs conducted for several hours in a day to programs that are residential or overnight and may involve many weeks in group settings. Types of camps include:

Day camps are camps where campers are dropped off in the morning and picked up at night. These camps may also include excursions or day trips throughout the city or rural areas.

Overnight camps have campers sleeping on site for periods of time ranging from days to weeks or months. These camps are also called “residential camps”.

Special needs camps are camps for persons with medical challenges such as cystic fibrosis, diabetes, dialysis or cancer.

The risk of transmission of H1N1 influenza virus will vary depending on the type of camp, number of campers, the type of interactions, activities that the camp offers and the health status of the campers.

Novel Influenza A (H1N1)

While influenza activity normally wanes between April and August, the novel H1N1 strain has not and community spread has continued. Thus, unusual levels of influenza activity may be expected in the upcoming summer months.

Influenza-like illness (ILI) is the acute onset of respiratory symptoms with fever and cough and one or more of the following symptoms: sore throat, muscle aches, joint pain or weakness. In children under 5, gastrointestinal symptoms may also be present and fever may not be prominent.

Further information can be found on the Public Health Agency of Canada website.
<http://www.hc-sc.gc.ca/index-eng.php>

General Recommendations and Preparedness for Camps

Screening for Illness

- Early recognition and isolation of campers/ staff with ILI can reduce the risk of transmission to others.
- Consider contacting parents, staff and volunteers prior to arrival at camp and screening for recent (within 7 days) or current ILI symptoms. These individuals should **not** attend camp until 7 days from the date of symptom onset, and if symptoms last longer than 7 days, then they should stay home until 24 hours after the symptoms are gone. Symptomatic individuals should **NOT** be sent for testing just so they can attend camp. If their symptoms become severe, they should see their doctor. For self care information, refer to the Alberta Health and Wellness website at:
<http://www.health.alberta.ca/health-info/influenza-self-care.html>
- Individuals who have been a contact of a case of ILI within the 7 days prior to arrival may attend camp and should be monitored (either self monitoring or actively monitored, whichever is most appropriate for the situation) closely for ILI symptoms.
- Routine screening of campers and staff should be done at the point where they are dropped off or enter camp. Depending on the type of camp, this could be before boarding the bus to camp or upon arrival at the camp itself if campers/ staff arrive by private vehicle. If the child or staff has ILI, they should be sent home before exposing any other campers.
- Staff should monitor all persons at the camp for symptoms of ILI on a regular basis.
- It is important to note that not all respiratory illness is ILI. Determination of ILI should be reserved for those individuals that fulfill the clinical criteria for ILI as defined above.

Physical Layout/Supplies

- Campers should be distanced a minimum of one arm's length away from one another and placed head-to-foot while sleeping if in tents but further apart in cabin settings so that cabins do not become too crowded.
- Every camp should have a designated area or health care centre which allows a sick person to be isolated from other campers.
- The designated health care centre must have supplies such as surgical masks and disinfectants to ensure basic infection and control practices can be followed.
- Hand washing facilities including running water and liquid hand soap should be readily accessible at multiple sites around the camp, including bathrooms, dining room and other common areas where campers gather. Alcohol-based hand rub (ABHR) with 60-90% alcohol may be used if hands are not visibly soiled.
- ABHR should be used with supervision for young children or others who may ingest the product and distribution of ABHR should take into account the risk of ingestion. Ensure safe placement and storage of ABHR by consulting with the local fire department.

Hand Hygiene and Cough Etiquette

- Hand hygiene and covering coughs and sneezes with your sleeve or a tissue are the most important means of prevention of transmission of influenza. For proper hand washing instructions, refer to the Alberta Health and Wellness website at: <http://www.health.alberta.ca/health-info/influenza-wash-hands.html>
- Campers and staff should perform hand hygiene after coughing and sneezing, before communal activities, after using the bathroom and before preparing or eating food.

Education

- Parents should be provided with a health and safety information sheet in the orientation package which includes symptoms of ILI and camp protocols should a child develop ILI symptoms (i.e., care and isolation at the camp, transportation for medical care or arrangements for return home). Parent(s)/ guardians should provide the camp with complete emergency contact information.
- Camp operators should educate staff and campers on good hygiene practices, which include hand hygiene, coughing/ sneezing etiquette, and limiting personal close contact with other campers (i.e., avoid sharing personal items such as water bottles, toothbrushes or eating utensils).
- Camp operators should provide health care staff and other camp staff with communicable disease training including specific information on how to recognize, report and manage possible cases of ILI among campers/ staff.

Environmental Cleaning

- Clean all areas and items that are more likely to have frequent hand contact (e.g., doorknobs, faucets, handrails, camp equipment, toys and shared flashlights) routinely and also immediately when visibly soiled.
- Use the cleaning agents (i.e., regular disinfectants) that are usually used in these areas. It is not necessary to conduct disinfection of environmental surfaces beyond routine cleaning.

Influenza-like Illness in Campers or Staff

Recommendations for management of persons with ILI are different depending on the type of camp.

Day Camps

- Although day camps may not have medical staff on site, they should have a protocol for managing campers/staff with ILI, including notification of parents/guardians.
- Campers/staff who begin to show symptoms of ILI while at camp should be separated from other campers/ staff as quickly as possible.
- While waiting to leave the camp, campers/ staff with ILI should be cared for in a designated separate area. If this is not possible, the ill person should wear a surgical mask to cover any coughs and/ or sneezes.

- Campers/staff with ILI should be excluded from the camp setting until 24 hours after symptoms are gone.
- A camp experiencing more than 10% of campers/staff ill or absent due to ILI, should be considered to have an outbreak. Public Health should be notified of any outbreaks by calling Health Link at 403-943-5465 or toll free 1-866-408-5465.

Overnight Camps

- Overnight camps should have a protocol for managing campers/ staff with ILI, including notification of parents/guardians.
- Campers/ staff who begin to show symptoms of ILI while at camp should be separated from other campers/ staff as quickly as possible.
- Ill campers/ staff may be sent home depending on the severity of the illness, the remoteness of the camp location, the duration of the camp and at the discretion of camp health care staff and parents.
- Ill campers/ staff should be isolated from others until arrangements can be made for them to return home or, if that is not an option, until 7 days after onset of symptoms. Individuals with ILI should only leave the isolation area for medical reasons or other necessities. Whenever a person with ILI leaves the isolation area, he/ she should take measures such a hand hygiene, coughing/ sneezing etiquette and wearing a face mask, if available, to avoid exposing others.
- If individual rooms for person with ILI are not available or feasible, consider cohorting ill individuals by placing those with ILI in a room, cabin or tent specifically for ill persons with beds/ cots at least 2 meters apart and nearby washroom facilities separate from those used by others.
- If a camp has several campers/ staff ill due to ILI, Public Health should be notified by calling Health Link at 403-943-5465 or toll free 1-866-408-5465.

Special Needs Camps

- Special needs camps should have a protocol for managing campers/ staff with ILI, including notification of parents/ guardians and protocols for medicating severely ill campers if required and/ or transporting for medical care.
- Campers/ staff who begin to show symptoms of ILI while at camp should be separated from other campers/staff as quickly as possible.
- Ill campers may be sent home depending on the severity of the illness, the remoteness of the camp location, the duration of the camp, and at the discretion of camp health care staff and parents.
- Ill campers/ staff should be isolated from others until arrangements can be made for them to return home or, if that is not an option, until 7 days after onset of symptoms. Individuals with ILI should only leave the isolation area for medical reasons or other necessities. Whenever a person with ILI leaves the isolation area, he/ she should take measures such a hand hygiene, coughing/ sneezing etiquette and wearing a face mask, if available, to avoid exposing others.
- If individual rooms for person with ILI are not available or feasible, consider cohorting ill individuals by placing those with ILI in a room, cabin or tent specifically for ill persons with beds/ cots at least 2 meters apart and nearby washroom facilities separate from those used by others.

- Due to the high-risk nature of the campers in this setting, one case of suspect or confirmed novel H1N1 influenza may be enough to be considered an outbreak and trigger control measures such as early treatment of cabin mates who develop symptoms of ILI. Special needs camps should have plans in place to manage both individual cases and outbreaks of novel H1N1 to allow for a rapid response. Public Health should be notified by calling Health Link at 403-943-5465 or toll free 1-866-408-5465.

Precautions for Camp Staff Caring for Ill Campers/ Staff

- When providing care to a camper/ staff person with ILI, the staff person/nurse as well as the ill individual should wear a surgical mask.
- Designate staff to care for ill persons and limit their interaction with other campers/staff during their shift to decrease the risk of spreading ILI to other parts of the camp.
- Anyone with an underlying chronic health condition that would increase their risk of severe illness from influenza including pregnant women should **NOT** be designated care givers for ill persons.
- Health care staff or other staff caring for an ill camper/ staff should be watchful for early signs of severe symptoms such as difficulty breathing that might indicate the need to seek immediate medical attention.
- Aspirin (ASA) or aspirin-containing products should not be given to children under 18 years of age with ILI due to the risk of Reyes syndrome.
- If a staff member develops ILI following a potential occupational exposure in a camp, contact Public Health by calling Health Link at 403 943-5465 or toll free 1-866-408-5465.

References and/ or adapted from:

Public Health Agency of Canada (PHAC). *Prevention and Management of Cases of Influenza-Like-Illness (ILI) Suspected to be due to H1N1 Flu Virus in Day and Residential Camps* June 30, 2009. Accessed from <http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/guidance-orientation-06-30-eng.php>

Centres for Disease Control and Prevention (CDC). *Interim CDC Guidance on Day and Residential Camps in response to Human Infections with the Novel Influenza A (H1N1) Virus* June 14, 2009. Accessed from <http://www.cdc.gov/h1n1flu/camp.htm>

Ministry of Health and Long-Term Care, Ontario. *Guidelines for the Prevention and Management of Novel H1N1 Influenza Virus in Summer Camps* June 26, 2009.

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