



County of Erie

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NOVEL INFLUENZA A H1N1 (SWINE FLU) INFECTION INFORMATION FOR DAY AND OVERNIGHT CHILDREN'S CAMPS

Please distribute immediately to Camp Administrator, Operator, Medical Director, Health Staff and Other Camp Staff as Appropriate.

This document provides interim guidance to day and overnight camps to reduce the spread of Novel Influenza A H1N1 (swine flu) virus and to help camps identify an illness outbreak and limit its impact by preventing additional cases of illness. These recommendations are based on continuously evolving information that suggests most cases of illness from this virus are similar in severity to seasonal influenza. However, recommendations may need to be revised as more information becomes available.

BACKGROUND

Since April 2009, the Centers for Disease Control and Prevention (CDC) has been working with the World Health Organization (WHO), state, city, and local officials to conduct an ongoing investigation of a nationwide outbreak of human cases of H1N1 infection. This is a novel influenza A virus that has not been identified in people before, and human-to-human transmission of the virus appears to be ongoing here in Erie County. Currently available information on disease severity continues to show that most U.S. cases have not been severe and are comparable in severity to seasonal influenza. However, a small percentage of individuals have developed severe illness; and, some unfortunately have died. CDC, New York State Department of Health (NYSDOH), and Erie County Department of Health (ECDOH) officials will continue to closely monitor the severity and spread of this H1N1 (swine flu) outbreak.

Camps play a critical role in protecting the health of their campers, staff, and the community from contagious diseases such as H1N1. Children appear to be very susceptible to infection with this new virus, and camps may serve as an amplification point for spread of this new virus in a community. **At this time, the primary means to reduce spread of influenza in camps is to**

focus on early identification of ill campers and staff who should be sent home when ill, and to encourage good cough/sneeze and hand hygiene etiquette.

All members of the camp community including staff, parents and campers, must take an active role in limiting the spread of infection. This will require increased vigilance by parents, caregivers, and camp staff to identify campers and staff with influenza like illness (ILI), in particular looking for respiratory symptoms associated with fever. Camp administrators and staff must insist that parents not send ill children to camp and pick up ill children from camp as soon as possible should they exhibit ILI.

IDENTIFICATION

Symptoms of ILI and possible H1N1 include fever $\geq 100^{\circ}\text{F}$ AND cough and/or sore throat. In addition, illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, body aches, diarrhea, and vomiting. Like seasonal flu, H1N1 infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and even death are possible. However, even individuals with mild symptoms can spread the infection to others and ALL individuals with ILI must be approached as follows.

Screening

- Screen new campers/staff as they arrive at camp for ILI (temperature $\geq 100^{\circ}\text{F}$ AND cough and/or sore throat). Any campers or staff members with ILI MUST return home and not be allowed to enter the camp.
- Campers and staff without current ILI should be reminded that if they have been exposed to a person with H1N1 or ILI in the 7 days prior to the start of camp that they may attend camp, but should closely self-monitor and report development of ILI symptoms immediately.
- Continue to monitor all campers and staff daily for ILI. Campers and staff who develop ILI must be physically separated immediately from all others and arrangements should be made to send them home as soon as possible.
- Maintain a log (line list) of ill campers and staff. This list should include the name, age, unit/dorm/tent/cabin, date/time of symptom onset, symptom list, treatment/action (treatment provided, went home, etc), and job duties (for staff) for each ill camper or staff member. A template line list, “Children’s Camp Illness Log”, is included in Appendix 1.
- It is also required that camp administrators report each of these illnesses to the ECDOH immediately (within 24 hours) by calling (716) 961-6800 or faxing the completed line listing to (716) 961-6880.
- Depending on circumstances, the ECDOH may on occasion request that staff with ILI or parents of campers with ILI consider H1N1 testing.

Medical Evaluation

- Excluded ill staff members and parents/guardians of excluded ill campers should be advised to contact their health care provider if the camper or staff member is at high risk (see below), has severe symptoms, or otherwise has concerning conditions.
- Camp staff should be alert for signs that the ill camper or staff member may need immediate medical attention. The following are CDC guidelines when a person with ILI may need immediate medical help:

In Children:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or interacting
- Being so irritable that the child does not want to be held
- Flu like symptoms improve but then return with a fever and worse cough

In Adults:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu like symptoms improve but then return with a fever and worse cough

Infection control

- Campers and staff with ILI seen by the camp health staff should wear a surgical facemask, as tolerated, at all times while waiting to leave the camp.
- Camp health staff who have close contact, including examining or providing direct medical care for campers or staff with ILI, should wear a surgical facemask and gloves. They should put the facemask on before entering the room and not remove it until after exiting the room.
- Camp health staff must be instructed to wash their hands with soap and warm water, and then put the facemask on first followed by gloves. When patient care is complete, they should remove gloves first then facemask, and perform hand hygiene.

High-risk populations

- It is important to identify campers and staff who may be at higher risk for complications of the H1N1 infection because antiviral medications may be recommended if they are in close contact with someone with H1N1.
- Persons at high risk of severe illness from influenza may 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.
- Camp staff in any of the high-risk populations above should not be designated as care givers for ill campers or staff. Staff that have had contact with an ill camper or staff and are at high risk of complications of H1N1 should also be alerted to contact their healthcare provider to inquire whether they should be given antiviral medication to prevent infection.
- Parents/guardians of campers who are both at high risk for complications of H1N1 and who have been in close contact with campers or staff with ILI should be instructed to contact the campers' healthcare providers to see if the campers should be given antiviral medication.

PREVENTION AND CONTROL

The H1N1 virus appears to be spread like other influenza viruses. Seasonal human influenza viruses spread from person to person mostly when an infected person coughs or sneezes near another person. This typically requires close contact because droplets from coughs and sneezes are “heavy” and do not stay in the air. They generally travel only a short distance (< 6 feet) before settling to the ground. However, touching surfaces contaminated with these droplets and then touching your mouth, nose, or eyes is another possible source of contact.

General prevention recommendations

- All staff and campers (regardless of illness) must be instructed to cough and sneeze into a tissue or inside their elbow (not into their hands), and to limit personal contact like handshaking, hugging, and kissing.
- Hand washing (staff, campers, and visitors) must occur frequently (not just during outbreaks).
 - Adequate supplies of hand washing soap and disposable towels must be available at all times in camp infirmaries, food service and dining areas, bathrooms, and other areas where toileting or food service may occur.
 - Wash hands carefully with soap and warm, running water for 20 seconds throughout the day, but especially after using the toilet. Additionally, all campers and staff must wash their hands frequently throughout the day and before eating or preparing food. Staff should monitor campers’ hand washing.
 - Camp staff must supervise and/or help young children wash their hands thoroughly and properly.
 - Alcohol-based hand sanitizers (containing at least 60% alcohol) should be used if soap and water is not available. Consider making alcohol-based hand sanitizers available throughout the camp.
 - Exercise caution and ensure proper supervision of young children using alcohol-based sanitizers.
 - Alcohol-based hand sanitizers are not an effective substitute for handwashing when hands are visibly soiled or potentially contaminated with body fluids (this includes after sneezing or nose blowing).

Housing

- Do not over crowd bunks. Maintain at least 6 feet separation distance between the heads of beds in sleeping quarters.
- Arrange beds so that campers lie head-to-toe (or toe-to-toe), whichever will provide the greatest distance between faces.
- Ill persons waiting to be taken home should be isolated from all others.

Cleaning and disinfection

- Housekeeping – “Sick” areas (bathrooms, sleeping areas, etc.) and high-touch surfaces require increased housekeeping emphasis.
- Conduct regular cleaning and disinfection of bathroom facilities and high touch surfaces such as toys, sports equipment, tabletops, faucets, door handles, computer keyboards, and the handles of communal washing cups. After cleaning, disinfection can be accomplished with a disinfectant rated to control influenza A. Always read and follow directions on the label including the manufacturers’ recommendations for disinfection contact times. If

disinfectants are not available, use a chlorine bleach solution made by adding 1 tablespoon of bleach to a quart (4 cups) of water: use a cloth to apply this to surfaces and let stand for 3-5 minutes before rinsing with clean water. (For a larger supply of disinfectant, add ¼ cup of bleach to a gallon [16 cups] of water) Wear gloves to protect your hands when working with strong bleach solutions.

- Educate staff on the use of personal protective equipment (gloves and masks), as well as cleaning products.
- Staff should practice thorough hand washing and be encouraged to change to clean clothing after performing housekeeping duties in “sick” areas and prior to resuming other activities.
- Linens (such as bed sheets and towels) belonging to those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens should be washed by using laundry soap and tumbled dry on a hot setting. Individuals should avoid “hugging” laundry before washing it to prevent contaminating themselves. Individuals should wash their hands with soap and water or hand sanitizer immediately after handling dirty laundry.

Food Service

- Dining areas, including tables, should be cleaned of visible soil then disinfected with a product effective against influenza A. See the “Cleaning and Disinfection” section above for more information.
- Do not allow sharing of eating utensils, drinking cups, etc. Eating utensils and dishes used by those who are ill do not need to be cleaned separately, but should be washed and disinfected as per standard food service guidance.
- Food service staff should wash their hands with soap and water or hand sanitizer immediately after handling dirty dishes/utensils.

RESTRICTIONS AND EXCLUSIONS

- Campers or staff with ILI should be excluded from camp activities and should be sent home. These individuals should not go into the community, except to seek medical care, for at least 7 days after the start of the illness or until they are symptom-free for 24 hours, whichever is longer.
- Ill campers should be isolated from others until their parents or guardians can pick them up. A surgical mask should be kept on ill campers who are being sent home early while they are waiting to be picked up.
- Ill campers and staff who cannot immediately be sent home must be isolated from uninfected campers and staff until they can be picked up or until the exclusion period is over. This would include providing isolated sleeping areas, bathing, food-service, laundry, etc. Proper supervision of these ill campers must be maintained at all times during the isolation.
- Consider placing limits to entry and exit from camp and postponement or restriction of activities involving visitors (including visitors/campers from other camps) when campers or staff are experiencing ILI.

RETURNING TO CAMP AFTER ILLNESS

- If it is found that the camper or staff member does not or is unlikely to have influenza AND an alternative diagnosis, such as strep throat, is made by a health care provider, the period of exclusion can be altered as appropriate for the diagnosis. For example, a camper sent home with ILI who is diagnosed by their primary care provider with strep throat, not influenza, may return to camp after being on antibiotics for 24 hours.
- When exclusion as outlined above is no longer needed, the camper is physically able to participate in activities, and staff determines that they can care for the camper without compromising their ability to care for the health and safety of the other campers, then re-entry into camp should be permitted. **Those campers excluded for fever and respiratory symptoms do not need a doctor's note to return to camp.**

CAMP CLOSURE AND SUSPENSION OF ACTIVITIES

- Closure of the camp should be considered if the number of ill/excluded campers and/or staff affects the camp's ability to continue camp activities safely. The ECDOH may direct camp closure.
- FOR DAY CAMPS: If the on-site camp health director or on-site camp health director designee is ill or absent, the camp may not operate until the ECDOH approves a replacement.
- FOR OVERNIGHT CAMPS: If the on-site camp health director is ill or absent, the camp may not operate until the ECDOH approves a replacement.
- If adequate numbers of CPR and/or 1st Aid certified staff cannot be provided as required due to illness or absenteeism, the camp may not operate.
- If the activity leader for a specialized camp activity (e.g., rock climbing, SCUBA, boating, etc.) is ill or absent from the camp, the activity must be discontinued until the ECDOH approves a replacement.

REPORTING AND NOTIFICATION

- All members of the camp community should be aware of the signs and symptoms of ILI and must know to notify the camp health director of any evidence of ILI.
- Subpart 7-2 of the State Sanitary Code requires camp operators to notify their local health department within 24 hours when an illness suspected of being water-, food-, or air-borne, or spread by contact are identified. A suspected case of ILI and a confirmed case of H1N1 meets the definition of a reportable illness and must be reported by calling (716) 961-6800 or by faxing the completed illness log form to (716) 961-6880. The ECDOH is available to consult on prevention and control of any case or outbreak of illness in a camp.
- Parents must be notified of illness outbreaks. A sample letter to parents about ILI illness in camp is available. Contact the ECDOH at 961-6800 for a copy.

ADDITIONAL INFORMATION

- **ECDOH Website**
http://www.erie.gov/health/swine_flu.asp
- **NYSDOH Public Web Site, H1N1 Flu (Swine Flu)**
<http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/>

- **H1N1 Frequently Asked Questions and Answers**
http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/questions_and_answers.htm
- **Health Care Provider Guidance for H1N1 (Health Advisory: Update #5)**
http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/docs/2009-06-16_h1n1_health_advisory_update_5.pdf
- **“Be a Good Hand Washer” poster**
<http://www.health.state.ny.us/environmental/docs/handwashing.pdf>
- **"Your Health is in Your Hands" poster**
http://www.health.state.ny.us/diseases/communicable/influenza/your_health_is_in_your_hands_poster.htm

