

Interim MDCH Guidance for Camp Programs in Response to Human Infection with the Novel Influenza A H1N1 Virus

June 3, 2009

Background

This document provides interim guidelines regarding the prevention of the spread of influenza, including novel influenza A (H1N1) virus at institutions hosting day and overnight camps for children, adolescents, or adults.

Novel influenza A (H1N1) virus (previously referred to as “swine flu”) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States during April 2009. Michigan detected its first case of the novel flu on April 29, 2009. The virus has since been detected in over half of Michigan’s counties.

The symptoms of this new H1N1 flu virus are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus have also reported diarrhea and vomiting in addition to the typical influenza symptoms. Also, like seasonal flu, severe illnesses and deaths have occurred as a result of illness associated with this virus. As of May 29, 2009, we have identified that most of the flu viruses in Michigan are the novel influenza A H1N1 virus.



Currently, the CDC believes that this virus has the same properties in terms of spread as seasonal flu viruses. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something (other than a sick person) such as a contaminated surface with flu viruses on it and then touching their mouth or nose. With seasonal flu, studies have shown that people may be contagious from one day before they develop symptoms to up to 7 days after they get sick. Children, especially younger children, might potentially be contagious for longer periods. Information can be found under “seasonal influenza” at www.michigan.gov/flu CDC is studying this new flu virus and its capabilities to try to learn more and will provide more information as it becomes available.

Recommendations

- The Michigan Department of Community Health (MDCH) is currently recommending that institutions do not cancel or dismiss camps and large gatherings unless there is a magnitude of staff or camper absenteeism that interferes with the camp’s ability to function.
- If a case of seasonal or novel influenza, as diagnosed by a health care provider, occur among campers or staff, camp officials should consult with their local and/or state health officials regarding an appropriate response. See www.cdc.gov/h1n1flu/screening.htm
- If 2 or more cases of influenza like illness (ILI) (i.e. fever with temperature of 100F or greater, with either cough or sore throat in the absence of a KNOWN cause other than influenza) occur among campers or staff, camp officials should consult with their local and/or state health officials regarding an appropriate

response. Also see www.cdc.gov/h1n1flu/screening.htm

- If influenza, including novel influenza A (H1N1), is circulating within the community where the camp is located, or in the community of residence of the campers and staff, camp officials should consult with their local and/or state health officials regarding an appropriate response, and to determine the significance of current virus activity and potential risk for campers.
- Campers and staff who appear to have an influenza-like illness at arrival or become ill during the day should be promptly isolated in a room separated from others and sent home as soon as feasible. Individuals with ILI should be provided tissues to cover cough or sneezes and wear a surgical mask, particularly in transit on the way home. See updated guidelines for the use of masks in the community setting <http://www.cdc.gov/h1n1flu/masks.htm> and at www.pandemicflu.gov
- Persons who are sent home, or campers or staff who live either on or off campus and who have ILI should self-isolate (i.e., stay away from others) at home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer.
- Regular meetings between camp directors, medical staff and other appropriate professionals should occur to assess the status of camper and staff health. Camp officials should set deadlines for determination of closure decisions if camps offer different sessions during the summer.
- Review camp insurance policy to determine if there is an illness declaration of coverage for campers and staff.
- Aspirin or aspirin-containing products (e.g. bismuth subsalicylate-Pepto Bismol) should not be administered for influenza or ILI to any person aged 18 years old and younger due to the risk of Reye syndrome. Refer to pediatric medical management for guidance regarding use of any medications, especially those containing aspirin. Camp officials should be aware of the many over-the-counter (OTC) products that may contain aspirin, and review any medicine prior to administration to a camper. (<http://www.cdc.gov/h1n1flu/clinicians/>)
- Persons who are at high risk of complications from influenza, including novel influenza A (H1N1) infection (see list below) should consider their risk of exposure to influenza if they attend camp. Factors to consider include influenza activity in the home communities of campers and staff, is the camp closed (segregated) to the local community and if not, what is the influenza activity in the community where the camp is located?
- In communities with several reported cases of novel influenza A (H1N1) virus infection, persons who are at risk of complications from influenza should consider staying away from public gatherings, including camps which may involve large numbers of participants in close settings.
- Camps can help serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette. Consider adding this information to the new camper orientation program.

Persons at High Risk of Complications from Influenza

- Children younger than 5 years old.
- Persons aged 65 years or older.
- Children and adolescents (younger than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection.
- Pregnant women.

- Adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders.
 - Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV).
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Tips for Prevention of Disease Transmission

- Camp orientation and check-in should be used to educate campers, parents, guardians, and staff members about hand hygiene, cough etiquette and the basic signs and symptoms of influenza. The following messages should be emphasized:
- Cover nose and mouth with a tissue when coughing or sneezing. Cough or sneeze into a sleeve or elbow if tissues are unavailable.
- Throw the tissue in the trash after single use.
- Wash hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
- Supply campers and staff with individual alcohol-based hand cleaners and tissues or ensure availability at all activity sites and housing units.
- Avoid touching eyes, nose or mouth. Germs spread this way.
- Surface areas, especially frequently touched areas such as push plates and door knobs should be cleaned and disinfected frequently. Disinfectants effective against seasonal influenza virus are also effective for the novel influenza virus
- Avoid close contact (being within 6 feet) with sick people. Symptomatic persons should promptly be removed from activities and contact with other persons. Medical evaluation should occur prior to return to activities.
- If influenza-like illness symptoms develop, inform the camp medical staff. Vomiting and/or diarrhea is not an influenza-like illness (ILI), but may be another communicable disease. Contact the local health department if two or more persons report vomiting and/or diarrhea, or if any other communicable disease is of concern.
- Use surgical masks for patients with ILI or influenza who are in public places (such as waiting for medical evaluation) or unavoidable contact with others (such as in a vehicle). Consider surgical masks for individuals at risk for complications from influenza who are unable to avoid crowded settings where influenza or ILI is present. Staff should wear an N-95 respirator when evaluating or caring for a person with ILI or influenza. See updated guidelines for the use of masks in the community setting. <http://www.cdc.gov/h1n1flu/masks.htm> and at www.pandemicflu.gov
- Medically-trained staff that routinely do medical screening for campers or camp staff should understand the use of N-95 respirators and consider being fit tested for the N95 respirator in advance of clinical care duties (see http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm)
- Encourage all children between 6 months-18 years of age to get the seasonal flu vaccine in the fall
- Encourage all camp staff members to receive the flu vaccine



Surveillance for Ill Campers

Early detection and active surveillance for persons exhibiting influenza-like illness is a critical step in disease prevention. The following actions when implemented can be helpful with recognizing disease and preventing transmission to campers and staff.

- Establish a relationship and obtain contact information (including emergency numbers) for local and state health departments.
 - Camp health centers should develop and implement a system to track and report (to the local health department) influenza-like illness (an illness with at least fever and sore throat or cough) among campers and staff.
 - Consider holding an “Opening Day” screening process that evaluates camper and staff health status.
 - Include instruction on proper hand hygiene as part of the opening day screening process.
 - Develop contingency plans for how to reduce exposure of non-ill campers and staff to ill campers and staff if symptomatic persons are detected.
 - Plan to assist symptomatic campers and staff with provisions for meals, with safe isolation in a room separate from others, medications, and other care in the event that a person with ILI is identified.
 - Evaluate the camp’s supply of personal protective equipment (e.g. gloves, surgical facial masks, respirators, gowns, eye goggles). See updated guidelines for the use of masks in the community setting <http://www.cdc.gov/h1n1flu/masks.htm>.
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Communications with Parents and Guardians

It is important to keep parents and guardians informed of the camp’s decisions and status. The camp’s commitment to safety should be emphasized. Parents and guardians should be instructed to teach and practice with their children proper hand hygiene and cough etiquette. Disease surveillance activities, as well as steps that will be taken to assess an ill child should be explained to parents and guardians prior to, or upon, arrival at the camp. Lastly, it should be made known that children who are too ill to stay at camp will be expected to be promptly isolated and arrangements made for them to be treated and/or sent home.

Additional Information:

- The Centers for Disease Control and Prevention: <http://www.cdc.gov/h1n1flu>
- The Michigan Department of Community Health: <http://www.michigan.gov/flu>
- Your Local Health Department: <http://www.malph.org/page.cfm/18/>

