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Camp Professionals: What You Need to Know About Novel Influenza A (H1N1)

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Like other areas of the United States and the world, New Jersey has been managing the consequences of novel influenza A (H1N1). We understand that people are concerned about this new virus. When a new flu virus begins infecting people, public health and medical professionals often take measures to help slow the spread of infection within the community. The vast majority of cases of novel H1N1 have been mild, but some individuals have had severe disease.

This document provides interim guidance for both day and residential camp professionals on ways to reduce the spread of novel H1N1 in their programs and facilities. While most of the confirmed cases of novel H1N1 in the United States have not required hospitalization, it is important to note that flu outbreaks evolve in unpredictable ways. It is not known at this time whether the current outbreak will decrease, remain the same or grow in the coming weeks. It is also not known whether the illness will remain at its current severity level. Most cases of severe disease thus far, have been in individuals with underlying risk factors such as young children, people with chronic health conditions, pregnant women and the elderly. The Centers for Disease Control and Prevention (CDC) and the New Jersey Department of Health and Senior Services (NJDHSS) are continuing to monitor trends and update guidance as new information becomes available.

This virus is spreading person-to-person, probably in much the same way that regular seasonal influenza virus spreads. There is no vaccine for the current novel H1N1; seasonal flu vaccinations do not provide protection against this strain of influenza, though NJDHSS continues to encourage people to receive the annual flu shot to protect against seasonal influenza. The best protection is to take and promote basic prevention steps contained in this guidance.

1. Key steps to ensure your staff and campers remain healthy.

- **Promote frequent hand washing** preferably with soap and water or use alcohol-based hand sanitizer when soap and water are not available.

Camps with access to facilities with soap and water should consider the promotion of scheduled, frequent hand washing breaks for staff and campers – particularly prior to eating food. For camps without easy access to such facilities, consider the availability of and access to alcohol-based hand sanitizer for staff and campers. Since children will not always wash their hands, camps should consider instituting specific hand washing breaks at multiple points through the day when everyone is required to wash their hands. This might include: the beginning of the day, before snack breaks, before lunch, etc. Staff and children should be educated on appropriate hand hygiene techniques. Information about hand washing is available at <http://nj.gov/health/cd/handwashing.shtml> and <http://www.cdc.gov/handhygiene/>.

- **Promote good “cough etiquette.”** Cover coughs and sneezes with a tissue, or practice the habit of coughing or sneezing into one’s inner elbow if tissues are not available. Individuals should wash their hands or use hand sanitizer after sneezing or coughing into a tissue. Staff and children should be educated on appropriate cough etiquette. Consider including information on hand hygiene and cough etiquette in staff and camper

orientation sessions and materials. Consider placing posters in campground buildings that reinforce prevention messages.

- **Stay at home if sick** and keep children at home if they are sick. People with influenza-like-illness (ILI) should stay home for 7 days and until symptoms have resolved. ILI, for the purposes of this document, is defined as an oral temperature of $\geq 37.8^{\circ}\text{C}$ (100°F) AND cough AND/OR sore throat in the absence of another known cause (e.g., strep throat). People with Acute Respiratory Illness (ARI) should remain at home for 24 – 48 hours after symptom resolution. ARI, for the purposes of this document, is defined as an oral temperature of $< 37.8^{\circ}\text{C}$ (100°F) AND runny nose OR nasal congestion, sore throat, cough in the absence of another known cause (e.g., seasonal allergies).

Camps should consider strict policies mandating that staff and campers stay home if they are sick. This being said, individuals with influenza may be infectious for approximately 24 hours before they develop symptoms. So asking ill people to stay home helps, but does not guarantee protection to others at the camp.

Consider giving staff and care-givers a guideline to help them make a decision. The following questionnaire is suggested. It may be particularly helpful for day camp staff and parents. The questionnaire is based on information from the CDC, the World Health Organization (WHO), and several state health departments as of May 26, 2009:

Assessing the Health Status of Your Staff and Camper.

Does your child have:

1. Fever (100°F or greater)? Yes No
2. Sore throat? Yes No
3. Cough? Yes No

If you checked "yes" for fever AND one or two of the other symptoms, the individual should remain at home because of an influenza-like illness. Individuals with ILI should remain home for 7 days and until symptoms have resolved. If you have questions about your child's health or symptoms, call your child's healthcare provider.

If the individual has been diagnosed by a healthcare provider with a different disease – such as strep – follow your healthcare provider's recommendation.

- **Ensure appropriate environmental cleaning.**

Studies have shown that influenza virus can survive on environmental surfaces such as books and doorknobs and can infect a person for up to 2 – 8 hours after being deposited on the surface. Flu can be spread when a person touches something that is contaminated with the virus and then touches his or her eyes, nose, or mouth. To prevent the spread of influenza virus, it is recommended that tissues and other disposable items used by an infected person be thrown in the trash. Additionally, persons should perform hand hygiene after touching tissues and similar waste. Camp administrators should ensure adequate environmental cleaning is being performed. Clean and sanitize frequently-touched surfaces, (such as desks, doorknobs, computer keyboards, toys) regularly and if they become visibly soiled. Cleaning products routinely used by the camp should be used in accordance with the manufacturer's directions.

Linens, eating utensils and dishes belonging to those who are sick do not need to be cleaned separately, but these items should not be shared without washing thoroughly first. Since individuals with influenza may be infectious before they develop symptoms, the sharing of utensils, food and straws should be discouraged.

- **Stay informed about the latest developments regarding H1N1.**

Because flu outbreaks can be unpredictable, and because the current outbreak involves a new strain of influenza for which people have little or no immunity, camps should consider assigning a staff member to follow the latest developments of the novel H1N1 flu outbreak. In addition, camp administrators should be familiar with the reporting requirements for communicable diseases in New Jersey. Camp administrators should have a working relationship with the local health department responsible for the jurisdiction in which the camp is located. A directory of local health departments can be found at: <http://nj.gov/health/lh/directory/lhdselectcounty.shtml>. Local health departments can also be found in the blue pages of your phone book. If your local health department is not available, contact the NJDHSS Communicable Disease Service at 609-588-7500.

2. What to do if staff or campers become ill with ILI

Staff and campers who develop ILI symptoms while at camp should be sent home and should remain home for 7 days and until symptoms have resolved.

Residential camps should consider how they will care for staff and campers who become ill and who reside at camp. Individuals with ILI should be isolated from other staff and campers for 7 days and until symptoms have resolved. Attention should be paid to ensuring that these individuals receive appropriate medical attention if necessary and, if recuperating at camp, do so in a way that reduces the chance that they will spread the illness to others. NJDHSS is following the guidance provided by the CDC for care and medical treatment of individuals who are infected with H1N1. Medical providers should have appropriate personal protective equipment available when caring for those with ILI. This information can be accessed at <http://www.cdc.gov/h1n1flu/guidance/>.

Camp administrators should consider the capacity of the camp's health services and what will be done if that capacity is exceeded. Consider parameters that would be used to determine if the camp should close. The decision to close should be made by the camp administrators on a case-by-case basis in conjunction with local authorities. NJDHSS does not recommend closing camps where cases of H1N1 have been diagnosed unless the number or distribution of cases interferes with camp function (e.g., there is not enough staff at work to safely operate the camp). When making these decisions, camp administrators should take into account not only available resources but also the characteristics of the particular campers and staff. A camp that serves a population of children with underlying health conditions which may place them at greater risk for complications from influenza will need to take different measures than a camp that serves healthy children.

3. Communications with parents

A key aspect in preventing and managing flu in camp settings is regular communications with parents and caregivers of campers. Camps should communicate information about H1N1 flu and what plans are in place to prevent illness in the camp environment. Parents should be informed that children with ILI will be excluded from camp for 7 days and until symptoms have resolved. Parents must have contingency plans for child care when an ill child is excluded from camp.

Day camps should ask parents to do a health check daily using the questionnaire in Section 1 above. Parents and caretakers whose children may be at greater risk for complication from flu might want to consult with their child's physician in advance to discuss the risks/benefits of attendance. Camps should ensure that they have updated health information on each camper and emergency contact information that can be used if a camper becomes ill. Camp administrators need to consider notification protocols for informing parents or caretakers of cases of H1N1 within the camp.

Some parents may be very uncomfortable with the fact that camp administrators cannot provide a guarantee from H1N1 exposure. While we can minimize the potential exposure, there is no strategy that will eliminate it. **NJDHSS does not recommend excluding or testing asymptomatic individuals even if they had a known exposure to a diagnosed case of H1N1.**

Additional Resources:

Centers for Disease Control and Prevention

<http://www.cdc.gov/h1n1flu/>

New Jersey Department of Health and Senior Services

<http://www.state.nj.us/health/er/h1n1/>

State of New York – Department of Health

Guidance for Summer Children's Camps on H1N1 (Swine Flu)

http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/docs/guidance_for_camps.pdf.

American Camp Association

Going into the Summer with H1N1: Information for Camp Professionals

http://www.acacamps.org/hottopics/H1N1_information.php