

Ministry of Health and Long-Term Care

Guidelines for the Prevention and Management of Novel H1N1 Influenza Virus in Summer Camps

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What's Changed:

July 30, 2009

- Clarification and additional information have been incorporated into the document including:
 - Exclusion/isolation of campers with influenza-like illness (ILI)
 - Direction on laboratory testing
 - Determination of when to treat
 - Criteria for declaring and ending novel H1N1 influenza virus outbreaks in camps
 - Triggers for consideration of summer camp closures

1. Introduction

The novel H1N1 influenza virus has rapidly spread across the world. In Ontario, the majority of confirmed cases of the novel strain have been reported in healthy young adults. People between 5 and 24 years of age comprise a larger proportion of cases compared to other age groups. Younger children are most at risk of infection, presumably due to difficulty in maintaining routine practice in hand washing and appropriate etiquette after sneezing/coughing.

While influenza activity would normally be expected to wane during summer months, the novel H1N1 influenza virus strain has not and surveillance data suggest that community spread has continued. Unusual levels of influenza activity have been observed in summer camps. Summer camps may also be a high-risk setting for transmission because children and young adults are congregating for significant time periods and social interaction involving close contact is very common.

This document is based upon the most current information and guidance may be modified if the epidemiology of the novel H1N1 influenza virus changes.

2. Definitions

Types of Camps

Although camp settings can be very different, there are commonalities on health and safety issues. This document provides guidelines for day camps, overnight camps and special needs camps to prevent and control the transmission of novel H1N1 influenza virus.

- **Day camps** are camps where campers are dropped off in the morning and picked up at night, and may be in urban or rural settings. These camps may also include excursions/day trips
- **Overnight camps** (also referred to as residential camps) have campers sleeping on site for time periods ranging from days to weeks or months, and are usually located outside urban centres. They may involve excursions/out-trips
- **Special needs camps** are camps for individuals with medical challenges such as cystic fibrosis, dialysis, or cancer

The risk of transmission of novel H1N1 influenza virus will vary depending on the type of camp, number of campers, the type of interaction, activities that the camp offers and the health status of the campers. Overnight camps have a greater risk of transmission due to the more prolonged and intimate contact (sharing sleeping quarters, sharing washrooms, etc.). Overnight camps are also usually farther away from urban centres and without ready access to medical facilities. Special needs camps have the greatest risk as the campers may have underlying medical issues that may negatively affect their immunity to infection. The risk of transmission in day camps should be considered to be similar to that in child care centres or schools.

Influenza-like Illness

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.

3. Infection Prevention and Control Practices

To reduce the spread of novel H1N1 influenza virus in all camp settings, routine infection prevention and control (IPAC) strategies should be emphasized and include the following:

Physical Layout/Supplies

- Alcohol-based hand rub (ABHR) with 60-90% alcohol, or facilities for hand washing (running water, supply of soap in a dispenser and paper towels) should be located at multiple sites around the camp, in particular in the dining room and other common areas where campers congregate. It is recommended that ABHR be used with supervision for young children or others (e.g., cognitively impaired adults) who may ingest the product. Local fire departments should be consulted in determining safe placement and storage of ABHR. Depending on the type of camp, distribution of ABHR may need to take into account the risk of accidental ingestion of the product.
- Campers should be distanced approximately an arm's length away from one another while sleeping, and placed head-to-foot in bunk beds. The head to foot orientation also applies in the tents

- 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 IPAC practices can be followed

Screening

It is important to note that not all respiratory illness is ILI and the determination of ILI should be reserved for those individuals that fulfill the clinical criteria for ILI, as defined in the above section.

Routine screening of campers 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 bus to camp or upon arrival at the camp itself. If the child has ILI symptoms, they should be sent home with their parent/guardian at this point before exposing any other campers.

Physical assessment may not be necessary, but at minimum, campers should be asked the following two questions:

- 1) if they are experiencing new ILI symptoms

Campers with ILI should not be allowed to attend the camp.

If the camper does not have ILI symptoms, ask:

- 2) if they were exposed to anyone with these symptoms in the past week

Staff should monitor campers for symptoms of ILI on a regular basis. Early recognition and isolation of campers/staff with ILI can reduce the risk of transmission to others. Staff, parents and campers should be aware of the symptoms of influenza and the importance of reporting symptoms to camp administrators.

Campers attending day camps should stay home if ill with ILI.

Hand Hygiene and Cough Etiquette

Hand hygiene and covering coughs and sneezes are the most important means of prevention of transmission of influenza.

Hand hygiene is the term for cleaning hands either by using alcohol-based hand rub or soap and running water (see handwashing poster at: www.health.gov.on.ca/en/public/programs/emu/pan_flu/employ/handwash_tech.pdf).

At a minimum, campers and staff should be performing hand hygiene after coughing and sneezing, before communal activities, after using the bathroom and before preparing or eating food

- ABHR and hand washing facilities must be available for campers and staff in easily accessible locations
- Camp staff should model hand hygiene practices and remind campers to use consistent good hand hygiene practices
- Camp staff should monitor campers' use of alcohol-based hand rub to ensure it is used appropriately
- Campers and staff should be encouraged to sneeze and cough into one's forearm/shoulder and NOT the hands. This will minimize the potential to pass droplet contaminants from person-to-person much more effectively than covering sneezes with hands

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., sending child home, emergency contact information from parent(s)/guardians, etc.)
- Camp operators should educate staff and campers on good hygiene practices, which includes hand hygiene, coughing/sneezing etiquette, and limiting personal close contact with other campers (i.e., sharing personal items or eating utensils)
- Camp operators should provide health care staff and other camp staff with training on how to monitor campers for flu-like symptoms (fever, sore throat, or cough) and protocols on how to manage a camper/staff with flu-like symptoms

- The individual in charge of healthcare should provide current information with respect to ILI symptoms, managements and specific responsibilities for camp staff who are directly involved with the day-to-day activities of campers related to reducing spread of infection such as encouraging hand washing

Environmental Cleaning

Objects and surfaces that are commonly touched by multiple campers/staff (e.g., doorknobs, faucet handles, toys and shared flash lights) should be cleaned and disinfected to prevent the transmission of viruses from person to person through contaminated hands. Regular commercially available cleaning products are sufficient.

Consultation with Public Health

- Camp operators should consult with their local public health unit for guidance on IPAC best practices and the latest information on the novel H1N1 influenza virus, as well as outbreak declarations, timely outbreak response measures, and if applicable, camp closures. Contact information is available at: www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html
- Camp operators should have access to health care advice for treatment of campers/staff who experience ILI. This could include documents on how to manage an individual with symptoms of ILI, how to arrange for emergency care, or an agreement for medical services and consultation by a local health care professional. Additional guidance for health care providers is available at: www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/default.html

4. Influenza-like Illness in Campers or Staff

Recommendations for management of individuals with ILI vary depending on the type of camp.

Exclusion/Isolation for campers with ILI

- A camper ill with ILI (unless there is laboratory confirmation that rules out novel H1N1) should be separated from other campers/staff as quickly as possible and excluded from camp until they are afebrile and well enough to resume camp activities
- Camps should have screening mechanisms for returning ILI cases to assure these guidelines have been met. However, it is important to note that it is not unusual for individuals to experience a cough for days to weeks post infection. Presence of a cough in the absence of other symptoms should not preclude the campers return
- If a residential camp cannot exclude campers (e.g., pending pick-up by parents), effective and monitored isolation should be provided at the camp

Precautions for Camp Staff Caring for ILI Campers/Staff

- It may be possible to cohort campers with ILI within the same cabin or dorm room, while following the same periods of time noted above for returning to normal accommodations and activities. If isolation activities are being carried out at the camp, a number of measures need to be considered:
 - Restriction of the number of staff who will be providing care to isolated campers, with careful attention to appropriate training and adherence to hand hygiene and the use of respiratory protection by these care providers¹
 - Health care staff or other staff caring for a sick camper/staff should be watchful for warning signs, such as difficulty breathing, that might indicate the need to seek medical attention
 - Provision of meals to isolated campers, rather than the use of collective dining facilities during their course of illness

¹ If care-providers are primarily non-health care staff, it is assumed that a surgical mask would be worn. If they are health care staff, and the camp has had fit-testing undertaken and has supplies of appropriate N95 respirators, these should be used as per existing novel H1N1 health care guidelines. Where fit-testing is not feasible or N95 masks unavailable, consistent and appropriate use of surgical masks and hand hygiene by health care providers along with the ill person wearing a surgical mask, if tolerated, is considered to be sufficient protection from H1N1 transmission in the camp setting.

- Care in the use of common facilities (e.g., bathrooms, showers) by campers with ILI to reduce the risk of exposure to other campers/staff
- Cleaning of surfaces that are frequently touched where relevant
- If there is a need to travel in camp transportation, care should be taken to try and ensure 2 metre spacing between the ill camper or others and/or have the ill camper wear a surgical mask while in transit
- If a staff member develops novel H1N1 influenza infection following an occupational exposure in a camp, the employer shall give notice in writing within four days to the local Ministry of Labour office. The local public health unit must also be notified

Laboratory Testing

Day camps

- Laboratory testing is not recommended in day camps where the camper returns home at the end of the day and is able to visit their health care provider

Overnight/special needs camps

- Laboratory testing in overnight camps and special needs camps is only recommended in situations where risk conditions for campers/staff would be important factors in response and treatment decisions and where feasible (e.g., trained medical staff capable of performing nasopharyngeal swabs). These risk conditions should be noted on the lab requisition to ensure the tests are performed. Seriously ill campers/staff sent to hospital would be tested there, especially if they are being admitted

NOTE: The diagnosis of ILI can be made on a clinical basis by camp health care staff, in consultation with public health officials. The exclusion of a camper with ILI does not require lab confirmation.

Antiviral Treatment

- Treatment should be considered for ILI campers with health conditions placing them at higher risk of complications
- Camps that serve these individuals should make arrangements to be able to provide early antiviral treatment, within 48 hours of the onset of symptoms, for campers who develop ILI, including assuring that paediatric antivirals are available on-site (if the camp has a physician) or at an accessible pharmacy

5. Criteria for Declaring and Ending Outbreaks

The criteria for an outbreak are defined as following:

- 10% or greater ILI absenteeism for day camps
- “Several” campers/staff ill with ILI for overnight camps (e.g., three or more)
- One or more suspected or confirmed novel H1N1 influenza virus cases in special needs camps

Public health should be notified of any outbreaks, and may be consulted for advice at any time.

To declare an outbreak over, the following recommendations apply:

Day camps

- As long as there is good screening for and exclusion of ill campers/staff, day camps should be much lower risk settings than overnight camps. Therefore, an outbreak can be declared over when absenteeism rates return to baseline (i.e., “normal” absenteeism rates). This decision should be made in consultation with the local public health unit.

Overnight/special needs camps

- An outbreak in an overnight/special needs camps can be declared over when there are no further cases of ILI documented in a camper or staff member for a 14 day period from the date of onset of the last ILI case. This decision should be made in consultation with the local public health unit
- Consideration should be given to precluding new campers from arriving at the camp until the outbreak has been declared over. If this is not possible, it is strongly recommended that parents of arriving

campers be informed in advance of the outbreak status, the extent of outbreak activity and measures being taken to control it. Parents should be encouraged to make their own decisions about their child’s attendance based on the status of the outbreak

6. Decision Rules (Triggers) for Consideration of Summer Camps Closures

Summer Camp Closures

The application of camper ILI screening processes, the use of infection prevention and control measures and the prompt detection of and response to initial ILI cases will reduce risks of illness transmission, and minimize considerations of camp closures. However, if a camp is contemplating a closure, a number of factors should be considered in this decision, such as:

- Incidence of ILI
- Presence of high risk individuals
- Attack rate amongst campers and staff, especially where high attack rates amongst staff may compromise the provision of programs and adequate supervision of campers
- Occurrence of severe cases requiring hospitalization
- Capacity to isolate ill campers and staff
- Access to potable water for handwashing and personal hygiene
- Presence of health care staff
- First aid skills of camp staff
- Distance from closest clinics and hospitals
- Ability of families to easily and rapidly collect their children

These factors should be considered in consultation with local public health officials.

It is recommended that a decision to re-open a summer camp should involve the following criteria:

- Resolution of the key factors that lead to the closure of the camp (e.g., resolution of

illness and adequate administrative, medical and counselor staff)

- Assessment and correction of factors that resulted in the initial closure decision (e.g., inadequate attention to screening/infection prevention and control measures, insufficiencies in outbreak policies and procedures, insufficiencies in camp medical and nursing staff, education/training needs, etc.)
- Agreement from the local public health unit to re-open

Health Unit-wide Summer Camp Closures

There are no recommendations at present for local health unit-wide summer camp closures. The need for and the processes for such decisions will continue to be actively reviewed in light of emerging epidemiology of ILI and the response to the recommendations outlined above.