

Interim CDC Guidance on Day and Residential Camps in Response to Human Infections with the Novel Influenza A (H1N1) Virus

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

Background

Camps for children, young adults and families range from programs conducted for several hours in a day (not overnight) to programs that are residential and involve many weeks in group settings. This guidance will address general recommendations that apply to all programs and some specific guidance that applies to programs that are residential.

At this time, CDC recommends the primary means to reduce spread of influenza in camps focus on early identification of ill campers and staff, staying home (or away from others) when ill, good cough and hand hygiene etiquette, and environmental controls that encourage use of these hygiene practices.

Novel Influenza A (H1N1)

The symptoms of influenza usually include fever plus at least either cough or sore throat. These symptoms are often referred to as an influenza-like illness (ILI). Influenza infection can also lead to additional symptoms like headache, tiredness, runny or stuffy nose, body aches, chills, diarrhea, and vomiting. Like seasonal flu, novel influenza A (H1N1) infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure and even death are possible.

Novel influenza A (H1N1) is thought to spread in the same way that seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus. People may also become infected by touching something with flu viruses on it and then touching their mouth or nose.

General Infection Control Recommendations

Everyone must effectively cover their cough or sneeze and use good hand hygiene.

- Hand washing facilities including running water and liquid hand soap should be readily accessible AND utilized! Alcohol-based hand sanitizers may be used if hands are not visibly soiled.

- Provide enough alcohol-based hand sanitizers are available for situations where it is known that hand washing facilities may not be available, for example during hikes.

- All areas and items that are more likely to have frequent hand contact (like doorknobs, faucets, handrails) must be routinely cleaned (e.g., daily, before/after meals, as needed) and also immediately when visibly soiled; use the cleaning agents that are usually used in these areas; it is not necessary to conduct disinfection of environmental surfaces beyond routine cleaning.

Reduction of Risk of Introduction of Novel H1N1 Virus into the Camp Setting

- Camp attendees, staff and volunteers must be informed and provided with materials prior to arrival at the camp that they are not allowed to attend camp if they have had an ILI in the 7 days prior to the start of the camp. In addition, they should be reminded that if they have been exposed to a person with novel H1N1 or ILI in the 7 days prior to the start of camp, they may attend camp but should closely self-monitor and report development of ILI symptoms immediately.
- Conduct screening of ALL newly arriving camp attendees, staff and volunteers by asking if they have had any symptoms of ILI in the previous 7 days. Provide education to individual campers about reporting ILI. A careful health history of each arriving camper should be taken. Note any conditions that may place them at high risk for complications of influenza.
- Camp attendees, staff and volunteers should be instructed to immediately inform camp management if they currently have or have had an influenza-like illness (ILI) in the 7 days prior to arrival.
- Persons who currently have or have had ILI in the previous 7 days should not attend camp for 7 days after their symptoms began or until they have been symptom-free for 24 hours, whichever is longer.

Rapid Detection and Management of Cases of ILI in the Camp Setting

- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those that are experiencing ILI symptoms.
- Campers who develop ILI should be immediately separated from the general population and kept away from well campers until they can be safely returned home or taken for medical care, if needed, OR for at least 7 days after symptoms began or 24 hours after symptoms resolve, whichever is longer (if the child is to remain at a residential camp).
- Aspirin or aspirin-containing products should **not** be administered to any person aged 18 years old and younger with a confirmed or suspected case of influenza virus infection, due to the risk of Reye syndrome. Refer to pediatric medical management for guidance regarding use of any medications, especially those containing aspirin.