



Introduction

Summer camps provide children and adults alike with opportunities to engage in summertime education, recreation and socialization. As with other social events involving large numbers of people, they also can increase the risk for the transmission of respiratory diseases. At this time, the North Dakota Department of Health is not recommending that camps close because of H1N1 influenza (also known as swine flu). However, camp directors are encouraged to report illnesses to state or local public health authorities.

Although it is unusual for influenza viruses to circulate after May, there is a real potential that the new H1N1 influenza virus will continue to cause illness in North Dakota throughout the summer. This interim guidance was developed to help camp coordinators and employees develop plans that will help reduce the spread of influenza at summer camps. Further guidance is expected from the U.S. Centers for Disease Control and Prevention. More information about the new H1N1 influenza virus can be found at www.ndhealth.gov or at <http://www.cdc.gov/h1n1flu>.

Disease Information and Symptoms

Most patients with novel influenza A (H1N1) virus infection experience fever, chills, headache, upper respiratory tract symptoms (cough, sore throat, runny nose, shortness of breath), muscle and body aches and fatigue and, occasionally, vomiting or diarrhea.

Some people may be at increased risk for more severe disease or complications because of underlying medical conditions. Groups at higher risk for complications include:

- Children younger than 5.
- People 65 and older.
- Children and adolescents (younger than 18) 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 lung, heart, liver, kidney, blood, neurological, muscle, or metabolic disorders (for example, diabetes, asthma, developmental disabilities, cerebral palsy, heart disease or kidney disease).
- Adults and children who have a weakened immune system (for example, caused by medications, chemotherapy, or by HIV/AIDS).
- Residents of nursing homes and other chronic-care facilities.

Get medical care right away if the sick person:

- Has chest pain or difficulty breathing.
- Has purple or blue discoloration of the lips.
- Is vomiting and unable to keep liquids down.
- Has signs of dehydration such as dizziness when standing, absence of urination, or in infants, a lack of tears when they cry.
- Has seizures (for example, uncontrolled convulsions).
- Is less responsive than normal or becomes confused.

For pregnant camp staff, if they have any of the following signs, seek emergency medical care right away:

- Difficulty breathing or shortness of breath.
- Pain or pressure in the chest or abdomen.
- Sudden dizziness.
- Confusion.
- Severe or persistent vomiting.
- Decreased or no movement of the baby.
- A high fever that is not responding to Tylenol.

Reducing Disease Risk at Camp

In general, people with novel influenza A (H1N1) virus infection should be considered potentially infectious from one day before to seven days following the onset of illness.

The main way that influenza viruses spread is from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose of people nearby. People can also become infected when their hands become contaminated with respiratory droplets from either another person or an object (such as doorknobs and handrails) and then they touch their own mouths or noses (or someone else's mouth or nose) before washing their hands.

The following guidance should be used to help reduce the risk for transmission at summer camps.

- Campers and camp staff who have an influenza-like illness (fever with a cough or sore throat) should stay home and not attend camp.
- Campers and camp staff who appear to have an influenza-like illness at arrival or become ill during the day should be isolated promptly in a room separate from other campers and staff. If possible, they should be sent home immediately.
- Campers and camp staff who are still sick seven days after they become ill should continue to stay home or be isolated until at least 24 hours after symptoms have resolved.
- Aspirin or aspirin-containing products should not be administered to anyone age 18 and younger who is suspected of having novel H1N1 influenza virus infection because of the risk of Reye syndrome. Refer to www.cdc.gov/h1n1flu/clinicians/ for guidance regarding use of any medications, especially those containing aspirin.
- Camp staff should monitor themselves and their campers for symptoms of influenza-like illness on a daily basis.
- Camp administration should communicate regularly with local or state public health officials to obtain guidance about reporting of influenza-like illnesses at the camp.
- 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.
- Camp facilities should clean and sanitize frequently touched surfaces, (such as desks, doorknobs, computer keyboards, toys) routinely and if they become visibly soiled.

Campers and camp staff with symptoms suggestive of H1N1 swine flu who are being cared for at camp until they can be sent home should:

- Check with the camp medical director or camp nurse about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema.
- Get plenty of rest.
- Drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated.
- Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands.

- Avoid close contact with others – do not go to work or participate in camp activities while ill.
- Be watchful for emergency warning signs (see above) that might indicate the need to seek medical attention.
- Depending on the situation, it may not be feasible to send a camper or staff member home (i.e. the camper or staff member would need to fly or take public transportation to get home or is not feeling well enough to travel). If ill people will not be sent home and will be cared for at the camp, this guidance should be used and the period of isolation should be for a period of seven days after the onset of symptoms or 24 hours after symptoms resolve, whichever is longer.

Placement of the Sick Person

- Keep the sick person in a room separate from common areas. (For example, a spare bedroom with its own bathroom, if that's possible.) Keep the sickroom door closed.
- It may be necessary to place several ill people together in a common room or cabin. Campers and staff can be placed together if they have influenza like illness (fever $\geq 100^{\circ}$ F with a cough and/or a sore throat).
- Unless necessary for medical care, people with the flu should not leave their rooms when they have a fever or during the time that they are most likely to spread their infection to others.
- If people with the flu need to leave their rooms and will be near other people (for example, for medical care or to go home), they should cover their nose and mouth when coughing or sneezing and wear a loose-fitting (surgical) mask, if available.
- If possible, sick people should use a separate bathroom. This bathroom should be cleaned daily with household disinfectant (see below).
- Meals should be delivered to the ill person in the room.

Protect Other People

- The sick person should not have visitors other than caregivers. A phone call is safer than a visit.
- If possible, have only one adult at the camp take care of everyone who is sick.
- Avoid having pregnant women and others with underlying medical conditions care for the sick person.
- All campers and staff should clean their hands with soap and water or an alcohol-based hand rub frequently, including after every contact with the sick person or the person's room or bathroom.
- Use paper towels for drying hands after hand washing, or dedicate cloth towels to each person at the camp.
- If possible, consideration should be given to maintaining good ventilation in shared areas (e.g., keeping windows open in restrooms, kitchen, bathroom, etc.).
- Ask your medical director or camp nurse if campers and staff who have contact with the sick person — particularly those contacts who may have chronic health conditions — should take antiviral medications such as oseltamivir (Tamiflu®) or zanamivir (Relenza®) to prevent the flu.

If You Are the Caregiver

- Avoid being face-to-face with the sick person.
- When holding a small child who is sick, place his or her chin on your shoulder so that the child will not cough in your face.
- Clean your hands with soap and water or use an alcohol-based hand rub after you touch the sick person, handle used tissues or do laundry.
- Talk to your health-care provider about taking antiviral medication to prevent the caregiver from getting the flu.
- Monitor yourself, other campers and staff for flu symptoms and contact a health-care provider if symptoms occur.

Using Facemasks

- Avoid close contact (less than about 6 feet away) with the sick person as much as possible.
- If you must have close contact with the sick person (for example, holding a sick infant), spend the least amount of time possible in close contact and try to wear a facemask (for example, a surgical mask).
- Facemasks may be purchased at a pharmacy, building supply store or hardware store.
- Wear an N95 respirator if you help a sick person with respiratory treatments using a nebulizer or inhaler, as directed by their doctor. Respiratory treatments should be performed in a separate room away from common areas when at all possible.
- Used facemasks and N95 respirators should be taken off and placed immediately in the regular trash so they don't touch anything else.
- Avoid reusing disposable facemasks and N95 respirators, if possible. If a reusable fabric facemask is used, it should be laundered with normal laundry detergent and tumble-dried in a hot dryer.
- After you take off a facemask or N95 respirator, clean your hands with soap and water or an alcohol-based hand sanitizer.

Cleaning, Laundry and Waste Disposal

- Throw away tissues and other disposable items used by the sick person. Wash your hands after touching used tissues and similar waste.
- Keep surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.
- Linens, eating utensils and dishes belonging to those who are sick do not need to be cleaned separately; however, these items should not be shared without washing thoroughly first.
- Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting. Avoid "hugging" laundry prior to washing it to prevent contaminating yourself. Clean your hands with soap and water or alcohol-based hand rub right after handling dirty laundry.
- Eating utensils should be washed either in a dishwasher or by hand with soap and water.

Additional Information:

Additional information is available at www.ndhealth.gov/disease, by calling the North Dakota Department of Health at 800.472.2180 or 701.328.2378, or by calling your local public health unit.

