

**STATE OF NEW YORK – DEPARTMENT OF HEALTH
INTEROFFICE MEMORANDUM**

TO: City/County Commissioners of Health/Public Health Directors
City/County Directors of Environmental Health
District Directors

FROM: Richard W. Svenson, P.E., Director
Division of Environmental Health Protection

SUBJECT: Guidance for Summer Children’s Camps on Novel Influenza A (H1N1)

DATE: June 26, 2009

For your information, the following is provided to supplement and update the guidance sent with my June 8, 2009 memo regarding novel influenza A (H1N1) virus and influenza-like illness (ILI) at children’s camps:

Letters for Parents

In collaboration with the Department’s Bureau of Communicable Disease Control, we have prepared and attached “Dear Parent” letter templates to assist camp operators with providing ILI information to parents of children planning to attend camp and to notify parents when illness is reported in camp. This information will be available on the Department’s website.

Restrictions and Exclusion from Camp Activities

The previous guidance has been modified to recommend exclusion of campers or staff with ILI until the individual is symptom-free (no fever without fever control medications, and feels well) for at least 24 hours. Longer exclusion for up to 7 days should be strongly considered in settings that have significant numbers of vulnerable individuals (those who have high-risk conditions for influenza complications). For example, as a precautionary measure, camps for children with asthma, diabetes mellitus, or cancer should consider excluding ill individuals for the full 7 days. As a reminder, the residual cough that is often associated with influenza should not be considered reason to continue exclusion.

Outbreak Investigation and Reporting Procedures

As indicated in previous guidance, both single cases and outbreaks of ILI (as well as other diseases) are required to be reported by camp operators to the LHDs within 24 hours of identification. We anticipate that conducting extensive epidemiological investigations of every report of ILI at camps this summer is likely to become unmanageable. Therefore, an initial assessment should be made to confirm the nature of the outbreak, determine consistency with the known and expected disease presentation and transmission for influenza, and to rule out other causes of communicable disease outbreaks. More extensive investigation should be done if the initial findings indicate an unusual presentation or cluster of disease, such as:

- Unusually severe ILI
- Large number of hospitalizations
- Large numbers of campers/staff all affected simultaneously and inconsistent with the usual influenza transmission pattern
- Co-existing clinical illness beyond ILI

If these or other indicators suggest the report is not simply ILI, a full investigation to determine a potential cause should be conducted, in conjunction with the regional epidemiologists as needed. For reports of simple ILI among campers, efforts should focus on ensuring the operator is taking steps to prevent further spread within the camp population and to others visiting the camp, that camper health concerns are addressed and the camp staff is able to properly supervise campers.

In order to assist with monitoring the extent of ILI in camps statewide, we are requesting that your staff take the following actions when a report of ILI is received from the camp:

1. Discuss with the camp operator the issues concerning novel influenza A (H1N1) and take the actions that you believe are appropriate such as a site visit, information faxing/ mailing or a request for additional information. Request the operator notify you at least weekly, by close of business (COB) on Thursdays, of the number of new cases of ILI since the last report (i.e., reporting period is Thursday after COB through COB the following Thursday). The data to be reported should include:
 - Number of male and female campers ill for that reporting period
 - Number of campers attending camp during that period
 - Number of male and female staff ill for that reporting period
 - Number of staff working during that period
 - Number hospitalized
 - Whether any camper or staff member has had specimens submitted for novel influenza A (H1N1) testing

A line listing of the cases is not required by NYSDOH. Note that you may wish to request the camp operator report in daily if there is continuing evidence of an outbreak, however they should report total numbers as described above at least weekly by COB Thursday.

2. Notify your Regional Field Coordinator and enter the preliminary information into eHIPS within 24 business hours concerning this illness/outbreak. Use the “Quick Entry” tab on the menu bar and select “Incidents”. “Influenza-like illness” has been added to the “Illness Description” drop down to assist you with tracking this information. Information concerning confirmed cases, hospitalizations and the population (campers/staff) should be added in the narrative section.

3. Each week by 10:00 a.m. Friday, please update the outbreak information and case numbers in eHIPS for each camp reporting illness. When updating the number of new cases, please add it to the existing case count that was previously reported for the camp. The report generated through eHIPS will separate out the number of new cases for the reporting period. This information will be used to report the extent of ILI in the 2,900 children's camps operating in the state.

Camp Checklist

The attached "Camp Checklist for Planning and Response to Outbreaks of Influenza-Like Illness (ILI)" is intended to assist camp operators in pre-planning their response to ILI among their campers and staff. This checklist will also be posted on our Department's website.

Centers for Disease Control and Prevention Guidance

The Center for Disease Control has recently posted information on their website concerning H1N1 and day and residential camps - www.cdc.gov/h1n1flu/camp.htm. (note the CDC continues to recommend exclusion for 7 days).

If you have any questions concerning novel influenza A (H1N1) or any other illnesses, please contact your Regional Disease Control representative. For questions concerning children's camps in general, please contact your regional Field Coordinator or Tim Shay at (518) 402-7600.

Attachments

cc: H. Freed, M.D.
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LHD2 Distribution List

New York State Department of Health Guidance for Camps on Novel Influenza A (H1N1)

Revised 6/25/09

This document provides interim guidance to day and overnight camps on suggested means to reduce the spread of H1N1 (swine flu) and to help camps identify an illness outbreak and limit its impact by preventing additional cases of illness. These recommendations are based on information that suggests most cases of illness from this virus are similar in severity to seasonal influenza. However, recommendations may need to be revised as more information becomes available.

BACKGROUND

Since April 2009, the Centers for Disease Control and Prevention (CDC) has been working with the World Health Organization (WHO), state, city, and local officials to conduct an ongoing investigation of a nationwide outbreak of human cases of novel influenza A (H1N1) infection. This is a novel influenza A virus that has not been identified in people before, and human-to-human transmission of the virus appears to be ongoing into the summer months. Currently available information on disease severity continues to show that most U.S. cases have not been severe and are comparable in severity to seasonal influenza. CDC and local and state health officials will continue to closely monitor the severity and spread of this novel influenza A (H1N1) outbreak.

Camps play a critical role in protecting the health of their campers, staff, and the community from contagious diseases such as novel influenza A (H1N1) flu. Children are very susceptible to getting this new virus and camps may serve as an amplification point for spread of this new virus in a community. **At this time, the primary means to reduce spread of influenza in camps is to focus on early identification of ill campers and staff that should stay home when ill, and to encourage good cough and hand hygiene etiquette.**

All members of the camp community – staff, parents and campers, must take an active role in limiting the spread of infection. This will require increased vigilance among parents, caregivers, and camp staff to identify campers and staff with influenza-like illness, in particular looking for respiratory symptoms associated with fever. Camp administrators and staff should urge parents not to send ill children to camp.

IDENTIFICATION

Symptoms of influenza-like illness (ILI) and possible novel influenza A (H1N1) include fever (measured temperature of 100°F or more) and either cough or sore throat. In addition, illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, body aches, diarrhea, and vomiting. Like seasonal flu, infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and even death are possible.

Screening

- Screen new campers/staff as they arrive at camp for ILI. A “Flu Symptom Check List” is provided for parents and camp staff in Appendix 1. In addition, campers and staff should be asked if they have been exposed to anyone with similar symptoms during the past seven days and that information should be documented. Any campers or staff members with ILI should be kept separate from well campers and staff. The healthcare providers for ill campers and staff should be contacted to see if a medical evaluation is warranted.
- Check the medical log entries daily for increased frequency of cases of ILI. If multiple campers and/or staff are ill, your camp may be experiencing an outbreak. It is required that you report these illnesses to your local health department immediately (within 24 hours).
- In the event of an outbreak, develop and maintain a log (line list) of ill campers and staff. This list should include the name, age, sex, unit/dorm/tent/cabin, date/time of symptom onset, symptom list, duration of symptoms (hours), specimens collected, treatment/action (treatment provided, went home, etc), and job duties (for staff) for each ill camper or staff member. A template line list, “Outbreak Case Histories,” is included in Appendix 2.
- Depending on the situation, the local public health department may recommend testing for novel influenza A (H1N1).

Infection control

- Campers and staff with ILI seen by the camp health staff should be asked to wear a surgical facemask, as tolerated, upon entry, while waiting, and while being examined and treated.
- Camp health staff who have close contact, including examining or providing direct medical care for campers or staff with ILI, should wear a surgical facemask and gloves and should put the facemask on ideally before entering the room.
- Camp health staff should be instructed to perform hand hygiene and put facemask on first followed by gloves. When patient care is complete, remove gloves first then facemask, and perform hand hygiene.
- Meticulous hand hygiene should be performed before and after removal of personal protective equipment and before and after patient care.

High-risk populations

- It is important to identify campers and staff who may be at higher risk for complications of the novel influenza A (H1N1) infection because antiviral medications may be recommended if they are in close contact with someone with novel influenza A (H1N1). At this time, the same age and risk groups who are at higher risk for seasonal influenza complications should also be considered at higher risk for novel influenza A (H1N1) infection complications. High-risk populations include:
 - Children <5 years old (the risk for severe complications from seasonal influenza is highest among children <2)
 - Adults ≥65 years
 - Persons with the following conditions: Chronic pulmonary disease (including asthma); cardiovascular disease (except hypertension); renal, hepatic, or hematological disorders (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders

- (including diabetes mellitus); or immunosuppression (including that caused by medications or by HIV)
- Pregnant women
 - Persons <19 years who are receiving long-term aspirin therapy

PREVENTION AND CONTROL

The novel influenza A (H1N1) virus appears to be spread like other influenza viruses. Seasonal human influenza viruses spread from person to person mostly when an infected person coughs or sneezes near another person. This typically requires close contact between infected persons and uninfected persons because droplets from coughs and sneezes do not stay in the air and generally travel only a short distance (< 6 feet). Contaminated surfaces are other possible sources of contact with these droplets.

General prevention recommendations

- All staff and campers (regardless of illness) should be instructed to cough and sneeze into their elbow and to limit personal contact like handshaking, hugging, and kissing.
- Hand washing (staff and campers) must occur frequently (not just during outbreaks).
 - Adequate supplies of hand washing soap and disposable towels must be available at all times in food service and dining areas, bathrooms, and other areas where toileting or food service may occur.
 - Wash hands carefully with soap and warm, running water for 20 seconds after using the toilet. Additionally, all campers and staff should wash their hands frequently throughout the day and before eating or preparing food. Staff should monitor campers' hand washing.
 - Camp staff should supervise and/or help young children wash their hands thoroughly and properly.
 - Hands should be washed with soap and warm water prior to performing ceremonial hand washing (e.g., *Asher Yatzar* or *Netilat Yadayim*).
 - Alcohol-based hand sanitizers should be used if soap and water is not available. Consider making alcohol-based hand sanitizers available throughout the camp.
 - Exercise caution and ensure proper supervision of young children using alcohol-based sanitizers.
 - When hands are visibly soiled or potentially contaminated with body fluids, alcohol-based sanitizers should not substitute for soap and water.

Housing

- Do not over crowd bunks. Maintain at least 6 feet separation distance between the heads of beds in sleeping quarters.
- Arrange beds so that campers lie head-to-toe (or toe-to-toe), whichever will provide the greatest distance between faces.
- Avoid housing ill persons with other campers.

Cleaning and disinfection

- Housekeeping – “Sick” areas (bathrooms, sleeping areas, etc.) and high-touch surfaces require increased housekeeping emphasis.

- Conduct regular cleaning and disinfection of bathroom facilities and high touch surfaces: toys, sports equipment, tabletops, faucets, door handles, computer keyboards, and the handles of communal washing cups. After cleaning, disinfection can be accomplished with a disinfectant rated to control influenza A or chlorine bleach (at a recommended concentration of 1 part household bleach to 50 parts water) to be used to disinfect hard, non-porous environmental surfaces. Always follow label precautions.
- Educate staff on the use of personal protective equipment (gloves and masks) and disposable cleaning products.
- Staff should practice thorough hand washing and be encouraged to change to clean clothing after performing housekeeping duties in “sick” areas and prior to resuming other activities.
- When ill campers or staff are identified, handle their linens, sleeping bags, mattress covers, and clothing as little as possible. Promptly clean, disinfect, remove or discard these items. These soiled items should be laundered with detergent in hot water (at least 140°F) at maximum cycle length and then machine dried on the highest heat setting. If there are no laundry facilities onsite capable of reaching 140°F, soiled items should be double bagged (using plastic bags) and taken offsite for proper washing and drying. If soiled items are sent home, instruct parents or caregivers on the proper washing and drying procedures.

Food Service

- If ill campers or staff are identified, discontinue salad and sandwich bars, “family-style” service, and buffets – use servers only.
- Dining areas, including tables, should be wiped down after each use using a bleach solution of 1 part household bleach per 50 parts water. Allow surfaces to air dry.
- Do not allow use of common eating utensils, drinking cups, etc. Consideration should also be given to replacing common service items such as salt, pepper, ketchup, and other condiments with single service packets.

RESTRICTIONS AND EXCLUSIONS

- Campers or staff with ILI should be excluded from camp activities and should not go into the community, except to seek medical care, until they are symptom-free (no fever without fever control medications, and feels well) for at least 24 hours. Longer exclusion for up to 7 days should be strongly considered in settings that have significant numbers of vulnerable individuals (those who have high-risk conditions for influenza complications). For example, as a precautionary measure, camps for children with asthma, diabetes mellitus, or cancer should consider excluding ill individuals for the full 7 days. As a reminder, the residual cough that is often associated with influenza should not be considered reason to continue exclusion.
- Ill campers or staff members must be isolated from other well campers in the infirmary or in a location separate from uninfected campers and staff. Ill day campers should be sent home and isolated from others until their parents or guardians can pick them up. A surgical mask should be kept on ill day campers who are being sent home early while

they are waiting to be picked up. Ill campers that are sent home should not attend alternative childcare or congregate in settings.

- For overnight camps, depending on the camp program, location and duration, camp directors may want to consider sending home campers and staff with ILI.
- New arrivals in overnight camps should not be housed with sick or recovering campers and staff.
- Consider placing limits to entry and exit from camp and postponement or restriction of activities involving visitors (including visitors/campers from other camps) when campers or staff are experiencing ILI.
- Closure of the camp should be considered, in consultation with the local health department, if the number of ill campers and staff affects the camp's ability to continue camp activities safely.
- If it is found that the camper or staff member is unlikely to have influenza and an alternative diagnosis, such as strep throat, is made by a health care provider, the period of exclusion can be altered as appropriate for the diagnosis.
- When exclusion is no longer needed, the camper is able to participate, and staff determines that they can care for the camper without compromising their ability to care for the health and safety of the other campers, then re-entry into camp activities should be permitted. **Those campers excluded for fever and respiratory symptoms do not need a doctor's note to return to camp activities.**
- Parents of campers who are both at high risk for complications of novel influenza A (H1N1) and who have been in close contact with campers or staff with ILI should be alerted to contact the campers' healthcare providers to see if the campers should be given antiviral medication. Staff at high risk of complications should also be alerted to contact their healthcare provider to see if they should be given antiviral medication.

REPORTING AND NOTIFICATION

- All members of the camp community should be aware of the signs and symptoms of ILI and should know to notify the camp health director of any evidence of ILI.
- Subpart 7-2 of the State Sanitary Code requires camp operators to notify their local health department within 24 hours when an illness suspected of being water-, food-, or air borne, or spread by contact are identified. A suspected case of ILI would meet the definition of a reportable illness. Local and state health departments are available to consult on prevention and control of any case or outbreak of illness in a camp.
- Parents must be notified of illness outbreaks. Please contact your local health department for assistance or template letters that can be used.

ADDITIONAL INFORMATION

- **NYSDOH Public Web Site, H1N1 Flu (Swine Flu)**
<http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/>
- **H1N1 Frequently Asked Questions and Answers**
http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/questions_and_answers.htm

- **Clinical Guidance for Assessment, Testing, and Treatment of Novel Influenza A (H1N1) Virus in Children**
http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/clinical_guidance_for_children.htm
- **“Be a Good Hand Washer” poster**
<http://www.health.state.ny.us/environmental/docs/handwashing.pdf>
- **"Your Health is in Your Hands" poster**
http://www.health.state.ny.us/diseases/communicable/influenza/your_health_is_in_your_hands_poster.htm

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Appendix 1

Flu Symptom Checklist for Parents and Camp Staff

Revised 6/25/09

Yes No **Does the camper or staff member have a sore throat or a bad cough?**

Yes No **Does the camper or staff member have a fever of 100 degrees or more?**

Here's how to tell if a camper or staff member has a fever using a thermometer:

- Wash the thermometer with soap and warm water before using.
- Do not let the camper or staff member drink anything for 15 minutes, then take her/his temperature.
- Put the thermometer under the camper's or staff member's tongue. Have the camper or staff member close her/his lips around the thermometer. If the camper is a child, stay with the camper while the thermometer is in the camper's mouth. You can hold it in place.
- It takes about one minute to check a temperature by mouth. A digital thermometer beeps when it is ready to read. The camper's or staff member's temperature shows on the thermometer like this:

100.2 °F

One hundred point two

102 °F

One hundred and two

If you are unable to take the camper's or staff member's temperature, you can look for these signs of fever:

- The camper's or staff member's face may be red. Skin may be hot to touch or moist.
- The camper or staff member may be fussy and have a headache.

If a camper or staff member has a fever AND you answered "yes" to the other question above (she/he has a sore throat or cough), the camper or staff member might have the flu.

- **Ill campers and staff who are at home**, should stay home and not come to camp. They should stay home and not go into the community, except to seek medical care, until they are symptom-free (no fever without fever control medications, and feels well) for at least 24 hours. As a reminder, the residual cough that is often associated with influenza should not be considered reason to continue exclusion.
- **Day campers and all staff members** who have flu-like symptoms at camp should be excluded from camp activities and sent home. They should stay home and not go into the community, except to seek medical care, until they are symptom-free (no fever without fever control medications, and feels well) for at least 24 hours. As a reminder, the residual cough that is often associated with influenza should not be considered reason to continue exclusion.
- **Overnight campers** who develop flu-like symptoms at camp should be separated from well campers and staff and excluded from camp activities until they are symptom-free

(no fever without fever control medications, and feels well) for at least 24 hours. As a reminder, the residual cough that is often associated with influenza should not be considered reason to continue exclusion.

When should campers or staff members be evaluated by a doctor?

Otherwise healthy campers or staff members with mild illness usually do not usually need to be seen by a doctor. CALL their health care provider if the camper or staff member is more ill than usual. Be alert for signs that the camper or staff member is having trouble breathing or is not drinking enough fluids. Be alert for skin rashes or any signs that the camper or staff member is more uncomfortable than you would expect with the flu.