



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
William A. Hinton State Laboratory Institute
305 South Street, Jamaica Plain, MA 02130

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

Camp Professionals: What You Need to Know about Influenza

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This document provides general guidance for summer camps to prepare for and potentially respond to pandemic H1N1 influenza (2009 H1N1) during the 2010 summer and updates earlier guidance from the Massachusetts Department of Public Health (MDPH) that was issued on June 25, 2009.

Like other areas of the country, Massachusetts has experienced a substantial decline in influenza activity for several months. However, sporadic flu activity, caused by either 2009 H1N1 or seasonal flu viruses, is expected to continue throughout the summer. At this time, far fewer outbreaks are expected than occurred during the summer of 2009. This document provides guidance for both day and residential camp professionals on ways to protect your campers and staff from influenza.

The best way to protect against flu, including 2009 H1N1 and seasonal flu, is to get vaccinated. Everyday preventive actions may also help slow the spread of respiratory illnesses like flu. Camps should promote consistent respiratory and hand hygiene; encourage sick campers and staff to stay home and/or away from others for at least 24 hours after they no longer have a fever without the use of fever-reducing medicine; and routinely clean areas and objects, especially those that are used often.

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

- **Develop a working relationship with local health officials** and plan jointly for possible contingencies during this summer camp season.
- **Provide parents/guardians, campers and volunteers with materials on:**
 - the importance of getting vaccinated for flu each year;
 - everyday preventive actions to help slow the spread of germs, like flu (covering coughs and sneezes and washing hands often);
 - the symptoms of flu (fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness);
 - the need to keep sick campers home until 24 hours after they no longer have a fever (have achieved a persistent temperature below 100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth) or signs of fever (chills, feeling very warm, flushed appearance or sweating) without the use of fever reducing medicine;
 - plans for what will happen if someone gets sick while at camp; and
 - who is at higher risk for flu complications, particularly if your camp accommodates people in one or more of the higher-risk groups. Those at higher risk for flu complications include: children younger than 5 years old, but especially children younger than 2 years old; people aged 65 years or older; pregnant women; adults and children who have certain conditions (asthma; neurological and neurodevelopmental conditions; chronic lung disease, including asthma; heart disease; blood disorders; endocrine disorders, such as diabetes; kidney, liver, and metabolic disorders; weakened immune systems due to disease or medication); people younger than 19 years of age who are

receiving long-term aspirin therapy; severely obese persons; and American Indians and Alaskan Natives.

- **Encourage staff and campers to get vaccinated against 2009 H1N1 influenza** prior to coming to camp.
 - 2009 H1N1 influenza vaccination is recommended for all persons 6 months of age and older.
 - Vaccination may be especially important for persons at higher risk of getting severe flu illness. Campers and staff who are at higher risk and others that want to decrease their risk of flu should talk to their health care provider about getting vaccinated against 2009 H1N1 flu at least 2 weeks before camp starts if they haven't already been vaccinated or had laboratory-confirmed 2009 H1N1 influenza.
 - In addition, all persons aged 6 months or older are recommended for annual seasonal influenza vaccination, which will become available later in 2010 (typically late August or September at the earliest).
 - Remember that even individuals who believe they were previously sick with 2009 H1N1 should still receive the vaccine.
- **Promote frequent hand washing** with soap and warm water or use of alcohol-based hand sanitizers.
- **Promote good “cough etiquette.”** Cover coughs and sneezes with a tissue, or practice the habit of coughing or sneezing into the inner elbow, if tissues are not available. Individuals should wash their hands or use hand sanitizer after sneezing or coughing into a tissue.
- **Stay at home if sick** and keep children at home if they are sick. People with influenza-like illness should stay home, or be isolated from others, for 24 hours after their symptoms have gone away. Influenza-like illness (ILI) is defined as fever, plus one or more of the following: cough, sore throat or runny nose.

Ask parents/guardians for multiple ways to contact them, and plan for any special medical care and/or transportation if their child were to get sick while at camp. Camps should consider strict policies mandating that staff stay home or isolated if they are sick. The same holds true for campers who attend day camps. Residential camps should consider how they will care for and isolate staff and campers who become ill and who reside at camp. 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.

- **Review your pre-admission screening criteria and policies.** Campers and staff should not be permitted to come to camp sick with any illness, including flu. Let parents/guardians, campers and staff know about your camp's policy before camp starts.
- **Update your preparedness and emergency plan.** This may include reviewing and revising sick leave and refund policies, and cross-training staff in case someone needs to stay home due to illness.
- **Ensure that there are adequate and accessible supplies on-site,** including tissues, handwashing stations with liquid hand soap and running water, alcohol-based hand-rubs, disposable wipes and household cleaning products.
- **Train your staff** about communicable disease prevention including specific information on how to recognize ILI and how to report possible cases of ILI to camp leadership.
- **Stay informed** about the latest developments. View the MDPH website, www.mass.gov/dph/swineflu and the CDC's website, www.cdc.gov/h1n1flu.

2. What to do if staff or campers become ill with influenza-like illness.

- Regular meetings between camp directors, medical staff and other appropriate professionals should occur to assess the status of camper and staff health. For comprehensive treatment guidelines, please visit: www.mass.gov/dph/swineflu, click on “Information for Specific Groups,” and review the section titled “Information for Healthcare and Public Health Professionals.”
- 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 until 24 hours after fever resolves (if the child is to remain at a residential camp).
- **Early and prompt treatment for symptomatic individuals with certain high-risk conditions and for those with severe illness is imperative.**

Protocols should be in place for medical evaluation of persons ill with ILI, and how monitoring will be conducted. Not all patients with suspected influenza H1N1 infection need to be seen by a health care provider. Patients with severe illness and those at high risk for complications from influenza should contact a medical provider or seek medical care. Most people who develop ILI will not require antiviral treatment.

Consider antiviral chemoprophylaxis (for the purpose of preventing disease) only for persons who have had direct contact with someone with influenza and who are at higher risk for flu complications. The decision to provide chemoprophylaxis should be made based on the specific situation and requires clinical judgment. Careful monitoring of symptoms and early treatment of higher risk persons with suspected influenza is an alternative strategy and reduces the risk for development of antiviral resistance during chemoprophylaxis.

- Encourage persons who have had direct contact with someone with a flu-like illness, but who are not at higher risk for flu complications, to self-monitor and report any signs of illness to a camp staff member. CDC does not recommend providing antiviral medication to exposed healthy individuals as a preventive measure, if they are not at higher risk for flu complications.
- A health care provider’s note recommending a camper or staff member return to camp before the end of the full exclusion period does not supercede public health guidance for influenza-like illness. **Note:** Rapid influenza tests, used in some medical offices and emergency rooms, when positive, can help in the diagnosis and management of patients with signs and symptoms of influenza. However, a negative rapid influenza test result does not mean that someone does not have H1N1 influenza. All individuals with any influenza-like illness should be isolated until 24 hours after their fever has resolved, without the use of fever-reducing medications.
- 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.

If a lot of people get flu-like symptoms.

The key to this is preparedness. Determine – now – what needs to be done and how the camp will respond:

- Know the parameters used by your local health officials. At what point would they want to be informed? What will they do when told?
- Consider the capacity of your camp health services and what you might do should that capacity be exceeded. Think about bringing in extra help or reassigning counselors to assist. Consider how people will be fed and the ability to handle their waste (vomit, diarrhea, etc). Think about the

parameters you would use to determine that there is a problem before the situation is so significant that camp may have to close.

- Consider what supplies will be needed in order to care for ill staff and campers, and how those can be quickly obtained.

Reporting of Cases and Clusters of Flu-Like Illness:

Please report any flu cases, or clusters of flu-like illness, to your local board of health and to MDPH at 617-983-6800. An MDPH epidemiologist can provide further guidance on diagnosis, surveillance and outbreak control.

What else should camps consider when creating a plan for H1N1 flu?

Because each camp is unique, plans will need to be tailored for individual locations. Get the facts on the virus by visiting www.mass.gov/dph/swineflu. This will help you make informed decisions. Develop your plan from the perspective of your camp, paying particular attention to:

- The health status of your campers and staff: for example, people coping with respiratory challenges or those who are immune-compromised have a greater H1N1 risk profile than generally healthy people.
- Your camp's ability to respond to flu-like illnesses that emerge while people are at camp.
- Your refund policy for cancellations due to health concerns.
- Your business continuance plans and/or insurance coverage.
- Your ability to train staff to help manage this challenge.

Further questions?

Please contact the MDPH Division of Epidemiology and Immunization at 617-983-6800.