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New Hampshire Department of Health and Human Services Guidance for Camps and Summer Programs in Response to Influenza or Influenza-Like Illnesses (ILI)

This document provides guidance on suggested means to reduce the spread of influenza (the flu), including 2009 H1N1, in day or overnight camp settings and other summer programs. Recommendations are based on current knowledge of the most recent occurrences on outbreaks of ILI in the United States and New Hampshire. This is an update from the earlier camp guidance on “novel influenza A (H1N1 Flu) virus” that was issued in June 2009.

The New Hampshire Department of Health and Human Services (NH DHHS) recommends:

- **Pre-plan with parents/guardians about how illness among children attending camp will be handled; develop training programs for campers and staff on flu prevention including specific information on how to recognize and report influenza-like illness (ILI).**
- **Practice everyday infection prevention actions to prevent flu, including hand hygiene and covering coughs and sneezes with the elbow.**
- **Identify and isolate, or send home, campers and staff with fever (temperature >100°F [37.8°C]) until they have been fever-free for at least 24 hours without the use of fever-reducing medications.**

Background

It has been a year since the beginning of the 2009 H1N1 flu pandemic and, although flu activity nationwide is low at this time, 2009 H1N1 infection continues to be reported sporadically in small numbers. It is expected to continue throughout the summer in the US and NH with fewer outbreaks than the number experienced during the summer of 2009. This guidance will address general recommendations that apply to all camp programs including day and residential programs.

At this time, CDC and NH DHHS recommend that the primary way to reduce spread of influenza is with influenza vaccination.

Influenza

Influenza viruses spread mainly through respiratory droplets from the coughs and sneezes of people who are sick.

The symptoms of influenza usually include fever plus either cough or sore throat. Influenza infection can also lead to additional symptoms like headache, tiredness, runny or stuffy nose, body aches, chills, diarrhea, and vomiting. Most ILI infections in humans are mild and persons recover on

their own, but infections can vary in severity from mild to severe. When a case of influenza is severe, pneumonia, respiratory failure, and even death are possible.

Persons at High Risk of Complications from Influenza Infection

It is recommended that persons at high risk for complications from influenza infection should consult with their doctor if they are experiencing signs or symptoms of influenza. Groups at high risk for complications from influenza include:

- Children <5 years old (highest risk among children <2 years old)
- All person aged 65 years or older
- Children or adolescents (<18 years) receiving long-term aspirin therapy and who might be at risk for Reye Syndrome after influenza infection
- Pregnant women
- Adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurological, neuromuscular, or metabolic disorders (including diabetes mellitus), blood disorders, and weakened immune system due to disease or medications
- People younger than 19 years of age who are receiving long-term aspirin therapy
- Persons who are severely obese
- American Indians and Native Alaskans

General Recommendations and Preparedness for Camps

- Camp administrators should work with state and local health departments to establish lines of communication and to develop plans that include mechanisms and protocols for monitoring ILI and any requirements for reporting suspect clusters of ILI among campers or camp staff (see Resources below).
- Review any applicable New Hampshire laws regarding camp requirements around public health issues. Assure compliance with these requirements. See [NH Youth Recreation Camp Licensing Program](#)
- Remind parents/guardians, campers, and staff that the best way to protect against the flu, including seasonal and 2009 H1N1, is to get vaccinated.
- Review pre-admission screening criteria and policies, including policies on whether to allow campers and staff to attend if they are sick with any illness. Let parents/guardians know of your camp's policy prior to the start of camp.
- Consider pre-planning with parents/guardians for how illnesses or health emergencies will be handled including multiple ways to contact them, a plan for any special medical care, and/or transportation if their child were to get sick at camp. Arrangements should also be made with the parents/guardians of staff and volunteers who are legally minors.
- Provide educational material for parents/guardians, campers, and staff on:
 - The importance of getting vaccinated

- Everyday preventive actions to help slow the spread of germs, like flu (hand hygiene, cough etiquette, and general reminders to campers on healthy habits)
 - The symptoms of flu (fever, cough, sore throat, runny or stuffy nose, body aches, chills, tiredness, and sometimes vomiting and diarrhea)
 - Knowing who is at higher risk for flu complications
- Provide educational materials and information to campers that is age-appropriate and can be understood by both English and non-English speakers. Resources are available at the CDC website and the NH DHHS website (see Resources below).
 - Develop a training program for camp staff regarding communicable disease prevention including specific information on how to recognize ILI and how to report possible cases of ILI to camp leadership.
 - Update your preparedness and emergency plan. This may include reviewing/revising your 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, hand washing stations with liquid hand soap and running water, alcohol-based-hand rubs, disposable wipes, and household cleaning products.

General Infection Control Recommendations

- Encourage all persons to have good cough etiquette and hand hygiene practices:
 - Wash your hands frequently (15-20 seconds with soap and warm water) or use 60% alcohol-based hand sanitizing gels (see [Clean Hands Save Lives!](#)).
 - Always cover your nose and mouth with a tissue when you cough or sneeze or cough into your elbow/shoulder and always throw away used tissues into a trashcan (see [Cover Your Cough](#)).
 - If you have not washed your hands, avoid touching your eyes, nose, or mouth.
 - Do not share drinking/ eating containers or utensils.
 - Avoid contact with ill persons if possible.
 - Monitor your own health.
- Plan ahead to ensure that enough alcohol-based hand sanitizers are available for situations where it is known that hand washing facilities are not available, for example during hikes, outings, overnight camping off grounds, etc.
- Clean all areas and items that are more likely to have frequent hand contact (such as doorknobs, faucets, handrails) routinely (e.g., daily) 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.

Rapid Detection and Management Recommendations

- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those with ILI symptoms.
- Seek immediate medical evaluation for those who have flu-like illness if they are severely ill and/or are at higher risk for flu complications. Treatment with antiviral medication might be needed and would be prescribed by a physician. These medications work best if administered within the first 2 days of illness.
 - Antiviral chemoprophylaxis (for the purpose of preventing disease) may be considered only for persons who have had direct contact with someone with influenza and who are at higher risk for flu complication. The decision to provide chemoprophylaxis should be made based on the specific situation and requires clinical judgment.
- Encourage persons who have had direct contact with someone with a flu-like illness to self-monitor and report any signs of illness to a camp staff member. Individuals who are at high risk for complications should not self-monitor but seek treatment as indicated above.
- Campers or staff who develop ILI should be immediately separated from the general population and remain away from well campers until they can be safely returned home or, if necessary, taken for medical care. If the child or staff member is to remain at a residential camp, they should stay in isolation until they have been fever-free for at least 24 hours.
- If individual rooms for persons with ILI are not feasible, consider using a large room, cabin or tent specifically for ill persons with beds at least 3 to 6 feet apart and, if possible, with temporary barriers between beds. Designate nearby bathroom facilities that are separate from those used by healthy campers.
- Linens, eating utensils, and dishes used by those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens (such as bed sheets and towels) should be washed in hot water using laundry soap and tumbled dry on a hot setting. Individuals should wash their hands with soap and water immediately after handling dirty laundry.
- Designate staff to care for ill persons and limit their interaction with other campers during their shift to decrease the risk of spreading influenza to other parts of the camp. Surgical masks and gloves should be worn when in close contact with ill people. Use appropriate infection control measures to keep staff healthy. Staff should perform hand hygiene frequently.
NOTE: Anyone with a medical condition that would increase their risk of severe illness from influenza, including pregnant women, should NOT be designated as caregivers for ill persons.
- Aspirin or aspirin-containing products should not be administered to any person 18 years of age or younger due to the risk of Reye syndrome. Refer to pediatric medical management for guidance regarding use of any medications, especially those containing aspirin.

For any questions regarding the contents of this guidance, please contact NH DHHS Communicable Disease Control and Surveillance Section at 603-271-4496 (after hours 1-800-852-3345 ext.5300).


Resources

DHHS Web Site link to flu

<http://www.dhhs.nh.gov/DHHS/CDCS/flu.htm>

CDC Web Site and Resources

<http://www.cdc.gov/h1n1flu.htm>

[Everyday Preventive Actions that Can Help Fight Germs, Like Flu](#) 

[Free Resources about Flu](#)

[Questions and Answers: 2009 H1N1 Flu and You](#)

[Treatment \(Antiviral Drugs\)](#)

[What to Do If You Get Sick](#)

More Information

[American Camp Association](#)

[Association of Camp Nurses](#)