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DIVISION OF PUBLIC HEALTH SERVICES



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New Hampshire Department of Health and Human Services Interim Guidance on Camps and Summer Programs in Response to the Novel Influenza H1N1 Virus

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

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

- Pre-plan with parents/guardians regarding how illnesses among children attending camp will be handled
- Develop training programs for campers and staff regarding communicable disease prevention including specific information on how to recognize and report influenza like illness (ILI).
- Encourage everyone to have good cough etiquette and hand hygiene practices
- Screen all new arrivals to camp by asking if they have had any symptoms of ILI in the previous 7 days
- Do not allow anyone who currently has or have had ILI in the previous 7 days to attend camp or summer program unless they have been symptom-free for at least 24 hours .
- Transfer, isolate, and treat those with ILI according to recommendations below

Background

Camps and summer programs 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 and NH DHHS 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 etiquette and hand hygiene, and environmental controls that encourage use of these hygiene practices.

Novel Influenza H1N1

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

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, most novel influenza H1N1 infections in humans are mild and persons recover on their own, but infections with this virus can vary in severity from mild to severe. When a case of influenza is severe, pneumonia, respiratory failure and even death are possible. See [What to Do If You Get Flu-Like Symptoms](#).

General Recommendations and Preparedness for Camps

- Develop a working relationship with state and local health officials and plan for possible contingencies during this summer camp or program season. Plans should include what to do if staff or camp participants become ill, including how to separate them from others to limit spreading influenza to other staff and campers, how to provide care for them, and when to seek additional medical evaluation. Camp administrators should work with state and local health departments to develop mechanisms and protocols for monitoring ILI and any requirements for reporting ILI among campers or camp staff.
- Review any applicable New Hampshire laws regarding camp requirements around public health issues. Assure compliance with these requirements. See [Camps and State Regulations](#)
- Consider pre-planning with parents/guardians regarding how illnesses or health emergencies among children attending the camp will be handled. Arrangements should also be made with the parents/guardians of staff, volunteers and other campers who are legally minors. Include logistics for transportation of ill persons for medical care or return home that limits exposures to other persons, multiple ways to contact parents/guardians, agreement for care and isolation at the camp (if applicable), and planning for additional medical evaluation or emergency care.
- 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. Training materials could include hand hygiene, cough etiquette posters and general reminders to campers on healthy habits.
- Educational materials and information should be provided to campers in a way that is age-appropriate and can be understood by both English and non-English speakers. Resources are available at the CDC website at and the NH DHHS website.

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
 - 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
 - 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
- Hand washing facilities including running water and liquid hand soap should be readily accessible; alcohol-based hand sanitizers may be used if hands are not visibly soiled. See [Clean Hands Save Lives!](#)
- Plan ahead to ensure that 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.
- Clean all areas and items that are more likely to have frequent hand contact (like 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.

Reduction of Risk of Introduction of novel H1N1 Virus into Camp Settings

- Provide camp attendees, staff and volunteers with materials prior to arrival at the camp to notify them that they are not allowed to attend camp if they are ill with ILI or have not been symptom-free from ILI for at least 24 hours 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 to the appropriate camp officials.
- Consider active 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 the symptoms of and the reporting of 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. See list below.
- 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 unless they have been symptom-free for at least 24 hours.

Rapid Detection and Management of Cases of ILI in Camp Settings

- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those that are experiencing ILI symptoms.
- Campers or staff 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 if necessary, taken for medical care OR if the child or staff member is to remain at a residential camp, they should stay in isolation until they have been symptom-free for at least 24 hours.
- Close contacts (such as roommates) of persons with ILI should be encouraged to self-monitor for ILI symptoms and immediately report illness to camp officials.
- Not all persons with suspected novel influenza H1N1 infection or seasonal influenza need to be seen by a healthcare provider. However, protocols should be in place for when medical

evaluation of persons ill with ILI should be done and how monitoring for the need of medical evaluation will be conducted. Persons with severe illness and those at high risk for complications from influenza should contact their medical provider or seek medical care.

- 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 and nearby bathroom facilities separate from bathrooms 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.
- 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 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.
- Further information on care for persons with ILI can be found at:
 - [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#)
 - [Antiviral Chemoprophylaxis for Novel \(H1N1\) Influenza.](#)
 - <http://www.dhhs.state.nh.us/DHHS/CDCS/han.htm> : 05.19.09 H1N1 Influenza Clinical Guidelines-Revision 4 and 06.11.09 Interim Novel H1N1 Influenza Clinical Guidance

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. While we continue to learn more about novel H1N1, groups at high risk for complications from seasonal 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), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus)
 - Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV)
 - Residents of nursing homes and other chronic care facilities
- Information on care of certain groups at increased risk of severe illness from influenza can be found at the following links.
 - [Pregnant Women and Novel Influenza A \(H1N1\) Considerations for Clinicians](#)
 - [H1N1 Flu and Patients With Cardiovascular Disease \(Heart Disease and Stroke\)](#)
 - [Interim Guidance—HIV-Infected Adults and Adolescents: Considerations for Clinicians Regarding Novel Influenza A \(H1N1\) Virus](#)

For More Information Regarding H1N1 and Influenza Preparedness

- http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/swineflu.htm
- <http://www.cdc.gov/h1n1flu/>
- [Questions and answers about H1N1 \(swine flu\)](#)
- [Association of Camp Nurses](#)

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).

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.