

Interim CDC Guidance on Day and Residential Camps in Response to Human Infections with the Novel Influenza A (H1N1) Virus

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On August 5, 2009, CDC issued new [recommendations for the amount of time persons with influenza-like illness should be away from others](#). The content on this webpage is under review and will be updated to incorporate the new recommendations.

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

Background

Camps 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 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 and hand hygiene etiquette, and environmental controls that encourage use of these hygiene practices.

Novel Influenza A (H1N1)

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, novel influenza A (H1N1) infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure and even death are possible. See [What to Do If You Get Flu-Like Symptoms](#).

Novel influenza A (H1N1) is thought to spread in the same way that seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus. People may also become infected by touching something with flu viruses on it and then touching their mouth or nose. See [What to Do If You Get Flu-Like Symptoms](#).

General Recommendations and Preparedness for Camps

- Develop a working relationship with local health officials and plan jointly for possible contingencies during this summer camp 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, when to seek additional medical evaluation, and how to provide care for them. Camp administrators should work with 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 state 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.
- 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. Spanish-language materials are available at: [CDC H1N1 Flu \(in Spanish\)](#). Materials and information in other languages are available at: [CDC websites in other languages](#) and [Illinois Department of Public Health](#).

General Infection Control Recommendations

Encourage all persons to effectively cover their cough or sneeze and use good hand hygiene. See [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)

- 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.
- 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, before/after meals, as needed) 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. See [Clean Hands Save Lives!](#)

Reduction of Risk of Introduction of Novel H1N1 Virus into the Camp Setting

- 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 have had an ILI in the 7 days 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.

- 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 reporting 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.
- 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 for 7 days after their symptoms began or until they have been symptom-free for 24 hours, whichever is longer.

Rapid Detection and Management of Cases of ILI in the Camp Setting

- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those that are experiencing ILI symptoms. See [Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A \(H1N1\) Virus Infection](#)
- 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 for at least 7 days after symptoms began or 24 hours after symptoms resolve, whichever is longer (if the child is to remain at a residential camp).
- Protocols should be in place for when medical evaluation of persons ill with ILI should be done and how monitoring will be conducted. Not all patients with suspected novel 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 their medical provider or seek medical care.
- 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. See [Novel H1N1 Influenza: Resources for Clinicians](#).
- 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](#)
 - [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)
 - [Antiviral Drugs and H1N1 Flu \(Swine Flu\)](#)
- 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 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. See [Antiviral Chemoprophylaxis for Novel \(H1N1\) Influenza](#).
- 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.
- For proper technique in caring for an ill person, refer to the following guidance: [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#).
- For information on the use of masks and respirators, see: [Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A \(H1N1\) Virus Transmission](#).
- Close contacts (such as roommates) of persons with ILI should be encouraged to self-monitor for ILI symptoms and report illness to camp officials.

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CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others

August 5, 2009

CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.

This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer. The new recommendation applies to camps, schools, businesses, mass gatherings, and other community settings where the majority of people are not at increased risk for influenza complications. This guidance does not apply to health care settings where the exclusion period should be continued for 7 days from symptom onset or until the resolution of symptoms, whichever is longer; see http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm for updates about the health care setting. This revision for the community setting is based on epidemiologic data about the overall risk of severe illness and death and attempts to balance the risks of severe illness from influenza and the potential benefits of decreasing transmission through the exclusion of ill persons with the goal of minimizing social disruption. This guidance will continue to be updated as more information becomes available.