

---

# **CDC Guidance for Day and Residential Camp Responses to Influenza during the 2010 Summer Camp Season**

---

May 17, 2010 11:30 AM ET

## **On this Page**

- [Background](#)
- [Pre-Planning Recommendations](#)
- [Prevention and Control Recommendations](#)
- [More Information](#)

This document provides guidance to help prevent and control the spread of influenza (flu), including 2009 H1N1 flu, among campers and camp staff during the 2010 summer camp season. This guidance updates the earlier camp guidance on "novel influenza A (H1N1 flu) virus" that was issued on June 14, 2009.

Recommendations are based on CDC's current knowledge of flu, including 2009 H1N1 flu, in the United States. CDC will continue to monitor flu activity and update the current guidance as needed.

Camps for children, young adults, and families range from programs conducted for several hours in a day (day camps) to programs that are overnight for several days or weeks in group settings (residential camps). For the purpose of this guidance, "camps" will refer to day and residential camp settings.

## **Background**

April 2009 marked the beginning of the 2009 H1N1 flu pandemic. One year later, as of April 2010, flu activity is low nationwide, although 2009 H1N1 infections continue to be reported in small numbers. Sporadic flu activity, caused by either 2009 H1N1 or seasonal flu viruses, is expected to continue throughout the summer in the United States, but far fewer outbreaks are expected than occurred during the summer of 2009.

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 germs that cause respiratory illnesses, like flu. Camps should promote respiratory etiquette and hand hygiene (covering coughs and sneezes and washing hands); 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.

# Pre-Camp Planning Recommendations

- Work with state and local public health officials to establish lines of communication and to develop plans for addressing potential disease outbreaks in camp settings. Plans should include what to do if campers or staff become sick, including how to separate them from others; when to seek additional medical evaluation; and how to provide care. Camp administrators should work with state and local health departments to develop mechanisms and protocols for monitoring illnesses, including influenza-like illness (ILI), and any requirements for reporting these illnesses.
- Review any applicable state laws regarding camp requirements about public health issues. See [Camps and State Regulations](#).
- Provide educational materials for parents/guardians, campers, and staff 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, tiredness, and sometimes vomiting and diarrhea)
  - the need to keep sick campers home until 24 hours after they no longer have a fever (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
  - the plans for what will happen if someone gets sick while at camp
  - who is at higher risk for flu complications, particularly if your camp accommodates people in one or more of the higher-risk groups. See [People at High Risk of Developing Flu Complications](#). 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:
  - 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<sup>1 3</sup>
- American Indians and Alaskan Natives<sup>2 3</sup>
- Educational materials on these topics in multiple languages can be found on the CDC website at: [CDC Information in Other Languages](#).
- 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.
- 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.
- Develop a training program for camp staff regarding communicable disease prevention, how to recognize illnesses like ILI, and how to report possible cases to camp leadership.

---

<sup>1</sup>During the 2009 H1N1 pandemic, morbid obesity was identified as a risk factor for hospitalization and death in several studies.

<sup>2</sup>In one study, American Indians and Alaskan Natives were shown to have a higher risk for death from 2009 H1N1 influenza.

<sup>3</sup>Because 2009 H1N1 influenza viruses are expected to continue to circulate in 2010-11, persons who are morbidly obese or who are American Indian or Alaskan Native heritage should also be considered to be at higher risk for influenza-related complications while 2009 H1N1 viruses are circulating.

- Put protocols in place for when sick persons should be medically evaluated, and develop plans to provide care for sick persons. Not all patients with ILI need to be seen by a health care provider. However, patients with severe illness and those with ILI who have medical conditions that put them at higher risk for flu complications should contact their medical provider or seek medical care.
- Review your pre-admission screening criteria and policies, including policies on whether to allow campers and staff to attend who 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.

## Prevention and Control Recommendations

- Remind parents/guardians, campers, and staff that the best way to protect against the flu, including seasonal and 2009 H1N1, is to get vaccinated.
  - 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. See [2009 H1N1 Flu Vaccine](#).
  - 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). See [Preventing Seasonal Flu with Vaccination](#).
- Promote respiratory etiquette among campers and staff. Encourage them to cover their nose and mouth with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available) and to keep their hands away from their nose, mouth, and eyes. See [Cover Your Cough](#).
- Promote hand hygiene among campers and staff. Encourage them to wash their hands with liquid hand soap and clean, running water. If handwashing stations are not available (e.g., during hikes), alcohol-based hand rubs may be used if hands are not visibly soiled. See [Clean Hands Save Lives](#).

- Each day, routinely clean areas and objects that are touched often (e.g., doorknobs, faucets, and handrails). Use general household cleaning products that you normally use. Additional disinfection beyond routine cleaning is not recommended. 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.
- Educate staff on what to do if someone gets sick while at camp.
  - Separate sick campers and staff from others as soon as possible. Ask them to stay away from others until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius measured by mouth) or signs of fever. The absence of fever should be determined without the use of fever-reducing medicine. Depending on the type of camp, separation may include asking sick campers and staff to stay home or go home; providing individual rooms for sick persons; or providing a large room, cabin, or tent specifically for ill persons with beds at least 6 feet apart, temporary barriers between beds, and nearby bathroom facilities separate from those used by healthy campers and staff.
  - Do not give aspirin or aspirin-containing products to any person 18 years old or younger due to the risk of Reye's syndrome.
  - 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 medications might be needed. Antiviral medications work best when started within the first 2 days of illness. These medications must be prescribed by a physician. See [Recommendations for the Use of Antiviral Medications](#). Vaccination does not eliminate the possibility that ILI can be influenza. Influenza should still be considered as a possible cause of ILI among vaccinated children who develop ILI, especially those with medical conditions that put them at higher risk for influenza-related complications. Rapid diagnostic tests have low sensitivity for influenza. Thus, a negative test result should not be used to guide treatment decisions. See [Guidance for Diagnostic Tests](#).
  - 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 of 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.
- Designate staff to care for sick persons. Anyone who is at higher risk for flu complications should not be a designated caregiver for sick persons. See [Caring for Someone Sick at Home](#) and [Infection Control in Healthcare and Other Settings](#).

## More Information

- [Everyday Preventive Actions that Can Help Fight Germs, Like Flu](#)
- [Free Resources about Flu](#)
- [Information for Specific Groups](#)
- [Questions and Answers: 2009 H1N1 Flu and You](#)
- [Treatment \(Antiviral Drugs\)](#)
- [What to Do If You Get Sick](#)
- [American Camp Association](#) 
- [Association of Camp Nurses](#) 

[www.cdc.gov/h1n1flu/camp.htm](http://www.cdc.gov/h1n1flu/camp.htm)