

## **Guidelines for Prevention and Management of Cases of Influenza-like-illness (ILI) Suspected to be due to H1N1 Flu Virus in day and Residential Camps**

### **Introduction**

This document has been developed to provide guidance regarding day camps and residential summer camps for the prevention and management of influenza-like illness (ILI) suspected to be due to H1N1 Flu Virus. These guidelines have been adopted from the Public Health Agency of Canada ([www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)). In Newfoundland and Labrador the camps may wish to contact their local public health nurse or Medical Officer of Health if they have specific concerns or questions.

### **Background**

The H1N1 flu virus, which began circulating in the spring of 2009, is a new type of influenza A virus that has not previously infected humans. Infection with H1N1 flu virus results in an influenza-like illness (ILI) similar to seasonal influenza or flu. Symptoms include fever, cough, runny nose, sore throat, body aches, fatigue, and lack of appetite. Some people with ILI due to H1N1 have also developed vomiting and/or diarrhea. H1N1 flu virus is thought to be spread from person to person in the same way as seasonal flu where transmission occurs through coughing or sneezing, and through contact with surfaces and objects, including hands, contaminated with the virus. Illness among school-aged children and transmission within schools has occurred in Central and Eastern regions, just before schools closed in June. With similar age groups typically attending day camps, it is possible that the risk of transmission of H1N1 flu virus in the day camp setting may be similar to that seen in the school setting. In residential camp settings, the risk of transmission may be higher due to the increased proximity and prolonged contact among campers, staff and volunteers. It is recognized that the benefits of camp attendance needs to be balanced with the current low risk for severe ILI among most children attending camp.

### **Recommendations Regarding Prevention and Management of ILI**

#### **Education**

Camp organizers will continue to use hygiene and health programs that they have in place. They should consider adding specific information on how to recognize and report possible cases of ILI. The camp should also have relevant age appropriate educational materials and information for campers and their parents available. For posters related to the CLEAN,

COVER and CONTAIN go to  
[http://www.health.gov.nl.ca/health/publications/hygiene/hygiene\\_campaign.htm](http://www.health.gov.nl.ca/health/publications/hygiene/hygiene_campaign.htm)

### **Screening**

To help prevent entry of H1N1 flu virus into the camp setting, consider recommending that:

- Parents/guardians should be informed prior to the camp starting, that children with ILI symptoms (as stated above within the last 7 days) may be asked to withdraw or not send their child to camp.
- Individuals who have or had ILI remain at home until 7 days after symptom onset.

Assessing children for symptoms of ILI throughout the camp period can ensure early identification of potential cases and allow actions as outlined below.

### **Management of Individuals with Symptoms of ILI**

Protocols should be in place for the management of individuals with ILI, including such things as how monitoring and care will be managed (e.g. designate staff to care for ill persons and recommend they limit their interaction with well persons) and when medical evaluation of ill persons should be considered.

- Individuals with severe illness and those at high risk for complications should seek medical advice and/or care.
- It is recommended that individuals who develop ILI be separated from the general population until arrangements can be made for them to return home or, if that is not an option, until 7 days after onset of symptoms. Please note, individuals who are at high risk of complications from influenza should not be designated as caregivers for ill individuals.
- If individual rooms for persons with ILI are not available or feasible, consider grouping ill individuals by placing those with ILI in a room, cabin or tent specifically for ill persons, with beds at least 2 meters apart and nearby washroom facilities separate from those used by the healthy population.
- Individuals with ILI should only leave the isolation area for medical reasons or other necessities. Whenever a person with ILI leaves the isolation area, he/she should take measures such as coughing or sneezing into a disposable tissue or sleeve and wearing a face mask, if available, to avoid exposing others to the virus.

All attendees and staff should be instructed in and reminded regularly of hand hygiene and respiratory hygiene. Visit the following link for information:

[http://www.health.gov.nl.ca/health/publications/hygiene/hygiene\\_campaign.htm](http://www.health.gov.nl.ca/health/publications/hygiene/hygiene_campaign.htm)

For updated information on the H1N1 virus, visit the Department of Health and Community Services website at [www.gov.nl.ca/health](http://www.gov.nl.ca/health) or the Public Health Agency of Canada website at [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca). Residents of Newfoundland and Labrador can also contact the Newfoundland and Labrador HealthLine at 1-888-709-2929.

**Contact Your Public Health Officially Locally**

<b>NL Region</b>	<b>Telephone</b>
Eastern Urban	752-4882
Eastern Rural	229-1603
Central	651-6238
Western	637-5417
Labrador-Grenfell	897-2137
After hours	1-866-270-7437