

Press Release

FOR IMMEDIATE RELEASE

Contact: Rahul Gupta, MD, MPH, FACP – Health Officer

Date: June 18, 2009

(304) 348-6494

KCHD Encourages H1N1 Summer Camp Guidance

The Kanawha-Charleston Health Department would like to provide guidance to reduce the spread of H1N1 Virus, in day, residential, or overnight camp settings. The Centers for Disease Control and Prevention released guidance on June 14th to assist camps in protecting the campers; guidance to be updated as more information becomes available. The primary means to reduce spread of influenza in camps remains a focus on early identification of ill campers and staff, staying home when ill, good cough and hand hygiene etiquette, and environmental controls that encourage use of these hygiene practices.

- Develop a working relationship with local health officials. KCHD welcomes any opportunity to assist in your planning efforts in this regard.
- Consider pre-planning with parents/guardians regarding how illnesses or health emergencies among children attending camps will be handled, including logistics for transportation of ill persons for medical care or return homes that limit exposure 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.
- Hand washing facilities, including running water and liquid hand soap, should be readily accessible; alcohol-based hand sanitizers may be used if no running water is available.
- Clean all areas and items that are more likely to have frequent hand contact, routinely.
- 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 influenza-like illness (ILI) such as fever, cough, or sore throat, within 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 H1N1 or ILI within the 7 days prior to the start of camp, they may attend camp, however they should closely self-monitor and report the development of symptoms immediately.
- Consider active screening of ALL newly arriving camp attendees, staff and volunteers by asking if they have had any symptoms 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.
- Individuals who currently have or have had any 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.
- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those that are experiencing symptoms
- 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.
- Protocols should be in place for medical evaluation of persons ill with influenza-like illnesses. Not all patients with suspected 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 18 years old and younger, due to the risk of Reye syndrome.

For more information visit www.kchdvw.org/h1n1 or <http://www.cdc.gov/h1n1flu/camp.htm>.

###