

## 2.0 CONTENT AND RESOURCES

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### FIELD GUIDE CONTENT AND RESOURCES

The Field Guide addresses the current guidance on managing COVID-19 during the 2020 and 2021 summer camp season. It draws upon the available public information from federal agencies such as the U.S. Centers for Disease Control and Prevention (CDC), U.S. Environmental Protection Agency (EPA), and the U.S. Food and Drug Administration (FDA), as well as public information from nongovernmental organizations, such as the American Academy of Pediatrics (AAP) and the Association for Camp Nursing (ACN). In addition, the experience of summer camps in 2009 and 2010 in responding to the pandemic H1N1 virus (H1N1) serves as a guide for managing communicable disease in a camp setting.

### MANAGING COVID-19 AND COMMUNICABLE DISEASE IN SUMMER CAMP 2020 AND 2021

There are about 8,400 overnight camps and about 5,600 day camps in the United States, for a total of more than 14,000 camps.<sup>6</sup> These camps are attended each year by more than 14 million children, adolescents, and adults. Managing communicable disease in camps is a common practice that has been successfully addressed in the past by health professionals, some of whom are physicians and nurses on camp premises. Implementing such good public health practices at camps helps minimize the potential that communicable illness will occur (prevention) and includes strategies to use when an outbreak occurs (response).<sup>7</sup>

### MANAGING COMMUNICABLE DISEASE IN CAMP AND THE 2009 H1N1 PANDEMIC EXPERIENCE

In April and May of 2009, outbreaks of influenza due to H1N1 first occurred in North America and rapidly spread throughout the world. School-aged children were disproportionately affected during the 2009 summer camp season, which took place before a vaccine became available in the fall. Nonpharmaceutical interventions (NPIs), including hygienic and physical distancing measures, were the primary tools available for mitigating the impact of the virus.

The CDC issued guidelines for influenza prevention and control in camp settings on June 14, 2009.<sup>8</sup> These guidelines included four primary strategies:

1. Early identification of ill persons
2. Staying home while ill
3. Cough and hand hygiene etiquette
4. Encouraging the use of hand sanitizers

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<sup>6</sup> American Camp Association. *ACA Facts and Trends*. <https://www.acacamps.org/press-room/aca-facts-trends>

<sup>7</sup> Association of Camp Nursing. *Communicable Disease Strategies for Camps*. <https://campnurse.org/wp-content/uploads/2019/05/Communicable-Disease-Management-Strategies-for-the-Camp-Setting-2019.pdf>

<sup>8</sup> CDC. *CDC Guidance for Day and Residential Camp Responses to Influenza during the 2010 Summer Camp Season*. <https://www.cdc.gov/h1n1flu/camp.htm> (Updated on May 17, 2010)

Further, CDC guidelines recommended the use of antiviral medications for treatment of ill persons who were hospitalized, had severe disease, or were at high risk for severe disease. Antiviral prophylaxis was recommended for close contacts of ill persons who were at high risk for complications, were pregnant or were healthcare or emergency workers.

Based upon available information reported by CDC at the time, by late June, more than 30 summer camps in the United States had reported outbreaks of 2009 H1N1 influenza illness.<sup>9</sup> By mid-July, CDC reported about 80 camps had reported outbreaks of H1N1 influenza.<sup>10</sup>

### State of Maine 2009 Overnight Camp Experience with H1N1 Pandemic

A study of the H1N1 impact on overnight camps in Maine found approximately half had reported cases of influenza-like illness (ILI) and that approximately 20% had outbreaks, which were defined as at least three confirmed cases of H1N1.<sup>11</sup> None of the camps closed in response to the H1N1 pandemic, and the camps did not report significant operational impacts. The NPIs and methods employed by camps included:

- Facilitating pre-camp communications with parents
- Providing health education on H1N1 for campers and staff
- Promoting respiratory etiquette and hand hygiene along with increased availability of hand sanitizers.
- Implementing isolation plans for campers and staff while ill

The authors concluded that following public health guidance and implementing NPIs were effective to contain the outbreaks that occurred.

### EXTENDING LESSONS LEARNED FROM THE 2009-2010 H1N1 CAMP EXPERIENCE TO 2020 AND 2021 COVID-19 CAMP PLANNING

The H1N1 camp experience provides rich information for the management of communicable disease in camps for the 2020 and 2021 summer seasons. *CDC Interim Guidance for Schools and Day Camps* provides insight into the developing guidance on the 2020 and 2021 camp seasons. The *Interim* guidance is in accord with the guidelines promoted in the White House/CDC's *Opening America Again*<sup>12</sup> and includes implementation of the following steps:

- A 3-Phase approach with camps open in Phases 2 and 3
- Restricting campers and staff to regions with similar level of community spread and those that are in the same Phase

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<sup>9</sup> CDC. *The 2009 H1N1 Pandemic: Summary Highlights*, April 2009-April 2010, [https://www.cdc.gov/h1n1flu/cdcresponse.htm#CDC\\_Communication\\_Activities](https://www.cdc.gov/h1n1flu/cdcresponse.htm#CDC_Communication_Activities)

<sup>10</sup> *CompassPoint*. Association of Camp Nursing, September 2009, Volume 19, Number 3

<sup>11</sup> Robinson S, et al. 2012. Pandemic Influenza A in Residential Summer Camps—Maine 2009. *Pediatric Infectious Disease Journal*, 31(6):547-50.

<sup>12</sup> White House/CDC *Opening Up American Again*. <https://www.whitehouse.gov/openingamerica/>

- Safety actions to implement NPIs
  - Promote healthy hygiene practices
  - Intensify cleaning, disinfection and ventilation
  - Ensure physical distancing
  - Limit sharing
  - Train all staff
- Health monitoring and pre-camp screening
  - Check for signs and symptoms
  - Plan for when a staff member, child, or visitor becomes sick
  - Maintain healthy operations to monitor risk-reduction strategies
- Community surveillance and response to COVID-19 positive persons and facility operations

### Use of Groups/Cohorts to Support the Infection Prevention and Control Strategy

Following the 2009-2010 H1N1 experience and in concert with the guidance provided by CDC in 2010, in the 2020 *Guidance for Child Care Programs that Remain Open - Social Distancing Strategies*,<sup>13</sup> and in the recent *Interim* document, as well as the recent guidelines on schools from the American Academy of Pediatrics (AAP),<sup>14</sup> the implementation of steps to establish small group sizes, limit mixing of these groups, and restrict large gatherings is among the key recommendations for the 2020 and 2021 camp seasons. As stated in the WHO/CDC guidance, in Phase 2, groups or cohorts of up to 50 persons (campers and staff) can assemble for discrete activities. Keeping groups and activity cohorts separate by six feet from other groups or activity cohorts serves to prevent these groups from mixing with other groups.

The maximum group size will be different depending on type of camp (day versus overnight), duration of camp session, the ability of the camp to test staff and campers for COVID-19 prior to arrival, and the camp’s ability to isolate camp and staffers from the wider community. It is recommended that camps follow applicable state and local guidelines on group gatherings and consult with their state and local departments of public health when questions arise.

This approach is in concert with a paradigm in public health of establishing and maintaining “concentric circles” for infection prevention and control. In the event of a suspected/confirmed COVID-19 positive person, as the innermost circle, prompt action defines the “inner circle” of “close contacts” by contact tracing for isolation and enhanced health surveillance. Identification of “low-risk” contacts in the activity cohort in the “outer circles” and elsewhere in camp is just

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<sup>13</sup> CDC *Guidance for Child Care Programs that Remain Open - Social Distancing Strategies*. Updated 4/21/20. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#SocialDistancing>

<sup>14</sup> American Academy of Pediatrics, *COVID-19 Planning Considerations: Return to In-person Education in Schools*. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

as essential. Using the small group and cohort strategy, contact tracing can be undertaken promptly by trained professionals in coordination with local and state health resources, with isolation and surveillance implemented in short order. The combination of NPIs and the group/cohort approach can support the development of effective communicable disease management plans for the 2020 and 2021 summer camp season.

### Medical Considerations of the COVID-19 Experience in Children

A May 8, 2020, review of recently published medical and scientific papers concluded that:

*“COVID-19 appears to affect children less often, and with less severity, including frequent asymptomatic or subclinical infection. There is evidence of critical illness, but it is rare. The role of children in transmission is unclear, but consistent evidence is demonstrating a lower likelihood of acquiring infection, and lower rates of children bringing infections into households.”*

Further, the review found that:

*“There is no direct evidence of vertical transmission, and early evidence suggests both infected mothers and infants are no more severely affected than other groups. Early evidence suggests no significant increased risk for children with immunosuppression, but further data is needed.”<sup>15</sup>*

Considerable attention is being focused by the medical community on the health of children experiencing a condition now termed as *pediatric multi-system inflammatory syndrome*, a rare disease affecting children that is potentially related to COVID-19. Government announcements, media accounts, and the medical literature are being tracked to provide current advice on this development.

### REFERENCES AND RESOURCES

Information for the *Field Guide* was compiled from existing sources of information from federal and state agencies as well as nongovernmental organizations and industry associations. The following list is representative of the resources that were available online as of October 15, 2020.

#### White House

Link: [Guidelines for Opening Up America Again](#)

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<sup>15</sup> DTFM COVID-19 Evidence Review, May 8, 2020, <https://dontforgetthebubbles.com/wp-content/uploads/2020/05/COVID-data-8th-May.pdf>

## U.S. Centers for Disease Control and Prevention (CDC)

Link: [Coronavirus \(COVID-19\)](#)

Sub-pages include but not limited to the following:

Link: [Suggestions for Youth and Summer Camps](#)

Link: [Suggestions for Youth Programs and Camps: Readiness and Planning Tool](#)

Link: [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#)

Link: [Guidance for \*Cleaning and Disinfection\*](#) and [Reopening Guidance for \*Cleaning and Disinfection\*](#) Public Spaces, Workplaces, Businesses, Schools, and Homes

Link: [Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\), May 2020](#)

Link: [Cleaning and Disinfection for Non-emergency Transport Vehicles](#)

Link: [Symptoms of Coronavirus](#)

Link: [Environmental Health Practitioners - Congregate Facilities and Shelters](#)

Link: [People Who Need to Take Extra Precautions - People at Higher Risk for Severe Illness](#)

Link: [Gatherings and Community Events - Ongoing Mitigation Guidance](#)

Link: [Gatherings and Community Events - Communications Resources](#)

Link: [Parks and Recreational Facilities - Health and Safety Considerations](#)

Link: [Parks and Recreational Facilities - Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19](#)

Link: [Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic](#)

## U.S. Environmental Protection Agency

Link: [Coronavirus \(COVID-19\)](#)

Link: [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#)

Link: [Disinfectant Use and Coronavirus \(COVID-19\)](#)

## U.S. Federal Food and Drug Administration

Link: [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#)

Link: [Best Practices for Retail Food Stores, Restaurants, and Food Pick-Up/Delivery Services During the COVID-19 Pandemic](#)

## Association of Camp Nursing

Link: [Coronavirus COVID-19 Considerations for Camps](#)

## American Society of Heating, Refrigerating and Air-Conditioning Engineers

Link: [COVID-19 \(CORONAVIRUS\) PREPAREDNESS RESOURCES](#)