

# COVID Considerations 2023

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# COVID-19 History

## Camp in 2020

- 18% camps opened under strict regulations
- No treatments, No vaccines
- Diligent layered NPIs
- Learned safe camps was possible during COVID

## Camp in 2021

- Most camps opened with federal and state public health regs
- Vaccines for > 12 y.o. & staff
- Diligent use of selected NPIs
- Testing played significant role (38% staff, 75% campers)

## Camp in 2022

- Camps open; Relaxed recommendations for illness prevention
- Vaccines for > 5 y.o. & staff
- NPI usage – random
- Testing played role (62% staff, 70% campers)



## Status of COVID-19 Vaccinations for US Children as of 3.1.2023

### Ages 6 months - 4 Years

- ❑ **2.0 million (12%)** have received their initial dose of COVID-19 vaccine.
- ❑ At this time about **15.0** million have yet to receive their first vaccine. About **13,000** received their initial COVID-19 vaccine dose during the past week.
- ❑ Vaccination rates vary highly across states: In **20** states, over 12% have received their initial dose; in **17** states, under 10% have received their first vaccine.

### Ages 5-11 Years

- ❑ **11.1 million (39%)** have received their initial dose of COVID-19 vaccine.
- ❑ **9.2 million (32%)** completed the 2-dose vaccination series.
- ❑ At this time about **17.5** million have yet to receive their initial COVID-19 vaccine dose. About **7,000** received their initial COVID-19 vaccine dose during the past week.
- ❑ Vaccination rates vary highly across states: In **10** states, over half have received their initial dose; in **21** states, under a third have received their first vaccine.

### Ages 12-17 Years

- ❑ **17.9 million (68%)** have received their initial dose of COVID-19 vaccine.
- ❑ **15.3 million (58%)** completed the 2-dose vaccination series.
- ❑ At this time about **8.3** million have yet to receive their initial COVID-19 vaccine dose. About **7,000** received their initial COVID-19 vaccine dose during the past week.
- ❑ Vaccination rates vary highly across states: In **13** states, over 3 quarters have received their initial dose; in **11** states, under half have received their first vaccine.

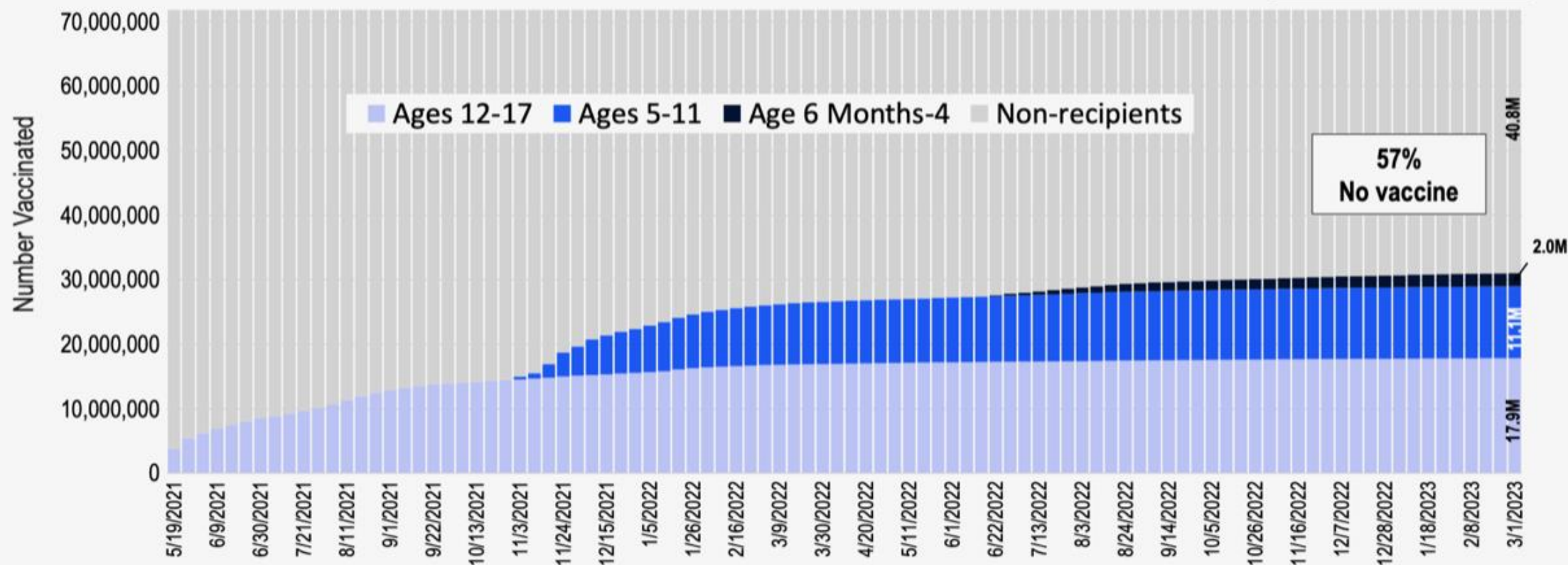
**Source:** AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc>). Data cover the 50 states & District of Columbia. Check state web sites for additional or more recent information.

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## Cumulative Number of US Children (6 months – 17 years) Receiving At Least Initial Dose of COVID-19 Vaccine

5.19.21 to 3.1.2023



**Sources:** AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker. Includes 50 states and DC. (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/unsk-b7fc>). Population totals are based on 2021 population estimates (SC-EST2021) published by the US Census Bureau (URL: <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-state-detail.html>).

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# Seroprevalence

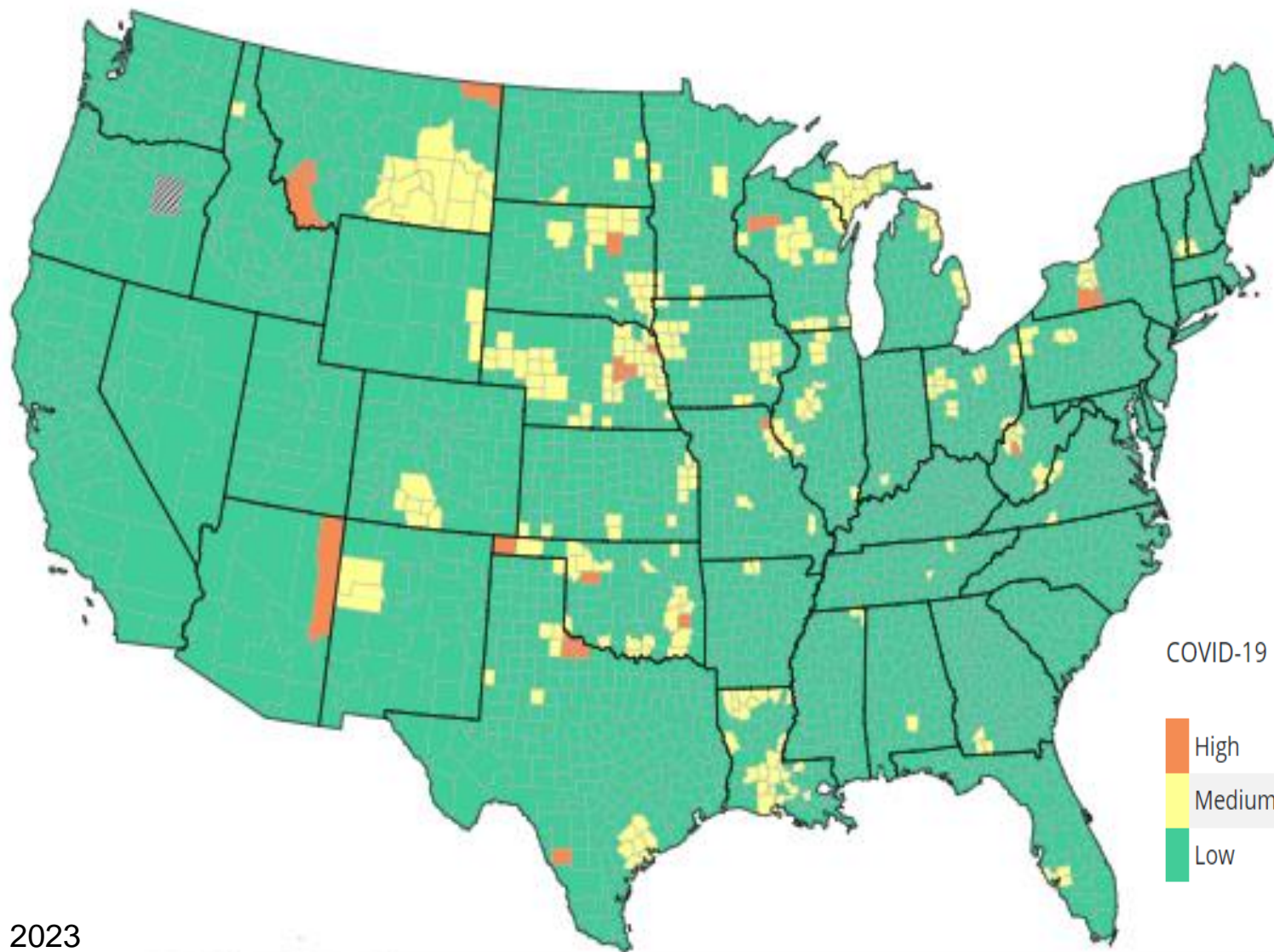
## How many people have had COVID?

- Pediatric 96.3%
- Adult (>16 years) 57.7%

CDC Estimates







COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	25	0.78%	- 0.06%
Medium	280	8.7%	2.61%
Low	2915	90.53%	- 2.55%

CDC – April 2023

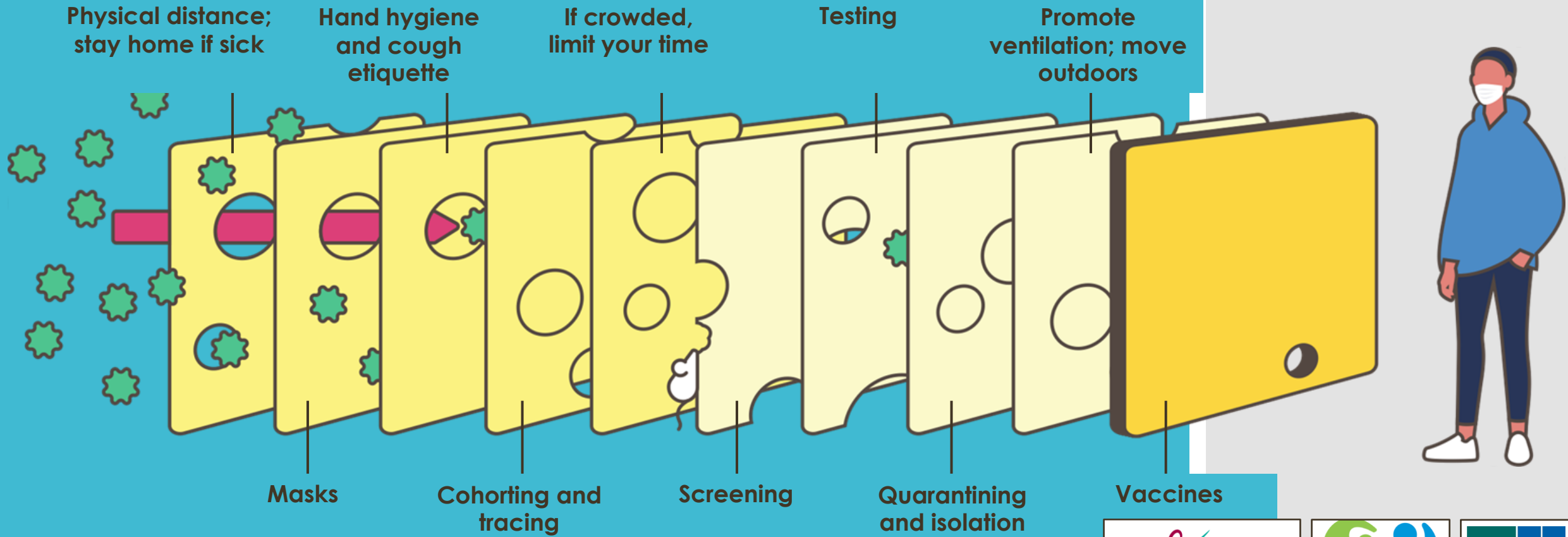
# THE SWISS CHEESE RESPIRATORY VIRUS DEFENSE

No single intervention is perfect at preventing spread. Each intervention has its limitations while combining them improves risk reduction.

Launched 2020

## Personal responsibility

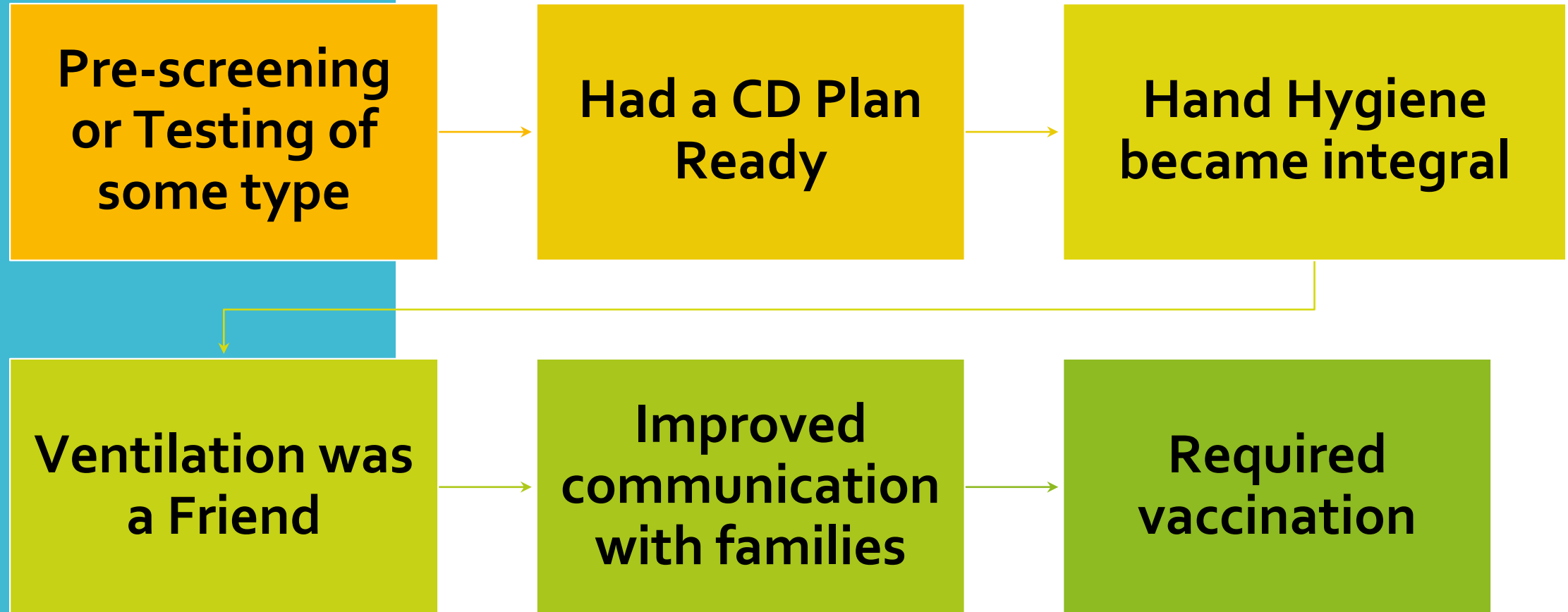
## Shared responsibility



Source: Adapted from Ian M. Mackay ([virologydownunder.org](http://virologydownunder.org)) and James T. Reason.



# Profile of Camps with Least COVID Cases (ACH COVID Research 2020-2023)





# COVID-19 is one of many Respiratory Diseases

- This year we have seen a return of many infectious diseases.
- Which ones?
  - Strep Throat
  - Influenza
  - RSV
  - Among many others....
- Camp Crud will be at camp.

***Communicable Disease Plan more important than ever.***



# Communicable Disease Plan

- What should I have in my communicable disease plan now?
  - Communications Plan
  - Pre-Camp Health
  - Staff Considerations
  - Considerations for High-Risk Members
  - Symptom Triage and Treatment
  - Surveillance of Illness Burden (Tipping Point)
    - When do you need to report?
  - COVID-19 Considerations
    - Travel
    - Isolation
    - Exposure Testing



# OVER Communicate

*Now more than ever, your community needs you to communicate your approach to the summer.*

- How will you be approaching respiratory illness this summer?
- What is your rationale?
- Will you be using NPIs? If so, in what settings?
- The community needs to be aware to manage their expectations.
- Conflict and confusion (and complaints) come from not clearly communicating your plans now.
- Ongoing communication about how you are balancing program with health and safety.



# Healthy Camp Starts at Home

- Pre-Camp Family Education
- Pre-Camp Screening:
  - Physical and Mental Health
  - Camp Screeners
  - Role of COVID-19 Testing?
- Day of Arrival
  - Purpose and Role of Screening



# Staff

- Staff Illness can represent an operational threat.
- Plan for illness and cross covering.
- Communicate to staff what will happen if they become ill.
- Be a community that supports high risk individual's choices, especially around masking.
  - Consider offering concerned persons to build their personal COVID-19 Plan





# Health Symptom Triage & Treatment

- Perhaps one of the largest challenges for camps is the triage & treatment of symptoms.
- Communicable Disease Plan
  - Mild Symptoms not effecting participation?
  - Moderate Symptoms:
    - Requiring treatment
    - Evaluation Process
  - Moderate/Severe Symptoms:
    - Escalation of Treatment/Care
- Increasing focus on attendance & participation over pandemic extreme caution.



# Surveillance of Illness Burden

- When does a sick camper turn into a sick cabin and into a sick age group?
  - EVERY YEAR.
- What will be your criteria for concern?
- What will you do?
  - Reactive Cohorting?
  - Masking?
  - Outdoor Programming
  - Handwashing?
- How will you communicate this criteria?
  - To staff? Parents? Campers? Other Camps?
- COVID continues to be a reportable disease alongside MANY OTHERS.
  - Know your reportable diseases.

February 17, 2021

Maine Center for Disease Control and Prevention

## NOTIFIABLE DISEASES AND CONDITIONS LIST

24 Hours A Day, 7 Days A Week Disease Reporting:  
Telephone: 1-800-821-5821 Fax: 1-800-293-7534

Conditions are reportable immediately by telephone on recognition or strong suspicion of disease. All others are reportable by telephone, fax, electronic lab report, or mail within 48 hours of recognition or strong suspicion of disease.

Directors of laboratories are to submit isolates or clinical specimens, as well as any isolates or clinical specimens as requested by Maine CDC, to the Maine Health and Environmental Testing Laboratory for confirmation, typing, and/or antibiotic sensitivity.

Acid-Fast Bacillus →	Legionellosis
Acquired Immunodeficiency Syndrome (AIDS)	Leptospirosis
Acute flaccid myelitis (AFM)	Listeriosis → (Listeria monocytogenes)
Anaplasmosis	Lyme Disease
Anthrax → (Bacillus anthracis)	Malaria
Babesiosis	Measles → (Rubella virus)
Botulism → (Clostridium botulinum)	Meningococcal Disease, invasive → (Neisseria meningitidis)
Borrelia miyamotoi	Mumps →
Brucellosis → (Brucella species)	Pertussis
California Serogroup Viruses	Plague → (Yersinia pestis)
Campylobacteriosis	Potomymyeltis → (Polo virus)
Candida auris →	Powassan Virus
Carbapenemase-producing carbapenem-resistant organisms →	Rabies
Carbon Monoxide Poisoning	Rabies (human and animal) → (Rabies virus)
Chancroid	Rabies Post-Exposure Prophylaxis
Chlamydia	Ricin Poisoning →
Chikungunya (Varicella)	Rubella (including congenital) → (Rubella virus)
Chikungunya	Salmonellosis → (Salmonella species)
Coronavirus, Novel, MERS, and SARS →	Shellfish Poisoning
Creutzfeldt-Jakob disease, <55 years of age	Shigellosis → (Shigella species)
Cryptosporidiosis	Smallpox → (Variola virus)
Cyclosporiasis	Spotted Fever Rickettsiosis
Dengue	St. Louis Encephalitis
Diphtheria → (Corynebacterium diphtheriae)	Staphylococcus aureus non-susceptible to Vancomycin →
E. coli, Shiga toxin-producing (STEC) →	Streptococcus Group A, invasive
Eastern Equine Encephalitis	Streptococcus pneumoniae, invasive
Ehrlichiosis	Syphilis
Giardiasis	Tetanus → (Clostridium tetani)
Gonorrhea	Tuberculosis
Haemophilus influenzae, invasive →	Tuberculosis (active and presumptive) → (Mycobacterium tuberculosis)
Hantavirus, pulmonary and non-pulmonary syndromes	Tularemia → (Francisella tularensis)
Hemolytic-uremic syndrome (post-diarreal)	Vibrio species, including Cholera → (Vibrio species)
Hepatitis A, B, C, D, E (acute)	Vaping-associated pulmonary illness
Hepatitis B, C, D (chronic)	Viral Hemorrhagic Fever
Human Immunodeficiency Virus (HIV)	West Nile Virus
Influenza-associated pediatric death	Western Equine Encephalitis
Influenza A, Novel →	Yellow Fever
Influenza-associated hospitalization, laboratory-confirmed	Zika virus disease
	Any Case of Unusual Illness of Infectious Cause
	Any Cluster/Outbreak of Illness with Potential Public Health Significance

\*See condition-specific footnotes on next page.

Who must report: Health Care Providers, Medical Laboratories, Health Care Facilities, Child Care Facilities, Correctional Facilities, Educational Institutions, Administrators, Health Officers, Veterinarians, Veterinary Medical Laboratories

What to report: Disease reports must include as much of the following as is known:

- Disease or condition diagnosed or suspected and symptom onset
- Name and phone number of person making the report and date
- Patient's name, date of birth, address, phone number, occupation, sex, race, and ethnicity
- Diagnostic laboratory findings and dates of test relevant to the notifiable condition
- Health care provider name, address, and phone number

Complete Rules for the Control of Notifiable Diseases and Conditions:  
<http://www.maine.gov/dhhs/mecdc/infectious-disease/epl/disease-reporting/index.shtml>



# Testing

FDA Approved At Home Tests



- Understand:
  - Why you should test.
  - When to Test
  - Where and What tests to use
  - How to test
  - Interpreting your test
- A positive result means you likely have COVID-19
  - Don't believe it? Get a PCR.
- A Negative Result means the test didn't pick up the virus, but it does not rule out COVID-19
  - Any test on any day is a snapshot in time.
  - Always do a follow-up test at a minimum of 48 hours following negative results when using an antigen test.
  - 45-96% sensitivity reported in the literature.



If you tested negative with an at-home antigen test and you have	Then
<a href="#">COVID-19 symptoms</a> AND were <a href="#">exposed</a>	Assume you have COVID-19 and your initial test did not detect the virus. Take public health <a href="#">precautions</a> to prevent spreading an illness to others and take <a href="#">recommended steps after exposure</a> . <a href="#">Test again</a> after 48 hours. Consider getting a laboratory-based molecular COVID-19 test or call your health care provider.
<a href="#">COVID-19 symptoms</a> and no known <a href="#">exposure</a>	You could still have COVID-19 and your initial test did not detect the virus, or you may have another illness. Take public health <a href="#">precautions</a> to prevent spreading an illness to others. <a href="#">Test again</a> after 48 hours. Consider getting a laboratory-based molecular COVID-19 test or call your health care provider.
No <a href="#">COVID-19 symptoms</a> but WERE <a href="#">exposed</a>	You could still have COVID-19 and your initial test did not detect the virus. Take <a href="#">recommended steps after exposure</a> . <a href="#">Test again</a> after 48 hours, and again 48 hours after a second negative test, for a total of 3 tests over 5 days. Consider getting a laboratory-based molecular COVID-19 test or call your health care provider. Continue to take public health <a href="#">precautions</a> to reduce your risk of getting COVID-19.
No <a href="#">COVID-19 symptoms</a> and no known <a href="#">exposure</a>	It is unlikely you have COVID-19, but you should still <a href="#">test again</a> after 48 hours, and again 48 hours after a second negative test, for a total of 3 tests over 5 days. Continue to take public health <a href="#">precautions</a> to reduce your risk of getting COVID-19.

# COVID-19 Considerations

- **Federal Isolation Guidelines Continue.**
  - If you test positive for COVID-19, stay home for at least 5 days and isolate from others.
  - If no symptoms and fever-free on day 6, stop isolation.
- Avoid being around people who are more likely to get very sick from COVID-19.
- Wear high-quality mask when indoors around others at home and in public until:
  - Day 10
  - 2 negative antigen tests 48 hours apart.





# COVID-19 Considerations

- **Post High Transmission Exposure Testing Still Recommended.**
  - Definition of High Transmission Exposure
    - Time, symptomatic, indoors, masks?
    - See CDC Guide for Determining High Risk Exposure
- If a person was in a high transmission exposure:
  - Wear a mask immediately and for 10 days.
  - Get tested if symptoms develop or on the 6<sup>th</sup> day after exposure.
- Practical considerations:
  - Ventilation/Maximal Outdoor Programming
  - Indoors & In Transportation
  - Exposed vs. Contact tracing???



# COVID-19 Considerations

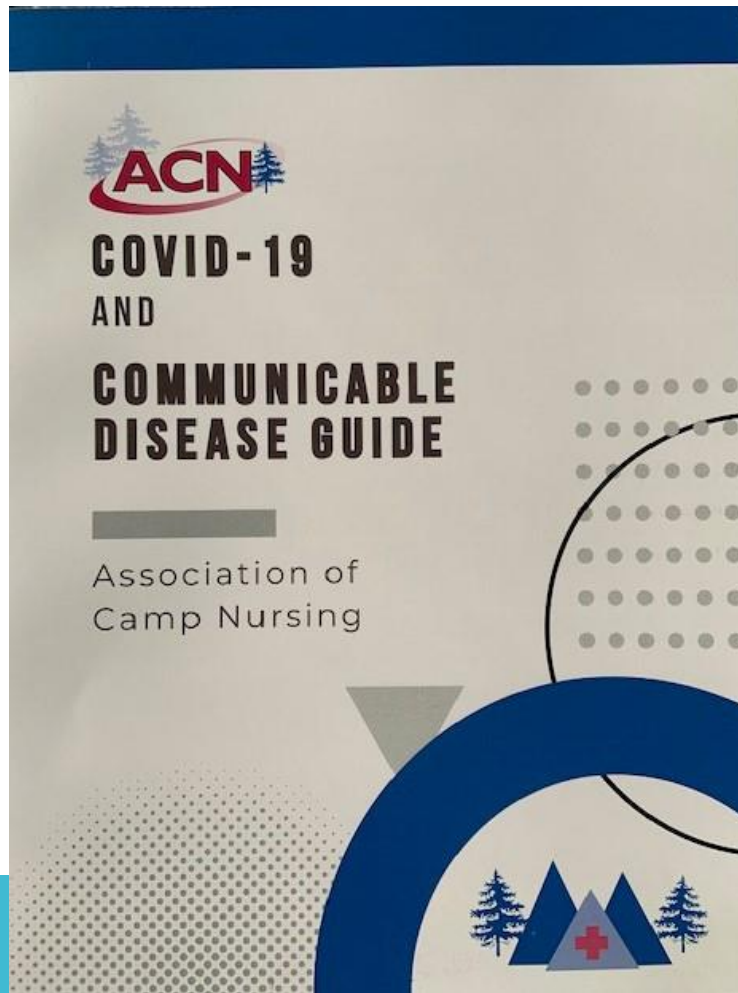
## Travel

- Do not travel if you are in isolation for COVID-19
- When out of isolation and within the 10-day range (or continuing to test positive), wear an N95 mask.
- If you have been exposed and must travel, wear an N95 mask
- See CDC Travel Site for full recommendations.

## HHS COVID-19 Public Health Emergency

- End Date: May 11, 2023
- Transition Roadmap





Have One Done.  
Review It Yearly.  
Communicate it Clearly.

# Communicable Disease Planning (CDP)



# Recommended Resources

***COVID and Communicable Disease Guide.*** ACH. [www.allianceforcamphealth.org](http://www.allianceforcamphealth.org)

***Field Guide for Camps on Implementation of CDC Guidance.*** (2022). American Camp Association.  
<https://www.acacamps.org/resource-library/coronavirus/camp-business/field-guide-camps> OR

***Scope and Standards of Camp Nursing Practice.*** (2017). <https://campnurse.org/product/scope-and-standards-of-camp-nursing-practice>

***Communicable Disease Management in the Camp Setting.*** (2020). Erceg, L. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/<https://www.allianceforcamphealth.org/wp-content/uploads/2021/01/Communicable-Disease-PG-2020-ACH.pdf>

***Camp Nursing: The Basics and Beyond.*** (2020). Erceg, L. & Gaslin, T. <https://allianceforcamphealth.org/shop/>

***Point of Care Text.*** (2022). Gaslin, T., Erceg, L., Gehring, & Marugg, M. <https://allianceforcamphealth.org/shop/>

***Healthy Camp Study Impact Report.*** (2011). American Camp Association-  
<https://www.acacamps.org/sites/default/files/downloads/Healthy-Camp-Study-Impact-Report.pdf>

# References

- **COVID-19 Personal Plan.**
  - [https://www.cdc.gov/coronavirus/2019-ncov/downloads/needs-extra-precautions/FS\\_COVID\\_Plan\\_FINAL.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/needs-extra-precautions/FS_COVID_Plan_FINAL.pdf)
- **CDC Isolation Guidelines**
  - <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>
  - [https://www.cdc.gov/coronavirus/2019-ncov/downloads/your-health/COVID-19\\_Isolation.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/your-health/COVID-19_Isolation.pdf)
- **CDC Understanding Exposure Risks**
  - <https://www.cdc.gov/coronavirus/2019-ncov/your-health/risks-exposure.html>
- **CDC COVID Travel Guidelines**
  - <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>





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Upcoming  
Events!



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