

COVID and Communicable Disease Update



Tracey Gaslin PhD, CPNP, FNP-BC, CRNI, RN-BC
Chief Executive Officer
Alliance for Camp Health

Laura Blaisdell MD/MPH, FAAP
Blaisdell Consulting



DIRECTORS AND ADMINISTRATORS

End statement: a robust body of knowledge directs camp health services

BEHAVIORAL HEALTH SPECIALISTS

End statement: the camp experience is intentionally designed to promote wellbeing

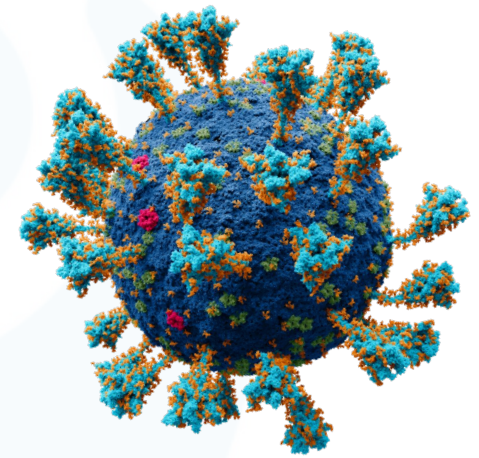


NURSES AND HEALTHCARE PROVIDERS

End statement: every camp will have an appropriate health care provider

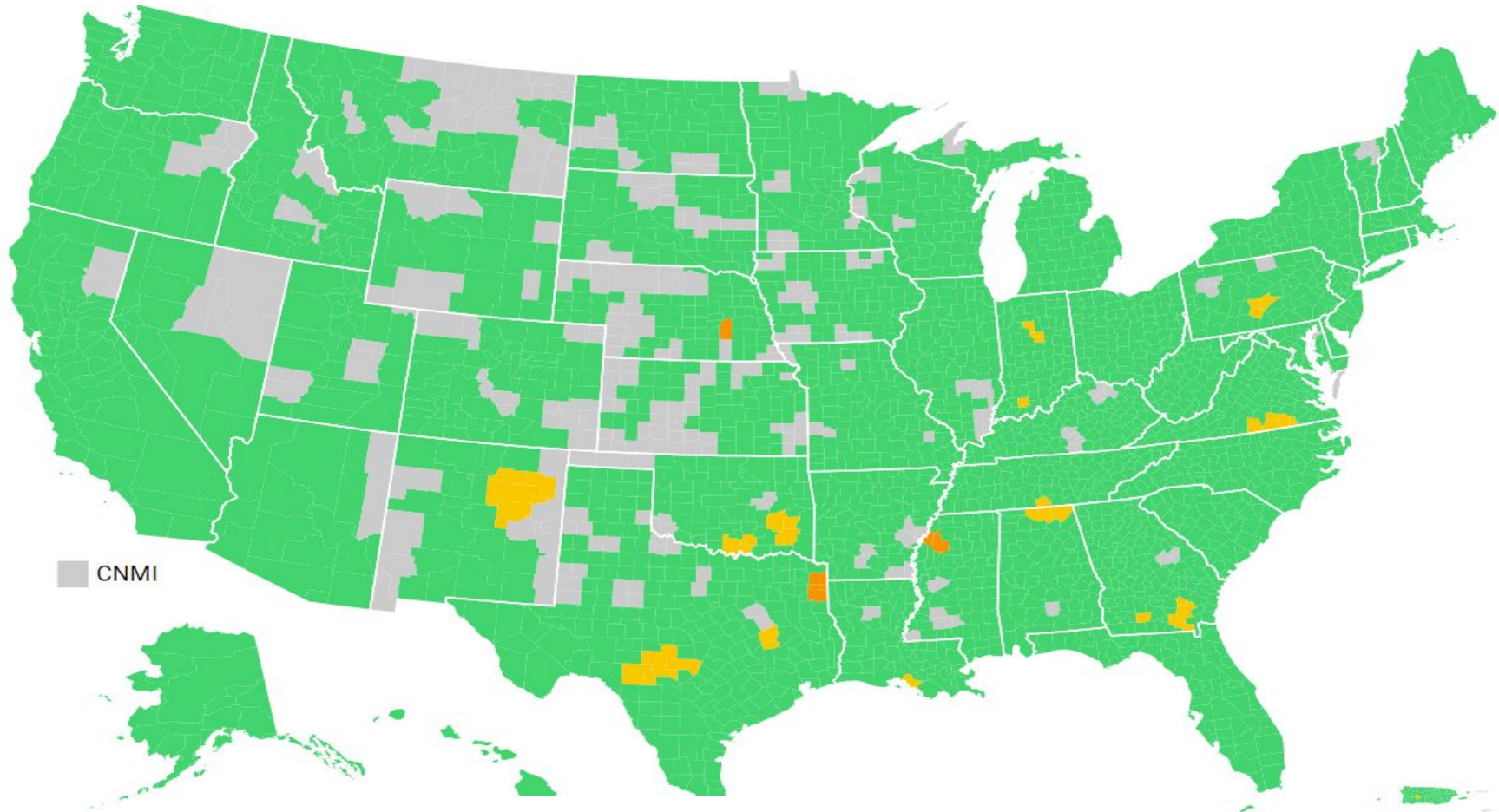


Objectives



- Updates to COVID Guidance
- Emerging and Prevalent Communicable Conditions
- Prevention Strategy for GI vs Respiratory Conditions
- Immunizations





■ CNMI

Low level  High level

Updated March 30, 2024
<https://covidactnow.org/?s=49273672>

Cumulative Percentage of Children 6 months - 17 years

Week Ending

3/23/2024

Legend – COVID-19 Vaccination
Coverage (%)

3.9 - 8.7

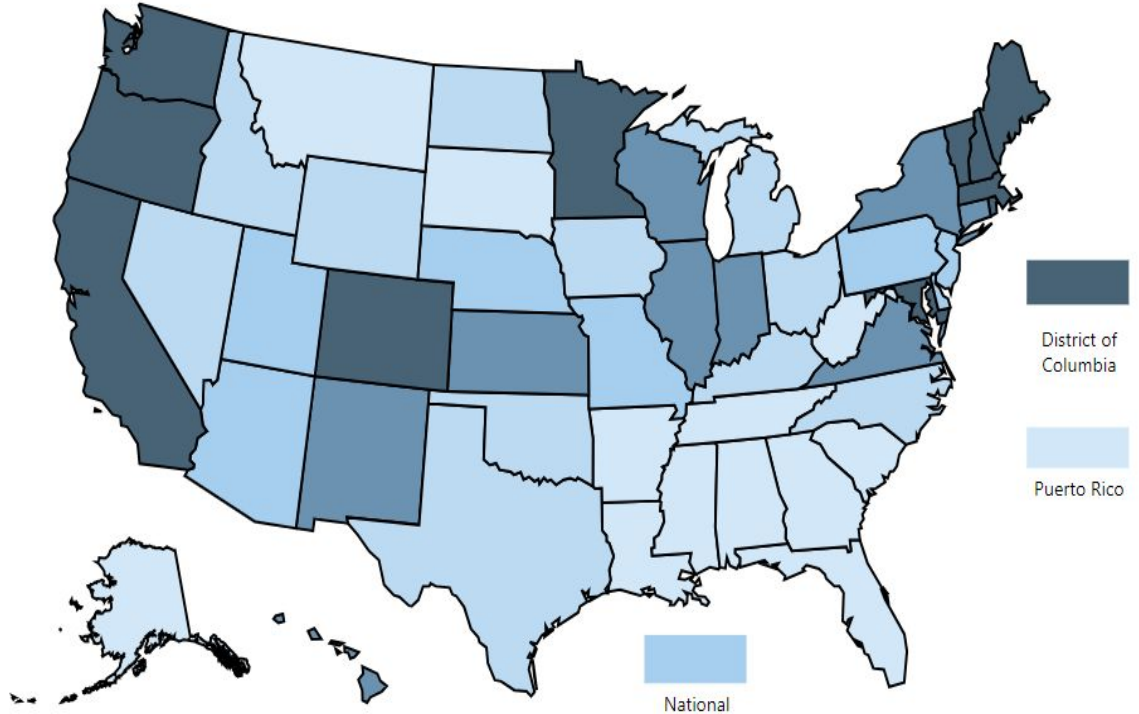
8.8 - 11.6

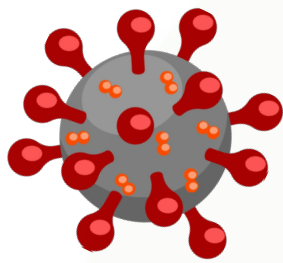
11.7 - 14.7

14.8 - 17.8

17.9 - 38.6

Suppressed/NA



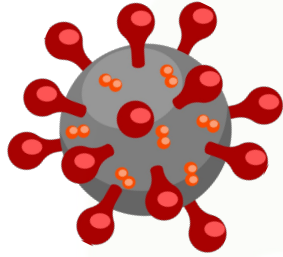


COVID Updates

- *Testing:* Screening testing is not recommended at this time; only when individual presents symptomatic.
- *Isolation:* If someone tests positive for the coronavirus, the recommendation is to use clinical symptoms to determine when to end isolation. Under this approach, people would no longer need to stay home if they have been fever-free for at least 24 hours without the aid of medication and their symptoms are mild and improving.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>





COVID Updates cont.

- People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a high-quality mask or respirator when indoors in public.
- ACH does encourage health screening to support individuals arriving to camp in a healthy state.

https://www.cdc.gov/niosh/topics/publicppe/community-ppe.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fabout-face-coverings.html



Emerging & Prevalent Communicable Diseases

- Measles
- Influenza/RSV
- Gastroenteritis
- Group A Strep
- STI



<https://emergency.cdc.gov/han/2024/han00504.asp>
<https://www.cdc.gov/outbreaks/index.html>



Measles

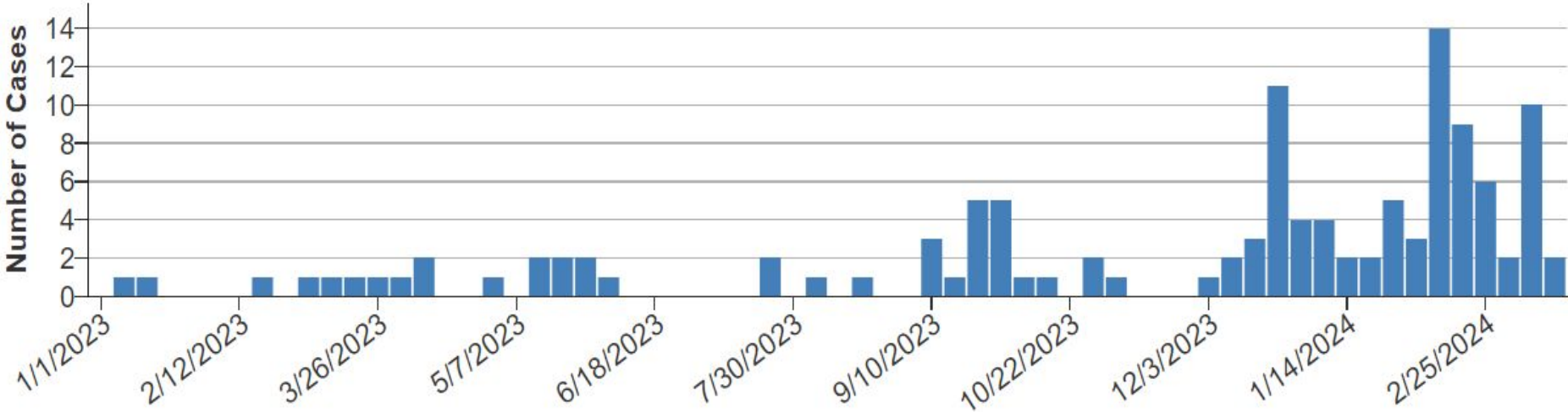
- Measles (rubeola) is highly contagious; one person infected with measles can infect 9 out of 10 unvaccinated individuals
- 338 confirmed U.S. [cases of measles](#) across 17 jurisdictions (March 2024)
- Should ensure that international staff and participants have received the measles vaccine
- Pockets of low coverage leave some communities at higher risk for outbreaks
- Individuals infected with measles are contagious from 4 days before the rash starts through 4 days afterward
- When > 95% of people in a community are vaccinated, most people are protected through herd immunity
- If measles suspected, have isolation plans prepared to manage; contact public health official

<https://emergency.cdc.gov/han/2024/han00504.asp>

https://www.cdc.gov/mmwr/volumes/73/wr/mm7314a1.htm?s_cid=mm7314a1_w

Number of measles cases reported by week

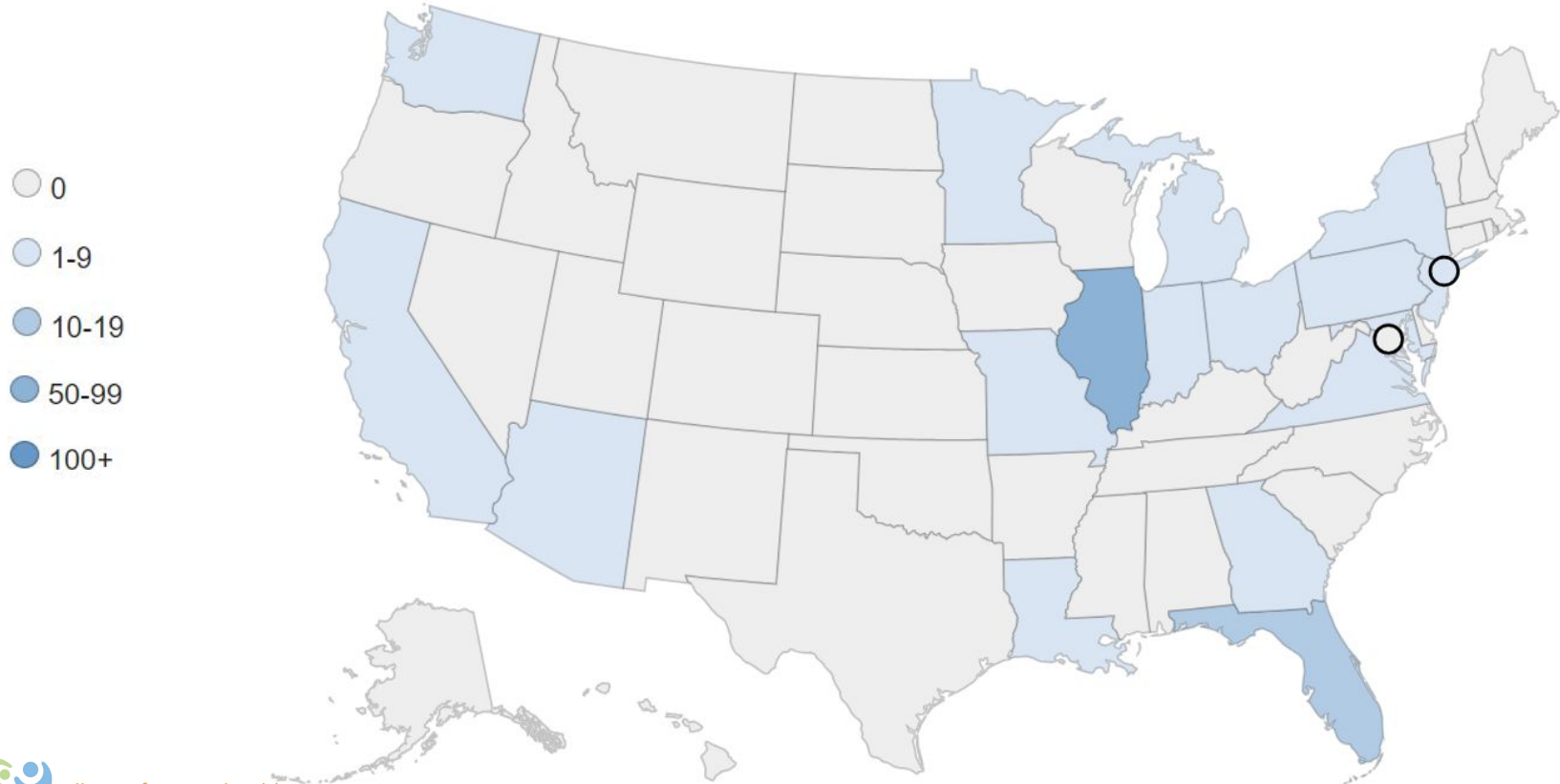
2023-2024* (as of March 21, 2024)



<https://www.cdc.gov/measles/cases-outbreaks.html>

Measles Cases Reported in 2024

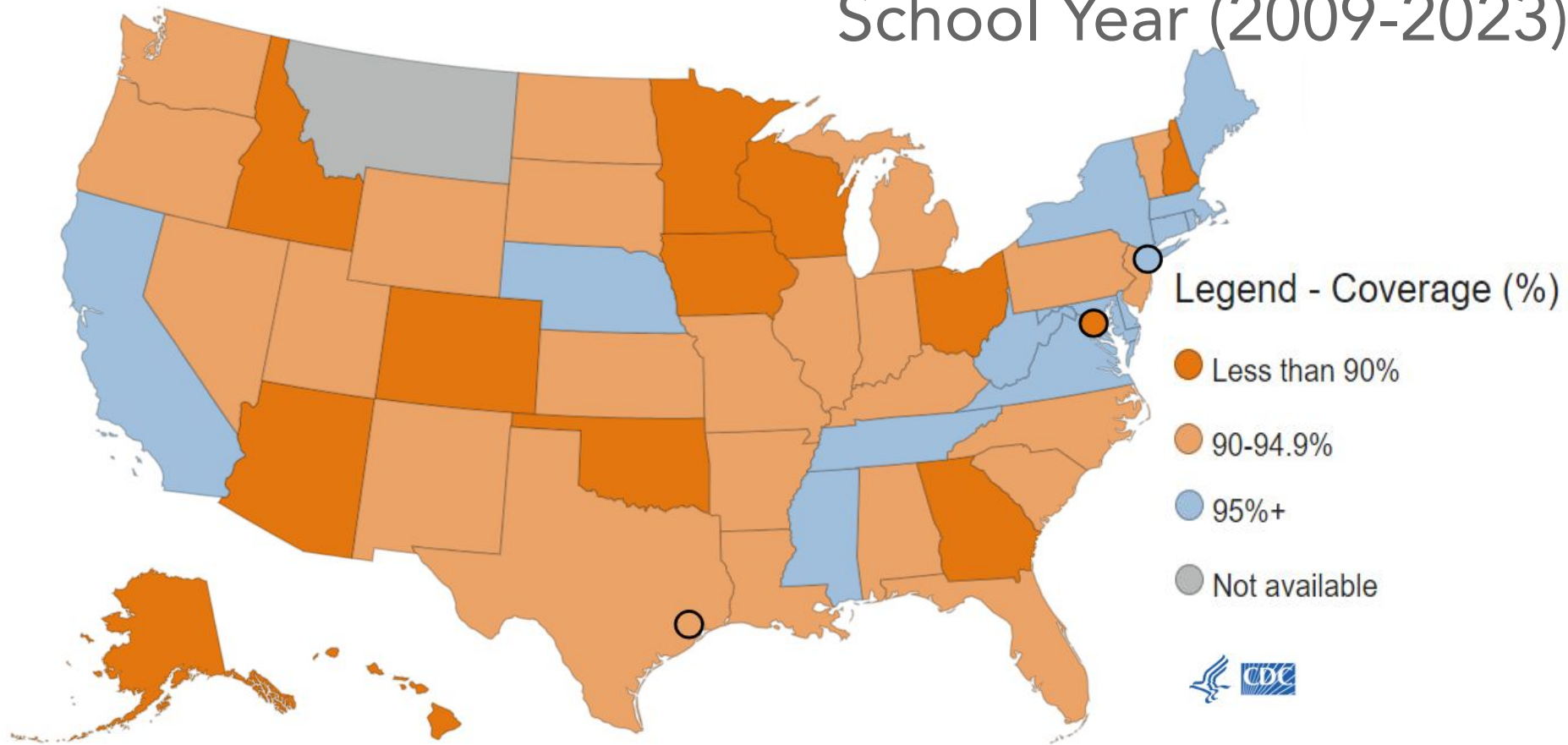
as of April 4, 2024

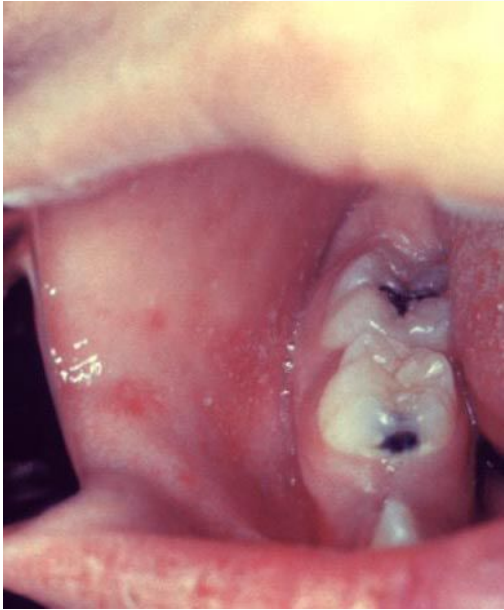


Measles Vaccines

- MMR in US given at 1 year of age and again at 5 years of age.
- Currently recommended for international travel 6mo and older.
- Two doses are 96% effective against measles, around 86% effective against mumps, and 89% effective against rubella.

MMR Vaccine Coverage for Kindergarteners by School Year (2009-2023)





CDC/ Dr. Patterson, Chief of Pediatrics, Henrietta Eggleston Hospital

<https://www.cidrap.umn.edu/measles/us-measles-cases-rise-41>

Is it Measles??



https://downloads.aap.org/AAP/PDF/ThinkMeasles-final.pdf?utm_source=MagnetMail&utm_medium=email&utm_term=CHP%2DLeaderLink&utm_campaign=2024%2E04%2E03%20Chapter%20Chat%20Recap

Think Measles

Consider measles in any patient presenting with a febrile rash illness, especially if **unvaccinated for measles or traveled internationally in the last 21 days.**

1 Measles Symptoms

- High Fever
- Cough
- Coryza (runny nose)
- Conjunctivitis (red, watery eyes)
- Maculopapular Rash
 - Typically appears 2-4 days after symptoms begin.
 - Begins at hairline, spreads downward, to face, neck, and trunk.
 - Rash appears red on light complexions, but may be harder to see or appear as purple or darker than surrounding skin on dark complexions.

3 Patients Presenting with Suspected Measles

- Provide face masks to patients (2 years of age and older) and family before they enter the facility. Patients unable to wear a mask should be "tentted" with a blanket or towel when entering the facility.
- Immediately move patient and family to an isolated location, ideally an airborne infection isolation room (AIIR) if available. If unavailable, use a private room with the door closed.
- No other children should accompany a child with suspected measles.
- Patients (2 years of age and older) and family should leave face masks on if feasible.

5 Public Health Notification

- To ensure rapid investigation and testing with contact tracing, notification should occur immediately upon suspicion of measles. Public health departments will be able to help confirm vaccination history for U.S. residents, provide guidance on specimen collection and submission, and manage contacts of confirmed cases.
- Acute care facilities should immediately notify the hospital epidemiologist or infection prevention department.
- Outpatient settings should immediately notify local or state health departments.

2 Pre-Visit Telephone Triage

- For those reporting measles symptoms, assess the risk of exposure:
 - Are measles cases present in your community?
 - Did the patient spend time out of the country in the 21 days before symptom onset?
 - Has the patient ever received the MMR vaccine?
- Triage should only be completed by a clinically trained person.
- If patient will be seen in the office, provide instructions on face masks for patient (2 years of age and older) and family.
- Instruct to arrive to a side or back entrance instead of the main entrance.

4 Infection Prevention Precautions

- Only health care providers with immunity to measles should provide care to the patient and family. Standard and airborne precautions should be followed, including:
- Use of a fit tested NIOSH-approved N95 or higher-level respirator.
 - Use of additional PPE if needed for task (e.g., gloves for blood draws).
 - Cleaning hands before and after seeing the patient.
 - Limiting transport or movement of patients outside of room unless medically necessary.

6 Clinical Care

- People with confirmed measles should isolate for four days after they develop a rash.
- If an AIIR was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the patient leaves the room
- Standard cleaning and disinfection procedures are adequate for measles virus environmental control.



Maculopapular Rash

Source: CDC PHIL



Resources:

[Measles Red Book Online Outbreaks Page](#)
[CDC Interim Infection Prevention and Control](#)



JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		RHINOVIRUS									
CORONAVIRUS					ENTEROVIRUS						
ADENOVIRUS											
		PIV-3					PIV2,3				
RSV											RSV
INFLUENZA											
MPV											
GROUP A STREPT											



Seasonal variations in frequency of selected upper respiratory tract infection pathogens. PIV = parainfluenza virus; RSV = respiratory syncytial virus; MPV = metapneumovirus; Group A Strept = group A streptococcus.

Treatment of the Common Cold

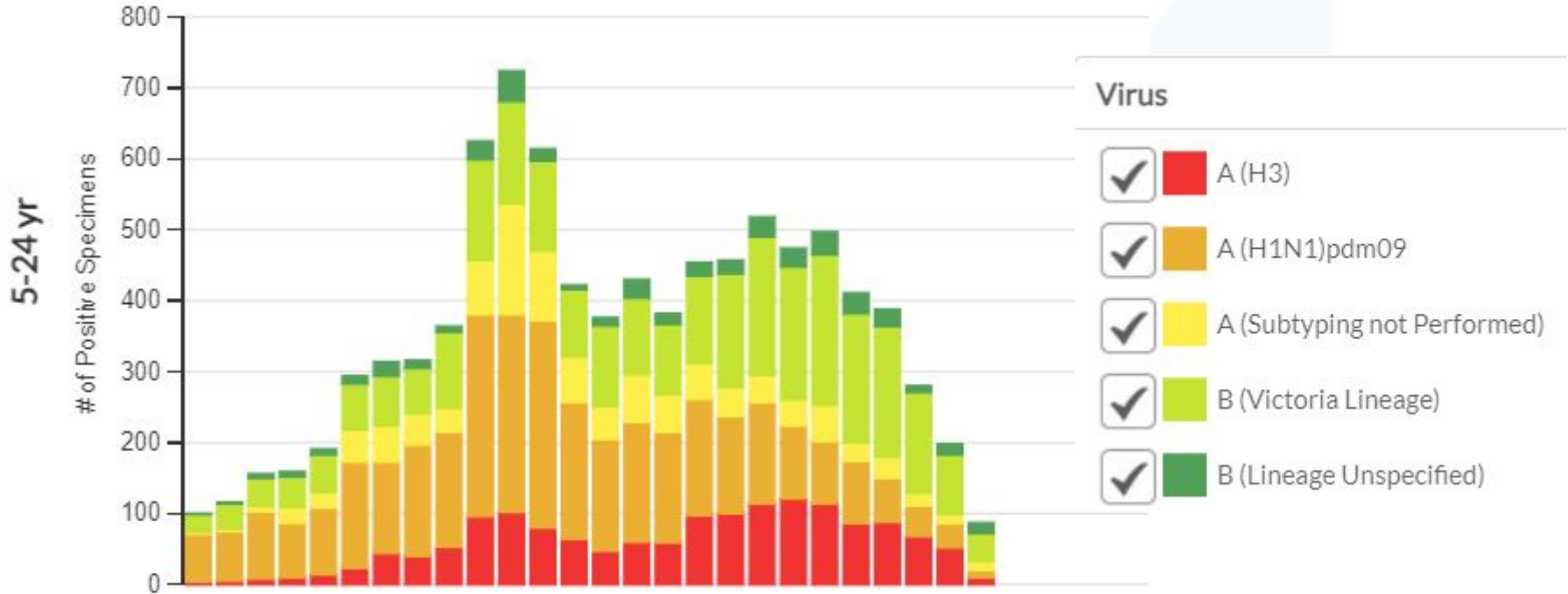
Counseling patients about the importance of good hand hygiene is the best way to prevent transmission of cold viruses.

- The only established safe and effective treatments for children are acetylcysteine, honey (for children ≥ 1 year), nasal saline irrigation, intranasal ipratropium, and topical application of ointment containing camphor, menthol, and eucalyptus oils.
- The American Academy of Pediatrics recommended avoiding cough and cold medications in children younger than 6 years.
- Do not prescribe decongestants to children younger than 12 years, as evidence of the effectiveness of decongestants is limited, and they are associated with adverse effects.



Influenza

(Influenza Season through 3/30/24)



Co-Infections: Influenza/RSV

- Usually comes on suddenly
- May be infectious before symptoms appear
- Vaccination available. Will your camp Require? Encourage?

Coinfections	Number of hospitalizations*	% of total lab-confirmed influenza hospitalizations with selected coinfections (95% CI)*
Flu and COVID	950	5.37% (95% CI: 4.02%-7.00%)
Flu and RSV	901	2.00% (95% CI: 1.19%-3.14%)

<https://www.cdc.gov/flu/season/faq-flu-season-2023-2024.htm>



HOW TO TELL THE DIFFERENCE BETWEEN FLU, RSV, COVID-19, AND THE COMMON COLD

Common symptoms may include cough, headaches, sneezing, runny nose, and congestion. Different symptoms may include:



		COLD	FLU	COVID-19	RSV
	ACHES				
	DIFFICULTY BREATHING				
	FATIGUE				
	FEVER				
	LOSS OF TASTE OR SMELL				
	SORE THROAT				
	WHEEZING				

Gastroenteritis (Rotavirus, Norovirus, etc)

- Most common (Norovirus)
- Acute onset vomiting; non-bloody diarrhea
- Most fully recover 1-3 days



Gastroenteritis

- *Norovirus Toolkit for Camp Outbreak*
 - Best Practices for Camp Outbreak Readiness
 - Checklist for Responding to a Norovirus Outbreak
 - Control Measures (hygiene, vomit containment, grouping, exclusion, food handling, canceling of group activities and closures)
 - Cleaning and Disinfection Guidelines



<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/NorovirusToolkitforCampOutbreaks.pdf>





<https://www.mayoclinic.org/diseases-conditions/strep-throat/symptoms-causes/syc-20350338>

Group A Strep

Causes Strep Throat, Scarlet Fever, Impetigo, Rheumatic Fever...

Group A strep bacteria are very contagious. Generally, people spread the bacteria to others through:

- Respiratory droplets
- Direct contact

<https://www.cdc.gov/groupastrep/diseases-public/strep-throat.html>



Group A Strep cont.

Symptoms Do NOT include cough or runny nose. The following symptoms suggest a virus is the cause of the illness instead of strep throat:



- Cough
- Runny nose
- Hoarseness (changes in your voice that make it sound breathy, raspy, or strained)
- Pink eye ([conjunctivitis](#))

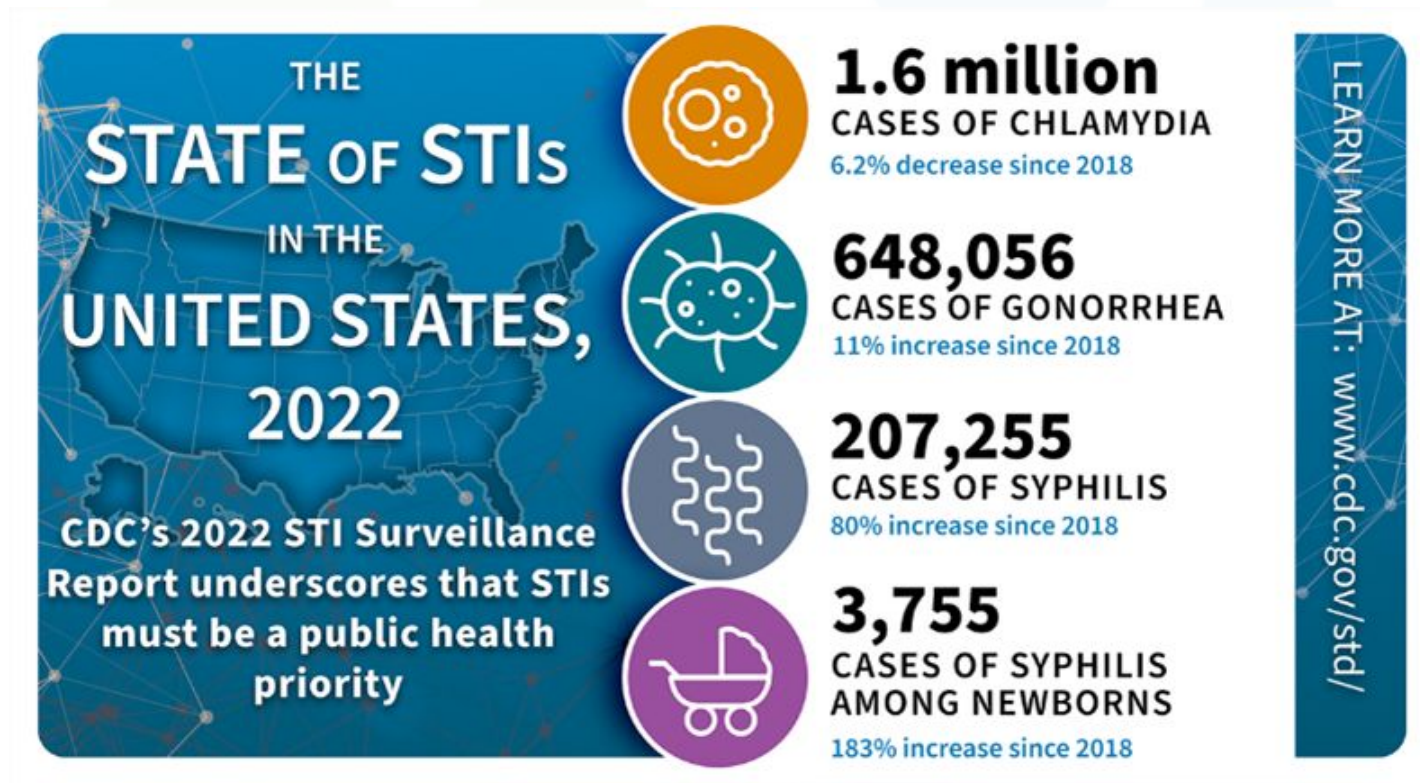
Test by Rapid and Culture Tests. Treat with Antibiotics.

<https://www.cdc.gov/groupastrep/diseases-public/strep-throat.html>

<https://www.mayoclinic.org/diseases-conditions/strep-throat/symptoms-causes/syc-20350338>

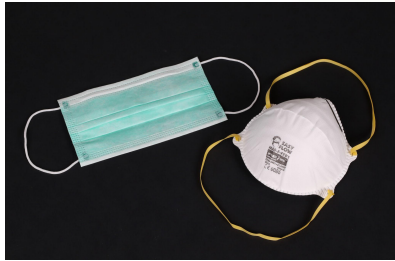


Don't Forget the Staff; STI's on the Rise



Respiratory Virus Guidance (CDC, 2024)

- Immunizations
- Hygiene
- Cleaner Air
- Preventing Spread
- Masking
- Distancing
- Testing



Respiratory Virus Guidance Snapshot

Core prevention strategies

Immunizations



Hygiene



Steps for Cleaner Air



Treatment



Stay Home and Prevent Spread*



Additional prevention strategies

Masks



Distancing



Tests



*Stay home and away from others until, for 24 hours BOTH:



Your symptoms are getting better



You are fever-free (without meds)

Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering



Then take added precaution for the next 5 days

Prevention and Intervention

Nonpharmaceutical Interventions	Respiratory	Gastrointestinal
Hand Hygiene	✓	✓
Ventilation	✓	
Cleaning Practices		✓
Masking	✓	
Screening	✓	✓
Distancing	✓	



Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes					1 dose (8 through 19 months), See Notes												
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose		← 4 th dose →						5 th dose						
Haemophilus influenzae type b (Hib)		1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose, See Notes →												
Pneumococcal conjugate (PCV15, PCV20)		1 st dose	2 nd dose	3 rd dose		← 4 th dose →												
Inactivated poliovirus (IPV <18 yrs)		1 st dose	2 nd dose	← 3 rd dose →							4 th dose							
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																	
Influenza (IIV4)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only							
OR											OR							
Influenza (LAIV4)											Annual vaccination 1 or 2 doses				Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →					2 nd dose						
Varicella (VAR)							← 1 st dose →					2 nd dose						
Hepatitis A (HepA)					See Notes		2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose					
Human papillomavirus (HPV)														See Notes				
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)															1 st dose		2 nd dose	

Surveillance of Illness Burden

❖ Reportable Conditions

❖ Communication with Families/Caregivers



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) ¹	Listeriosis ➔ ☒ (<i>Listeria monocytogenes</i>)
Anaplasmosis	Lyme Disease
☒ Anthrax ➔ ☒ (<i>Bacillus anthracis</i>)	Malaria
Babesiosis	☒ Measles ➔ ☒ (<i>Rubeola virus</i>)
☒ Botulism ➔ ☒ (<i>Clostridium botulinum</i>)	☒ Meningococcal Disease, Invasive ➔ ☒ (<i>Neisseria meningitidis</i>)
<i>Borrelia miyamotoi</i>	☒ Mumps ➔ ☒
☒ Brucellosis ➔ ☒ (<i>Brucella</i> species)	☒ Pertussis
California Serogroup Viruses	☒ Plague ➔ ☒ (<i>Yersinia pestis</i>)
Campylobacteriosis	☒ Poliomyelitis ➔ ☒ (Polio virus)
☒ <i>Candida auris</i> ² ➔ ☒	Powassan Virus
☒ Carbapenemase-producing carbapenem-resistant organisms ³ ➔ ☒	Pittacosis
Carbon Monoxide Poisoning ⁴	☒ Q Fever
Chancroid	☒ Rabies (human and animal) ➔ ☒ (<i>Rabies virus</i>)
Chlamydia	Rabies Post-Exposure Prophylaxis
Chickenpox (Varicella)	☒ Ricin Poisoning ➔ ☒
Chikungunya	☒ Rubella (including congenital) ➔ ☒ (<i>Rubella virus</i>)
☒ Coronavirus, Novel, MERS, and SARS ➔ ☒	Salmonellosis ➔ ☒ (<i>Salmonella</i> species)
Creutzfeldt-Jakob disease, <55 years of age	☒ Shellfish Poisoning
Cryptosporidiosis	Shigellosis ➔ ☒ (<i>Shigella</i> species)
Cyclosporiasis	☒ Smallpox ➔ ☒ (<i>Variola virus</i>)
Dengue	Spotted Fever Rickettsiosis
☒ Diphtheria ➔ ☒ (<i>Corynebacterium diphtheriae</i>)	St. Louis Encephalitis
<i>E. coli</i> , Shiga toxin-producing (STEC) ➔ ☒	☒ <i>Staphylococcus aureus</i> non-susceptible to Vancomycin ⁴ ➔ ☒
Eastern Equine Encephalitis	Streptococcus Group A, Invasive
Ehrlichiosis	Streptococcus pneumoniae, Invasive
Giardiasis	Syphilis
Gonorrhea	☒ Tetanus ➔ ☒ (<i>Clostridium tetani</i>)
<i>Haemophilus influenzae</i> , Invasive ➔ ☒	Trichinosis
Hantavirus, pulmonary and non-pulmonary syndromes	☒ Tuberculosis (active and presumptive) ➔ ☒ (<i>Mycobacterium tuberculosis</i>)
Hemolytic-uremic syndrome (post-diarrheal)	☒ Tularemia ➔ ☒ (<i>Francisella tularensis</i>)
☒ Hepatitis A, B, C, D, E (acute)	Vibrio species, including Cholera ➔ ☒ (<i>Vibrio</i> species)
Hepatitis B, C, D (chronic)	Vaping-associated pulmonary illness ⁵
Human Immunodeficiency Virus (HIV) ⁶	☒ Viral Hemorrhagic Fever
Influenza-associated pediatric death	West Nile Virus
Influenza A, Novel ➔ ☒	Western Equine Encephalitis
Influenza-associated hospitalization, laboratory-confirmed	Yellow Fever
	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



Considerations

- Are you prepared to address a variety of communicable conditions (*Camp Crud*)?
- Do you have a clear understanding of appropriate and necessary nonpharmaceutical interventions (NPIs)?
- Are you considering potentials for staff illness? Cross covering needs?
- How will you escalate care if needed? Criteria for Concern?





HAPPENINGS!!!

Interconnected Ecosystems: Cultivating Synchrony



ACH Spring Summit | April 25, 2024

1pm est - 4:45 est

\$60 ACH Members | \$75 non-members



Interconnected Ecosystem: Cultivating Synchrony

Part 3 of a series of 3 events exploring Interconnected Ecosystems

Camp and Community Synchrony

Presenters: Laura Blaisdell MD, Stephanie Kassels APRN, Cori Miller CSW

The Impact on Organizational Wellness

Description: As human beings, we are drawn to connections and relationships with others. We are healthier and happier when we find ourselves living in a way that allows us to grow and learn together. Our minds are stimulated when we are participating in experiences larger than ourselves. This session will outline characteristics that promote synchrony with one another and enhance the operations and structure of camps. This session will expand our view on the spaces we cultivate to promote wellness for all.

Aligning Perspectives: Understanding Stories of Synchronous Care

Description: A key component of professional learning is being able to hear directly from the individuals you serve. We care for individuals through the programs and connections we design and we promote self-efficacy, growth, and learning in our work. Are we willing to make the necessary changes to create thriving youth environments? Join us for an interactive session that will offer stories and lived experiences where we gain synchrony skills and appreciation for individuals in the community of care.

MEDICATION MANAGEMENT AT CAMP



MICHAEL AMBROSE, MD

CampDoc

Presented by the **Alliance for Camp Health** and **CampDoc**, join us in exploring current practices in Medication Management at camp.

To include current practice, overseeing and delegating medication administration. A Q&A time with the presenters will be offered.

Friday May 10, 2024

1pm eastern

Free Webinar | Registration is required

REGISTER



FREE
HAPPENINGS!!!



TRACEY GASLIN, PHD, CPNP, FNP-BC,
CRNI, RN-BC

Working Toward Healthier Camp Communities

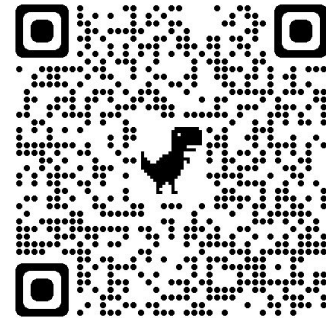


What's
NEW in
the



Store??

*Scope & Standards of
Camp Nursing Practice*
Fourth Edition, 2024





Learn More About Us!

