

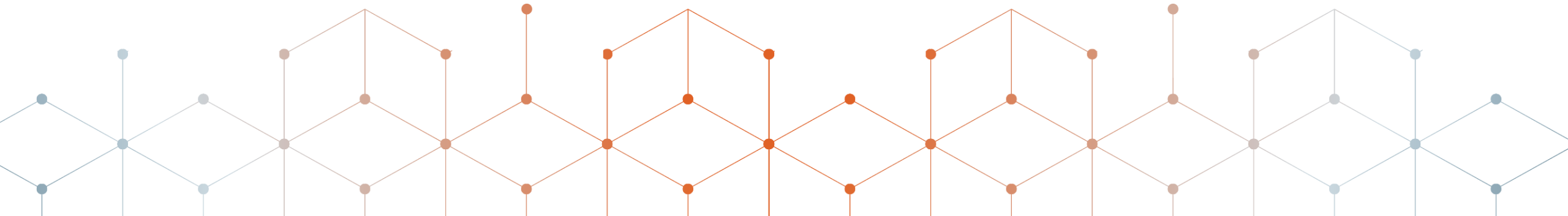
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COVID & Beyond: *Infectious Disease At Camp 2023*

DR. LAURA BLAISDELL, MD/MPH, FAAP

May 11, 2023





Communicable Disease at Camp





Communicable Disease Plans

- 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*

WHAT IS YOUR APPROACH TO RESPIRATORY ILLNESS THIS YEAR?

- What is your rationale?
- What should parents tell their children?

WHAT NPIs WILL YOU BE USING?

- In what settings?
- Will you reserve the right to change?

CONFLICT, CONFUSION & COMPLAINTS

- Come from lack of awareness and not clearly communicating your plan now.
- Can go to the State DHHS.
- Communication about how you will be balancing the program with health and safety.



Pre-Camp Healthy Behaviors

FAMILY EDUCATION

- Healthy Behaviors
- Communication if Ill
- Masking in large gatherings

PRECAMP SCREENING

- Mental and Physical Health
- ACH Camp Screener
- Testing (next slide)

DAY OF ARRIVAL

- Standard Procedures
- How will you manage illness?
 - Stay in Health Center?
 - Send home with parents?
 - Allow entry into camp?



COVID-19 Testing

- **Would you recommend doing pre-camp testing, either before traveling or at the gate?**
 - A single antigen test has limited benefit (sensitivity) as a screening tool.
 - Symptoms & History probably are more likely to tell you if someone is ill.
 - HINT: Healthy Camp Begins at Home.
 - But, it does feel like something we can ‘do’ to prevent COVID cases at camp.
 - What is the cost/worry/anxiety if we don’t test?
 - What scenarios would I ask campers/staff to test (or consider masking)?
 - International or Long Flights
 - Attending large gatherings (with or with intermittent masking)
 - Exposure to someone who has COVID
- **What is your infectious disease goal this summer & how are you balancing it with operations and the socio-emotional wellness of campers?**

Staff Considerations

STAFF ILLNESS

- Can represent an operational threat.
- Staff considerations for testing may be different than campers due to risk and access to testing.

PLAN FOR

- Illness & Cross Covering
- Communicate what will happen if someone is ill with COVID or other illnesses
- If staff is positive, consider exposures– sagaciously.

CONSIDER

- Being a community that supports individual choices, especially around masking.
- Consider use of the CDC's Personal COVID-19 Plan.

What about symptoms & positive COVID tests?

SYMPTOM MANAGEMENT

- Mild symptoms that are not affecting participation?
- Moderate symptoms requiring treatment or evaluation?

CAMP COMMUNICATION

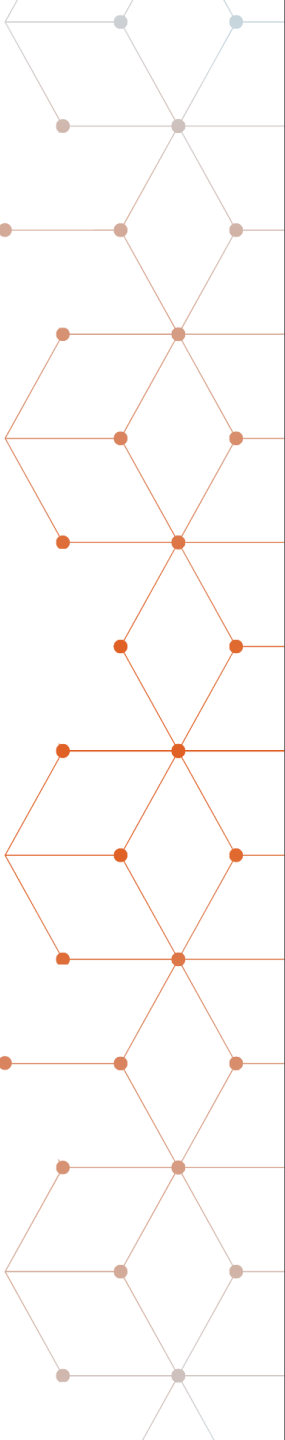
- How does your health team feel about your plans?
- How does your staff feel about your plans?
- How do parents/ campers feel about your plans?

WHEN TO TEST FOR COVID

- If you have access to COVID Testing, when should they test?
- Do you want to know before they do?
- Will you be retesting after the recommended period of time?
- Do you have a different CDP for staff and campers when it comes to testing?
- You may not be able to control test.

BALANCE

- We have long moved out of a place of containment and mitigation and been in a place of risk management: meaning decreasing severe illness & death.
- Campers & many staff are of low risk.
- Balance the risks of infectious disease with the educational, social and mental health outcomes.



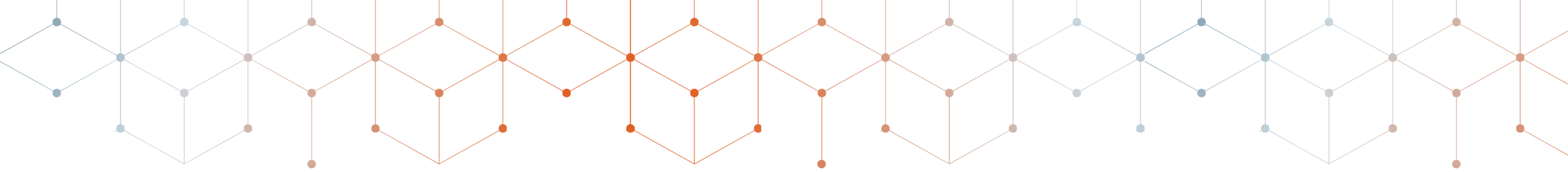
Managing COVID at Camp





COVID-19 Cases

- **Federal Isolation Recommendations Continue, but will likely change soon.**
 - 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.
- Campers/Staff avoid being around people who are more likely to get very sick from COVID-19.
- Campers/Staff wear high-quality mask when indoors around others at home and in public until:
 - Day 10 or 2 negative antigen tests 48 hours apart.
 - Eating, swimming & sleeping— means eating/sleeping apart.
 - Program Decisions activity by activity.



COVID-19 Transmission

- **Post High Transmission Exposure Testing Still Recommended, but...**
 - Definition of High Transmission Exposure
 - Time, symptomatic, indoors, masks?
 - How do parents/ campers feel about your plans?
 - See CDC Guide for Determining High Risk Exposure
 - Test 3-5 days later, 48 hours apart.
- 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 6th day after exposure.
- Practical considerations:
 - Ventilation/Maximal Outdoor Programming
 - Indoors & In Transportation
 - Exposed vs. Contact tracing???



How will you know if its COVID?

- 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.



So what are your options?

- **COVID is just one of the many respiratory viruses we will experience at camp.**
- Most viruses are self-limited and mild.
- There will be much less support for the management of respiratory diseases this summer.
- Historically, we do not test for respiratory illnesses unless a positive result will change our treatment plan or how we behave.
 - The only behavior change now for COVID-19 is isolation and masking-- and these recommendations are very likely to change in the upcoming weeks/months for low risk individuals in low risk settings like summer camps.
- The truth is COVID is different— we know so much more about the transmission characteristics of this virus than any other virus circulating currently.



Testing & Reporting





COVID-19 Tests

- Any recommendations on where to get them and what would they cost?
 - Abbott Binax Now Rapid COVID-19 tests can be ordered directly from Abbott.
 - For more information, go to <https://bit.ly/hh-abbott-22>
 - **Binax Now Pro Covid-19 Antigen Test.**
 - The Binax NOW Pro includes 40 tests, total cost per kit is \$200 (\$5 per test).
 - This test has the symptomatic claim, requires a CLIA certificate, and is to be performed by a medical professional.
 - **Binax NOW OTC (Over The Counter) Self-Test.**
 - Each box contains two tests, this test kit is \$16 per kit (\$8 per test). Abbott packages each \$16 kit into a case of 6, the total cost per case is \$96.
 - This test has the asymptomatic, serial testing claim. This means that if the person being tested is asymptomatic, Abbott recommends testing twice within 48 hours. This option does not require a medical professional

At-Home OTC COVID-19 Diagnostic Tests

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list>



Are Rapid Antigen Tests Still Valid?

USE AN FDA-AUTHORIZED TEST Over-the-counter does not require CLIA waiver.

USE THE TEST IN THE MANNER RECOMMENDED.

- Is the tests to be used with symptoms or without symptoms?
- What is the retesting recommendation for negative test?

At-Home OTC COVID-19 Diagnostic Tests

Manufacturer and Test Name (Links to Instructions for Use)	Who can use this test: Symptoms	Who can use this test: Age	Other Details	Expiration Date
<p>Access Bio, Inc.: CareStart COVID-19 Antigen Home Test</p>  <p>Alternate brand name:</p> 	<ul style="list-style-type: none"> People with symptoms that began within the last 7 days People without symptoms. The test is to be performed two times over three days (serial testing) 	<ul style="list-style-type: none"> Age 14 years and older Age 2 years and older when collected by an adult 	<ul style="list-style-type: none"> Antigen test Nasal swab Smartphone optional Alternate brand name: On/go COVID-19 Antigen Self-Test Results in 10 minutes 	<ul style="list-style-type: none"> Shelf Life: 21 months (extended) Expiration Date: See link for list of updated expiration dates

At-Home OTC COVID-19 Diagnostic Tests

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list>

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USE THE TEST IN THE MANNER RECOMMENDED.

- Is the tests to be used with symptoms or without symptoms?
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EXPIRATION DATES

- Some expiration dates have been extended.
- Go to FDA for more information.

REPORT POSITIVES

- Summer Camps must report all notifiable conditions, of which SARS currently is on the list.



Tel. (207) 287-5671

Health Inspection Program

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Washington Street
11 State House
Augusta, Maine 04330
Tel.: (207) 287-8016; Fax: (207) 287-8017
TTY Users: Dial 711 (Maine Relay)

Fax (207) 287-3

REPORTABLE CONDITIONS

DATE : _____ DATE OF INCIDENT: _____ TIME: _____

NAME OF CAMP: _____

LOCATION: _____

WINTER ADDRESS: _____

☐ RESIDENT YOUTH ☐ TRAVEL

The camp operator shall report directly to the following reportable conditions:

Please check type of reportable/notifiable incident.

- ☐ 1. Injuries causing unconsciousness
- ☐ 2. Injuries causing fracture of bone
- ☐ 3. Injuries necessitating hospitalization
- ☐ 4. Injuries requiring suturing or head, neck, spine
- ☐ 5. Carnivorous animal bite wound
- ☐ 6. (Food poisoning) Epidemic illness involving intoxication.
- ☐ 7. Any illness causing muscle paralysis or weakness
- ☐ 8. Any illness or injury resulting in the death of a person
- ☐ 9. The camp operator shall report to the Maine Notifiable Conditions, 10-144 C.M.R. Ch 24 in Appendix B of the Youth Camp Rules.

Did this reportable incident occur while involved in trip camping?

☐ Yes ☐ No If so, location: _____

Person(s) injured/ill please check all that apply:

☐ Male ☐ Female ☐ Staff ☐ Camper

Briefly describe the conditions under which the incident occurred:

Please check type of reportable/notifiable incident.

- ☐ 1. Injuries causing unconsciousness.
- ☐ 2. Injuries causing fracture of bone.
- ☐ 3. Injuries necessitating hospitalization, for 12 hours or more.
- ☐ 4. Injuries requiring suturing or head, neck, spine
- ☐ 5. Carnivorous animal bite wounds.
- ☐ 6. (Food poisoning) Epidemic illnesses involving intoxication.
- ☐ 7. Any illness causing muscle paralysis or weakness
- ☐ 8. Any illness or injury resulting in the death of a person
- ☐ 9. The camp operator shall report to the Maine Notifiable Conditions, 10-144 C.M.R. Ch 24 in Appendix B of the Youth Camp Rules.

Maine Center for Disease Control and Prevention

February 17, 2021

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 → ☒ (Rubeola virus) |
| ☒ 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 → ☒ | Psittacosis |
| Carbon Monoxide Poisoning ⁴ | ☒ Q Fever |
| Chancroid | ☒ Rabies (human and animal) → ☒ (Rabies virus) |
| Chlamydia | Rabies Post-Exposure Prophylaxis |
| Chickenpox (Varicella) | ☒ Ricin Poisoning → ☒ |
| Chikungunya | ☒ Rubella (including congenital) → ☒ (Rubella virus) |
| ☒ 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 → ☒ (Variola virus) |
| 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 ⁶ → ☒ |
| Eastern Equine Encephalitis | <i>Streptococcus</i> Group A, invasive |
| Ehrlichiosis | <i>Streptococcus pneumoniae</i> , 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 ⁷ |
| Human Immunodeficiency Virus (HIV) ⁵ | ☒ 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

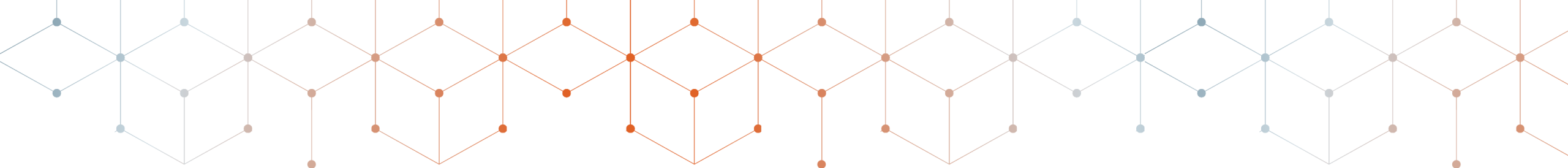
What to report: Disease reports must include as much of the following as is known:

- 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

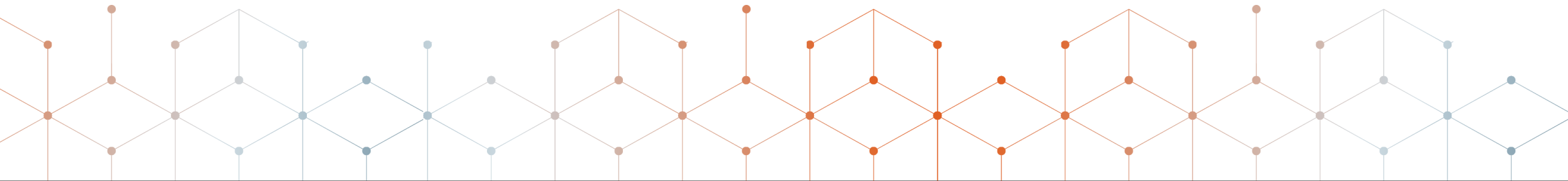
Complete Rules for the Control of Notifiable Diseases and Conditions:

<http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/index.shtml>





Other Topics





What about all the other diseases?

- Rates and patterns of communicable disease have been wonky.
 - Triple-demic of RSV, Influenza and COVID
 - Gastroenteritis- Norwalk
 - Leading cause of food contamination outbreaks
 - Spreads easily on contaminated
 - Group A Strep Throat
 - Lice
- Summertime Viruses
 - Non-polio Enteroviruses
 - Fever, sore throat, runny nose, cough (mouth and eye findings)

Spike in lice infestations reported in North County

by: Jaime Chambers

Posted: Jan 3, 2023 / 05:46 PM PST

Updated: Jan 4, 2023 / 08:32 AM PST



Increase in Invasive Group A Strep Infections, 2022-2023



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™



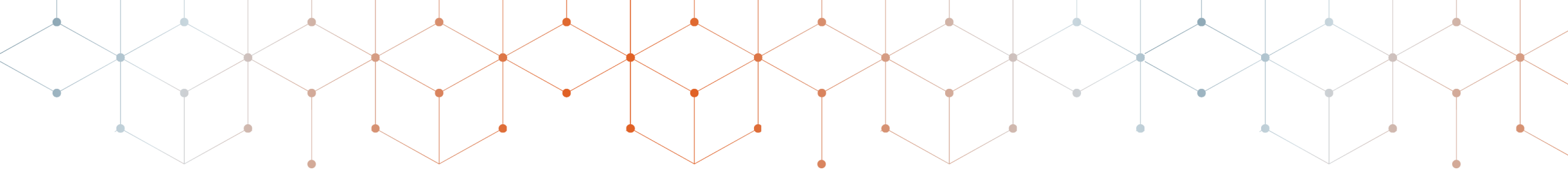
WATCH NOW



HEALTH NEWS

Norovirus appears to keep spreading as rate of positive tests exceeds last year's peak

The highly contagious virus' symptoms typically include diarrhea, vomiting, nausea and stomach pain.



Do we have more immunity now?

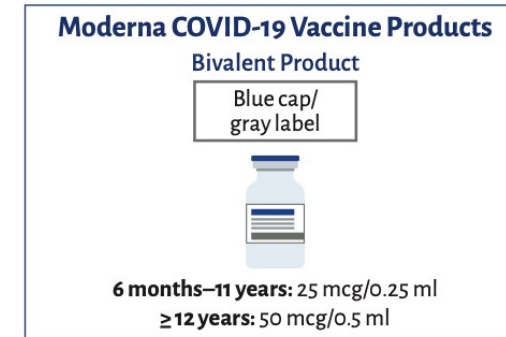
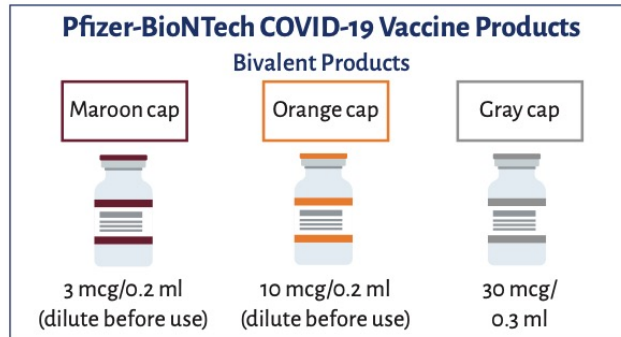
We have heard a lot about illnesses in schools and families/ parents getting sick because of delayed immunity build-up over the past few years. How long will that take to build back up? Will we see the same trend of illness at camp this summer, or will people have built up some immunity already?

- **Seroprevalence of Diseases Shifting**
- **Mixing, holidays, schools, sports etc**

Pediatric COVID-19 Vaccine Dosing Quick Reference Guide

For Previously Unvaccinated Individuals

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Age at First Dose	Pfizer-BioNTech COVID-19 Vaccine			Moderna COVID-19 Vaccine	
6 months–4 years*	Dose 1 Maroon cap	Dose 2 3–8 weeks after dose 1 Maroon cap	Dose 3 at least 8 weeks after dose 2 Maroon cap	Dose 1 Blue cap/gray label 25 mcg/0.25 ml	Dose 2 4–8 weeks after dose 1 Blue cap/gray label 25 mcg/0.25 ml
5 years*	Dose 1 Orange cap			Dose 1 Blue cap/gray label 25 mcg/0.25 ml	Dose 2 4–8 weeks after dose 1** Blue cap/gray label 25 mcg/0.25 ml or Pfizer Orange cap
6–11 years	Dose 1 Orange cap			Dose 1 Blue cap/gray label 25 mcg/0.25 ml	
12 and older	Dose 1 Gray cap			Dose 1 Blue cap/gray label 50 mcg/0.5 ml	

*For children receiving Pfizer-BioNTech vaccine who turn 4 to 5 years old during the 3 dose vaccine series, follow dosing recommendations based on age at the start of the vaccine series (3 maroon cap doses).

**Children receiving Moderna vaccine who turn 6 years of age prior to Dose 2 do not require a second dose.



Thank You!

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