



Overnight Camps: *Outbreak Management and Control Guide*

Lakelands Public Health

June 2026

General Information

Infectious Disease Intake Phone Line: 1-844-575-4567

A member of the Infectious Disease Team can be reached Monday to Friday from 8:30 a.m. to 4:30 p.m. (except statutory holidays) by phone or by email at outbreaks@lakelandsph.ca.

Infectious Disease Confidential Fax: 905-885-9554

Lindsay Office

108 Angeline Street South Lindsay, ON K9V 3L5

- Hours: Monday to Friday 8:30 a.m. to 4:30 p.m. (closed on weekends and statutory holidays).
- Specimen courier pick-up: Monday to Friday at 11:30 a.m.

Haliburton Office

191 Highland Street, Unit 301, Haliburton, ON K0M 1S0

- Hours: Monday to Friday 8:30 a.m. to 4:30 p.m. (closed 10:00-10:15 a.m., 1:00-2:00 p.m. and 3:00-3:15 p.m.; closed on weekends and statutory holidays).
- Specimen courier pick-up: Monday to Friday at 8:30 a.m.

Peterborough Office

185 King Street, Peterborough, ON K9J 2R8

- Hours: Monday to Friday 8:30 a.m. to 4:30 p.m. (closed on weekends and statutory holidays).
- No specimen courier pick-up

Port Hope Office

200 Rose Glen Road Port Hope, ON L1A 3V6

- Hours: Monday to Friday 8:30 a.m. to 4:30 p.m. (closed on weekends and statutory holidays).
- Specimen courier pick-up: Monday to Friday at 10:30 a.m.

After Hours Emergency Line: 1-888-255-7839 (for camps within City of Kawartha Lakes, Haliburton and Northumberland County)

- For animal bites, rabies vaccine or natural disaster, ask for Environmental Health.
- For diseases of public health significance and outbreaks, ask for Communicable Disease Prevention and Control.

After Hours Emergency Line: 705-760-8127 (for camps within Peterborough County)

Introduction - Outbreak Management and Control

Effective outbreak management and control is paramount to limiting and preventing the spread of an infectious agent in your recreation camp. Lakelands Public Health should be notified immediately when there is a suspect or known outbreak occurring at your camp.

The Lakelands Infectious Disease Team and Public Health Inspectors will work with the camp healthcare providers/operators/staff to assist in controlling the spread of illness to help protect the health and enjoyment of campers and staff.

Services that may be provided during an outbreak include:

- Onsite visit to conduct inspection of food preparation and handling, if foodborne illness is suspected.
- Regular communication via phone/email to provide support and answer questions related to outbreak management.
- Provision of literature such as guidelines or fact sheets related to outbreak management, specific illnesses, etc.
- Review of specimen collection and transportation to the Public Health laboratory.
- Submission of water/food samples for testing.
- Supporting communication with parents/guardians and staff.

One critical issue that can arise during an outbreak is staffing shortages due to illness. Lakelands Public Health is unable to provide medical staff to recreational camps to provide direct care for ill children/staff. This situation should be explored in a camp's contingency plan for outbreaks.

Included in this guide:

- Common outbreak terminology
- Case and Contact Management
 - Enteric cases
 - Respiratory cases
- Outbreak Management
 - Outbreak definition
 - Enteric outbreaks
 - Respiratory outbreaks

Common Outbreak Terminology

Case Definition: A 'case definition' helps classify a person as a 'case' or 'non-case' (i.e. if they meet the criteria outlined in the case definition, then they are cases). A case definition will be created for each outbreak that includes criteria such as symptoms, date, location, etc. A case definition may be altered as the outbreak progresses.

- Example: Any camper/staff at camp presenting with two or more episodes of diarrhea and/or vomiting within a 24-hour period, with an onset date of July 10th or later, or any lab-confirmed case.

Cleaning: Using commercial cleaners that contain soap or detergent will remove germs on surfaces and reduce risk of infection from surfaces in your facility.

Cohort and cohorting: A cohort refer to a group of individuals that have something in common. In the case of outbreak management, cohorts are often those with shared living space, who spend significant time together, or are experiencing similar symptoms (e.g. cabin mates, table mates).

- Example: cohorting some staff to care for ill campers and others to care for well campers
- Example: cohorting campers based on illness and/or exposure to cases

Disinfecting: Using an EPE-registered disinfecting product to kill specific harmful germs (such as viruses and bacteria) that would otherwise remain on surfaces after cleaning.

Droplet-contact Precautions: These are precautions taken when taking care of an individual who is known or suspected to have an infection that can be transmitted by droplets (e.g. through coughing/sneezing) or by direct or indirect contact (e.g. by touching a surface contaminated with body fluids expelled by the ill individual).

Ideally, individuals under droplet-contact precautions are isolated in a private room, with a dedicated bathroom (separate toilet and sink, not a stall/sink in a common bathroom), whenever possible. Caregivers wear a well-fitted surgical/medical mask, gown, gloves and eye protection (goggles or face shield) when providing direct care.

Enteric Outbreak: 'Enteric' refers to an illness that affects the digestive system and results in symptoms such as nausea, vomiting and/or diarrhea. Many bacteria, viruses and parasites can cause enteric illness in people. An outbreak is suspected whenever there is a greater number of campers and/or staff than expected who have similar symptoms.

Incubation Period: The 'incubation period' refers to the time between exposure to an infectious agent and the onset of symptoms. Incubation periods can range from hours to days depending on the agent with which an individual is infected.

Line List: The 'line list' is an important tool for effective outbreak management. It is a collection of data that describe each ill individual (case). The line list provides essential information needed for decision making throughout the management of the outbreak, including when to declare the outbreak over. The information provided on the line list is confidential to client information, and attention must be given to privacy when transmitting the information.

The line list is a spreadsheet of rows and columns. A case is listed on each row, and each column represents descriptive factors or clinical details for the case (e.g. symptoms, symptom onset date, etc.). Only persons who meet the criteria detailed in the case definition should be included on the line list.

Line lists are reviewed daily by the Health Unit (Monday to Friday).

Period of Communicability: The 'period of communicability' refers to the time during which an infectious agent can be transmitted from an infected person to another person or from an infected animal to person. Periods of communicability depend on the agent with which an individual is infected.

Respiratory Outbreak: 'Respiratory' refers to an illness that affects the human respiratory system and results in symptoms such as sore throat, cough, runny nose, nasal congestion, and fever. Many bacteria and viruses and some fungi can cause respiratory illness in people. A respiratory outbreak is suspected when there is a greater number of campers and/or staff than expected who have similar symptoms.

Sanitizing: Lowers the number of remaining germs on surfaces or objects after cleaning, either by killing them or removing them to a safe level.

Surveillance: 'Surveillance' is the monitoring of staff and campers for illness and keeping track of the number of individuals who are ill, and what signs and symptoms are being experienced, at any given time. This can be done through self-reporting symptoms, actively asking individuals if they feel unwell, or observing overt signs of illness (e.g. coughing).

Case and Contact Management

Important: In general, camps should not report all instances of ill individuals in the camp setting to the Health Unit, as these are frequent occurrences and typically children/youth have non-specific symptoms. It is also not necessary to report individual cases of COVID-19 to the Health Unit.

Camps should manage symptomatic individuals as outlined below, regardless of their outbreak status.

Enteric Illness – Case Management

1. Assess for non-infectious causes of the symptoms (e.g. food intolerances, anxiety, homesickness). If a non-infectious cause is determined, case management is not required.
2. Isolate until symptom-free for 48 hours.
 - Isolation can occur at the camp provided on-site isolation is in line with the camp policy, and camp staff can provide adequate care to the ill individual.
 - Isolation should occur in the first aid/health cabin or designated isolation space.
 - Ideally, isolation should occur in a private room with its own bathroom.
 - If a private room is not available, the ill individual should be physically distanced from others, with barriers between bed/living space. Shared toilet facilities should be cleaned and disinfected between use.
 - Isolation rooms should be cleaned and disinfected when an individual is released from isolation, in addition to regular cleaning and disinfecting during isolation.
3. Staff providing direct care to ill individuals should use droplet-contact precautions, avoid caring for well individuals and should not handle or prepare food.

Respiratory Illness – Case Management

1. Assessment of non-infectious causes of the symptoms (e.g., allergies). If a non-infectious cause is determined, case management is not required.
2. Isolate until fever free and symptoms have been improving for 24 hours (48 hours if individual also has gastrointestinal symptoms).
 - Isolation can occur at the camp provided on-site isolation is in line with the camp policy, and camp staff can provide adequate care to the ill individual.
 - Isolation should occur in the first aid/health cabin or designated isolation space.
 - Ideally, isolation should occur in a private room with its own bathroom.
 - If a private room is not available, the ill individual should be physically distanced from others, with barriers between bed/living space. Shared toilet facilities should be cleaned and disinfected between use.
 - Improve ventilation when possible (e.g. open windows).
 - The ill camper/staff member can go outdoors during the isolation period for physical exercise but should maintain physical distancing from others and be excluded from group activities until the isolation period ends.
 - Isolation rooms should be cleaned and disinfected when an individual is released from isolation, in addition to regular cleaning and disinfecting during isolation.
3. Staff providing direct care to ill individuals should use droplet-contact precautions, avoid caring for well individuals.
4. For 10 days after the onset of symptoms, cases should be encouraged and supported to wear a well-fitted mask, when indoors (except when mask removal is needed for essential activities, such as eating, sleeping, personal hygiene) and when outdoors when unable to physically distance.

Respiratory Illness – Management of Close Contacts During an Outbreak

Definition of a Close Contact: An individual who has a high-risk exposure to an individual with respiratory symptoms.

- During a confirmed outbreak, the Health Unit is recommending that contacts be identified to implement measures to reduce the spread of illness. Cabin mates, and others with similar exposure in terms of physical proximity and duration, should be considered close contacts.

Contact Management during an outbreak:

1. Camps are responsible for identifying close contacts.
2. The following recommendations apply to cabin mates for 10 days from last contact with a case during a respiratory outbreak:
 - o Self-monitoring for signs and symptoms of illness; attendees to be encouraged to self-report symptoms
 - o Daily active surveillance of campers and staff (by designated staff) (asking about signs and symptoms; observing for overt signs and symptoms)
 - o Ensuring parents are notified of exposure if leaving the camp prior to the 10 days and as per camp policy
3. For some outbreaks, depending on the characteristics of the outbreak (e.g. camp layout, severity of illness, attack rate, organism if identified as DOPHS) case-by-case basis, may also consider and recommend:
 - o Cohort contacts for meals and physically distance the contact cohort from non-contact cohorts, especially when eating indoors.
 - o Minimizing mixing of exposed cohorts with unexposed cohorts
 - o Wearing well-fitted masks indoors (except when mask removal is needed for essential activities such as eating, sleeping, personal hygiene) and when physical distancing is not possible (including when outdoors)
 - o Avoiding non-essential activities that require mask removal (e.g. playing wind instruments)
4. Follow management of respiratory cases should the contact develop symptoms.

Outbreak Management

Outbreak Definition: In general, outbreaks will be declared by the Health Unit when there are more ill staff and/or campers with similar symptoms than are normally expected at camp (i.e., above baseline level).

If camps are unable to determine a normal baseline level of illness within the camp, a 5% threshold can be used.

Outbreak Assessments:

When an outbreak situation is suspected, camps are asked to call the Health Unit for an outbreak assessment. The following information will be needed for the assessment:

- Case information – names of ill campers/staff, symptoms, symptom onset dates, cabin number/camp area, date of arrival at camp, test results (if applicable). Infectious Disease staff may ask for this information by phone or ask camp staff to submit a line list.
- Number of staff and campers in the affected area and/or total number of staff and campers

If an outbreak is not declared, camp staff will be asked to manage cases (as described above), monitor the situation through surveillance, and contact the health unit if additional cases are identified.

If an outbreak is declared, the Infectious Disease Team will ask for additional information about the camp, which may include, but is not limited to, the following:

- Camp layout (e.g., first aid/isolation cabin, toileting facility, living arrangements)
- Dining facility and eating arrangements
- Beginning and end dates of current camp session and dates of the next session
- Presence of on-site health care professionals; access to testing
- Designated staff contact for the outbreak
- Internet accessibility
- Camper demographics (e.g., age ranges, catchment area, special needs)
- Camp's immunization policy/immunization rates
- Camp's policy regarding isolation on-site
- Access to personal protective equipment (masks, gloves, gowns)

Enteric Outbreak Guidelines

Steps to take when an enteric outbreak is declared:

1. Obtain outbreak number from the Infectious Disease team.
 2. Obtain a case definition from the Infectious Disease team.
 3. Line List:
 - A line list, shared as a secure live excel document, will only be visible to the camp staff responsible for updating the outbreak. This person(s) will have access to the line list and will be requested to update it daily (except weekends and holidays) by 11:00am.
 - Detailed instructions are included when the line list is shared.
- Note:** *DO NOT create a new line list each day, rather update it daily. For example, once a person is no longer ill, do not remove their name from the line list or delete symptoms.*
4. Review and implement outbreak control measures described in the enteric outbreak checklist, found within this guide.
 5. Collect stool samples from ill campers/staff with the most recent onset of enteric symptoms. Ensure that each specimen is appropriately labeled. Only stool samples should be collected (not vomit). See the Enteric Outbreak Kit and Specimen Collection section including the lab requisition example, included with this resource for more information.
 - Specimens should be transported in a cooler with an ice pack to the Public Health lab or Health Unit office as soon as possible. There are regular specimen courier pick-ups from three of the Health Unit's offices Monday to Friday, but none on Statutory holidays or weekends. See the *General Information* section in this resource for Health Unit office addresses and courier pick-up times. *Note that specimens must be received at the laboratory within 72 hours of collection.*
 6. Actively monitor all staff and campers for symptoms of enteric illness and update line list as appropriate. Also encourage campers and staff to self-report symptoms.
 7. Isolate and manage symptomatic individuals, as described above under *Enteric Illness, Case Management*.
 8. Notify campers and staff of the outbreak situation and outbreak control measures.
 9. Notify parents/guardians of the outbreak situation. (The Health Unit will provide a letter for camps to distribute.)
 10. Discuss outbreak situation with the Health Unit on a regular basis.

Enteric Outbreak Control Measures

- Implement appropriate outbreak control measures to interrupt the spread as soon as possible (discuss in detail with the Health Unit); this may include, but is not limited to the following:
 - Symptomatic cases – isolate in the camp health care center or designated area under droplet- contact precautions.
 - Cohort staff – designate staff to care for symptomatic cases. When providing direct care to an infectious person, proper personal protective equipment should be used. Staff caring for ill individuals should not handle food or care for those who are well.
 - Actively monitor staff and campers for symptoms. Also, encourage staff and campers to self-report symptoms.
 - Review planned activities including field trips/overnight trips and large group activities/gatherings. It may be appropriate to cancel or postpone certain activities; this can be considered in consultation with the Health Unit.
 - Ensure hand hygiene is completed before use of shared equipment/supplies (e.g., sport equipment, canoe paddles, craft supplies)
 - Remind campers and staff to avoid sharing personal belongings (e.g., water bottles) and the importance of hand hygiene.
 - Hand hygiene - provide staff and campers with frequent opportunities for hand-hygiene, especially prior to entering the dining room/eating, and after using the bathroom. Monitor bathroom facilities to ensure they are equipped with hot water and soap and/or alcohol-based hand rubs.
 - Buffet style meals – consider stopping, or having staff serve campers, rather than self-serve.
 - Environmental cleaning – enhance cleaning and disinfecting, especially high touch–surface areas.

Enteric Outbreak Kit and Specimen Collection

Specimen collection may identify the causative agent in an enteric outbreak. Specimens should be collected from symptomatic campers and staff as soon as possible after onset of symptoms. The Health Unit will assign an outbreak number for laboratory processing.

All staff responsible for specimen collection should:

- ✓ Know the camp's policy for specimen collection when an outbreak has been declared
- ✓ Know where the enteric outbreak kits are located

In your camp, an enteric outbreak kit can be located:

The Enteric Outbreak Sample Kit

- Kits can be stored at room temperature prior to use
- Be sure to use the correct specimen kit
- Check the expiry date on the green capped vial which contains transport medium (do not use if past the expiry date)
- Check that all components are in the kit:
 - Biohazard bag
 - Instructions for using "Enteric Outbreak kit" in bag pouch
 - One green-capped (bacterial) vial with red-coloured transport medium. A collecting device is fitted inside the cap.
 - One white capped empty vial (viral and toxin) with a collection device.

Collecting the Specimen – Reminders and Tips

Review the instructions included in the enteric outbreak kit.

A separate kit must be used for each person providing a specimen for testing.

Before collecting stool specimens ensure you have the necessary equipment, including:

- Enteric outbreak kit
- Pen to fill out labels on both vials and the lab requisition. Only take the two vials to the bathroom/collection room.
- A collection tool (e.g., disposable aluminum plate, plastic hat, or plastic wrap)
- Personal protective equipment if the ill individual is unable to collect their own specimen.

Urine and water may contaminate a specimen and affect the results. A disposable aluminum pie plate or plastic hat placed on the water in the toilet bowl, or plastic wrap loosely stretched across the toilet bowl, can be used to catch the specimen, and may reduce the risk of contamination.

Select samples from different sites of the stool specimen; preferably, include any blood, mucous, and/or pus present in the specimen.

Ensure that the specimen fills each vial only to the line specified (i.e., do not overfill). Ensure the vials are tightly capped and sealed within the biohazard bag.

Ensure that each vial is clearly labelled (including name, date of birth, and date of collection). Fill out the General Test Requisition in entirety and put it in the bag pouch.

Refrigerate the specimen immediately after collection and transport it in a cooler with an ice pack. Samples must be received by the lab within 72 hours of collection.

General Test Requisitions will be provided by Public Health. Please ensure that each requisition is completed in full and placed in the bag with the sample.

Respiratory Outbreak Guidelines

Steps to take when a respiratory outbreak is declared:

1. Obtain outbreak number.
 2. Obtain a case definition.
 3. Line List:
 - A line list, shared as a secure live excel document, will only be visible to the camp staff responsible for updating the outbreak. This person(s) will have access to the line list and will be requested to update it daily (except weekends and holidays) by 11:00am.
 - Detailed instructions are included when the line list is shared.
- Note:** *DO NOT create a new line list each day, rather update it daily. For example, once a person is no longer ill, do not remove their name from the line list or delete symptoms.*
4. Review and implement outbreak control measures described in the Respiratory Outbreak Checklist, found within this resource.
 5. The health unit is not providing camps with nasopharyngeal swabs for specimen collection.
 - If specimens are collected at camp for off-site testing, ensure that each specimen is appropriately labeled with the collection date and two unique identifiers (e.g. name and date of birth) and that these two identifiers are used on both the specimen and requisition. Include a General Test Requisition with each specimen.
 - Specimens should be transported to the Public Health lab or health unit office as soon as possible and should be refrigerated or placed in a cooler during storage and transport. See the General Information section in this resource for Health Unit office addresses and courier pick-up times. Note that specimens must be received at the laboratory within 72 hours of collection.
 - On-site COVID-19 testing during an outbreak – if camps are using RATs or point-of-care molecular tests, ensure test results are reported to the Infectious Disease team.
 - If staff/campers seek care off-site and are tested for respiratory viruses, request that the outbreak number be included on the lab requisition.
 6. Actively monitor all staff and campers for symptoms of respiratory illness and update the line list as appropriate. Also, encourage campers and staff to self-report symptoms.
 7. Isolate and manage symptomatic individuals, as described above under Respiratory Illness, *Case Management*.
 8. Identify and manage close contacts as described above under Respiratory Illness, Contact Management.
 9. Notify campers and staff of the outbreak situation and outbreak control measures.
 10. Notify parents/guardians of the outbreak situation. (The Health Unit will provide a letter for camps to distribute).
 11. Discuss the outbreak situation daily with the Health Unit.

Respiratory Outbreak Control Measures

- Implement appropriate outbreak control measures to interrupt the spread as soon as possible (discuss in detail with the Health Unit); this may include, but is not limited to the following:
 - Symptomatic cases – isolate in the camp health care center or designated area under droplet- contact precautions.
 - Cohort staff – designate staff to care for symptomatic cases. When providing direct care to an infectious person, proper personal protective equipment should be used. Staff caring for ill individuals should not care for those who are well.
 - Active surveillance for symptomatic individuals – actively monitor staff and campers for symptoms. Also encourage staff and campers to self-report symptoms.
 - Review planned activities including field trips/overnight trips and large group activities/gatherings. It may be appropriate to cancel or postpone certain activities; this can be considered in consultation with the Health Unit.
 - Ensure hand hygiene is completed before use of shared equipment/supplies (e.g., sport equipment, canoe paddles, craft supplies).
 - Remind campers and staff to avoid sharing personal belongings (e.g., water bottles) and the importance of hand hygiene and respiratory etiquette (e.g., sneezing into sleeves).
 - Hand hygiene - provide staff and campers with frequent opportunities for hand-hygiene, especially prior to entering the dining room/eating, and after using the bathroom. Monitor bathroom facilities to ensure they are equipped with hot water and soap or alcohol-based hand rub.
 - Buffet style meals – consider stopping or having staff serve campers, rather than self-serve.
 - Environmental cleaning – enhance cleaning and disinfecting, especially high touch–surface areas.