

2010 Children's Camp Incident Summary Report
New York State Department of Health
Bureau of Community Environmental
Health and Food Protection
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In 2010, local health departments (LHD) reported that 2,997 children's camps operated in New York State. Of these, 592 were overnight camps and 2,405 were day camps, including 408 municipal day camps and 32 traveling summer day camps. It is estimated that over 900,000 children attend NYS children's camps each year.

To assess the health and safety at camps, a children's camp incident surveillance system is maintained. This system requires camp operators to report serious injuries, illness and allegations of camper abuse to LHDs, who investigate the incidents and enter information into an electronic database. A total of 1,002 incidents (1,435 victims) were reported statewide in 2010, indicating that less than two-tenths of 1% of campers experience injury and illness while at camp. Statewide analysis of the data is used for injury prevention and control and has been used to amend the State Sanitary Code (SSC) and develop administrative guidance. The following summarizes the 2010 reportable incidents.

Injuries:

There were 780 injuries reported during the 2010 camping season. This represents a 16% decrease in the number of injuries reported compared to the 928 injuries reported in 2009 and a 27% decrease since 2001.

Outbreaks:

There were 34 illness outbreaks reported during the 2010 camping season, as described in the table below.

Outbreak Type	Number of Outbreaks	Number of Cases
Pediculosis - Head Lice	13	87
Gastrointestinal	9	196
Impetigo	2	11
Chicken Pox	2	5
Mumps	2	8
Skin Rash	1	43
Folliculitis	1	41
Pertussis	1	7
Influenza-Like Illness	1	3
MRSA Infection	1	3
Coxsackie Virus	1	2

At the beginning of the 2010 camp season, there was an ongoing mumps outbreak in New York State, New Jersey, and Connecticut, which was expected to impact children's camps. This outbreak began at a New York summer camp for boys in the summer of 2009 and spread from the camp to become the largest US mumps outbreak since 2006, according to the CDC. In an effort to limit the impact of mumps and other vaccine-preventable illnesses at camps, information was provided to camp operators regarding the ongoing mumps outbreak and how to prevent, identify, and report illnesses at camps. In addition to the two outbreaks of mumps noted above, there were three individual cases of mumps at two camps. It is believed that the outreach and quick intervention by camp operators and LHDs limited the number of cases of mumps at camps.

Individual Illnesses:

There were 148 individual illnesses reported during the 2010 camping season. This represents a 15% decrease in the number of individual illnesses reported compared to the 174 individual illnesses in 2009.

There were two cases of Hepatitis A which occurred at a camp, but were not categorized as an outbreak because the disease was not transmitted at the camp. The two cases were siblings who were exposed to the virus prior to attending the overnight camp. After the camp session ended, the campers were diagnosed with the disease and determined to have been infectious while at the camp. Although the campers did not prepare food at camp, there was concern that contacts may have been exposed to the virus at the camp. This resulted in a large response by State and local health officials to identify and contact camp occupants to assess exposure and offer post-exposure prophylaxis to those at risk for the disease. Since the camp session had already concluded, many records were not readily available and delayed outreach efforts. No additional cases have been reported to the State to date. This incident highlights the importance of having medical records and contact information available at the camp after a session has ended.

Allegations:

There were nine allegations of abuse against 11 campers reported during the 2010 camping season. Of these, three victims were alleged to have suffered physical abuse, and eight victims were alleged to have suffered sexual abuse. The alleged perpetrator was a counselor in three incidents and another camper in six incidents. Multiple perpetrators were identified in one sexual abuse allegation.

Allegations of abuse are investigated by the LHD to determine if camps complied with supervision, staffing and other policies and procedures required by the camp regulations.

Rabies Exposures:

There were 21 probable bat-exposure incidents resulting in 71 potential camper and staff rabies exposures during the 2010 camping season. In nine of these incidents, the bats were not captured or untestable, which resulted in 38 individuals being recommended for rabies post exposure prophylaxis (PEP). Of the 38 individuals, 26 received PEP treatment, and 12 refused the treatment.

In three of the incidents, the bat was captured and tested negative for rabies. PEP treatment was avoided for 33 individuals.

There was one incident involving potential exposure to rabies from a horse bite. PEP was not necessary after determining the horse was not infected with rabies.

Epinephrine Administration:

There were 18 incidents in which Epinephrine was administered during the 2010 camping season. Of these, eight administrations were necessary for food allergies, three for bee or wasp stings, one for a bite from an unidentified insect, two for medication allergies, one from an allergic reaction to iodine used to treat water, and three from unidentified sources.

Epinephrine was administered in 10 instances where the camp was identified as participating in the Epinephrine Auto-injector (epi-pen) program. Of these, seven epi-pens were identified as from the camp's supply and three from the patient's personal supply.

There were seven Epinephrine administrations at camps not participating in the epi-pen program. Of these, three personal and three camp supplied epi-pens were administered; one epi-pen was from an unidentified source.

In one case, the Epinephrine administrations occurred at the hospital by emergency room staff.

Fatalities:

A six-year-old day camper died as a result of a medical event which occurred during the camper's swimming ability assessment. Camp staff was alongside the camper in the pool when she submerged for one to two seconds and appeared to have a seizure. Staff immediately lifted the camper above the water; however, the camper lost consciousness and needed to be removed from the pool. Staff administered rescue breathing and monitored the camper's pulse until emergency medical services (EMS) arrived and took over resuscitation efforts. EMS utilized an automatic external defibrillator (AED) twice before the camper was stabilized and transported to the hospital. The camper never regained consciousness and was removed from life support six days later. Medical records indicated a diagnosis of Long QT syndrome.

Long QT syndrome is a disorder of the heart's electrical system. Individuals with Long QT Syndrome may or may not exhibit symptoms. When present, symptoms may include fainting, seizures, and/or abnormal rate/rhythm of the heartbeat (arrhythmia). In some individuals the disorder only occurs during physical exercise, intense emotion, or after administration of certain medications. Long QT syndrome often goes undiagnosed or misdiagnosed as a seizure disorder, such as epilepsy. However, researchers believe that Long QT syndrome may be responsible for some otherwise unexplained deaths in children and young adults. For example, an unexplained drowning of a young person may be the first clue to inherited long QT syndrome in a family.