MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19¹ (Updated 10/30/20)

Sore throat

IF EXPOSED to COVID-19, algorithm does NOT apply, patient will follow CDC guidelines²

Consider COVID-19 with ≥1 higher risk symptom or ≥ 2 lower risk

New Headache
Myalgias
Runny nose/congestion
Nausea/vomiting/diarrhea
Any of above symptoms present beyond typical symptoms (i.e. allergies)

Higher Risk¹
New, uncontrolled cough
Shortness of breath or difficulty breathing (not exercise induced asthma)
New loss of taste or smell

Gap

1 lower risk symptom Not exposed to COVID-19²



Return to school/child care 24 hours after symptom improving. If child is not improving after 24 hours, caregiver should contact their primary care provider.

 \geq 2 lower risk symptoms OR 1 higher risk symptom, Not exposed to COVID-19 2

Antigen testing³ done and positive:

"Probable" case



Child should quarantine and PCR to be performed within 48 hours. ⁵ If PCR positive follow path 5, if negative follow path 4. 2

Antigen testing done and negative:

"Presumptive

1

negative"

PCR should be performed within 48 hours if high clinical suspicion for COVID-19.5 If PCR positive follow path 5, if negative follow path 4.

3

Seen by clinician and no PCR done³ and alternative diagnosis likely⁶ Consider antigen test if available to r/o COVID, <u>in addition to</u> other tests, like strep or flu)

If rapid strep or flu is positive and COVID antigen test is negative, no PCR needed. If COVID antigen positive, go to path 1. Return to school/child care⁴ when afebrile 24 hours without antipyretics, and symptoms improving.

4

Fever (100.4 or higher), chills, rigors

PCR done³ Negative test for COVID-19



Return to school/child care⁴ when afebrile 24 hours without antipyretics, and symptoms improving, and test has resulted negative



PCR done³
Positive test for COVID-19



Return to school/child care⁴ after 10 days AND 24 hours afebrile without antipyretics AND symptoms improving AND ME CDC approval (Caregiver should request school note from MCDC) CR AND no a

No PCR AND no alternative diagnosis (i.e. Family declines, unable to obtain test. etc.)



To be determined by PCP evaluation. Ideally PCR and negative test. If unable to obtain PCR return to school/child care⁴ after 10 days, 24 hours afebrile without antipyretics AND symptoms improving. CDC not notified of these cases.

This guidance was adapted from Washington University in St Louis by the Maine Chapter of the American Academy of Pediatrics, school physicians, and Pediatric Infectious Disease Experts.

MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19¹ (Updated 10/30/20)

Additional Information-Subject to Change as More Data is Available

- 1. This algorithm is for symptomatic patients with no known exposures. Threshold for testing will depend on level of community transmission. Algorithms are not intended to replace clinical judgement.
- 2. Exposure is defined as within 6 feet for 15 minutes to COVID positive individual. If exposure, patient will follow CDC guidelines. Even if tested, an exposed patient will need 14 day quarantine. https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html
- 3. PCR remains the gold standard for testing. Antigen testing should be performed as early in illness as possible and not after 7 days of symptoms.
- Antigen: Quidel Sofia SARS Antigen FIA and BD Veritor System- should be used in the first 5 days of symptoms.
- Antigen: Binax Now-should be used in the first 7 days of symptoms.
- Isothermal RNA Amplification Tests: Abbot ID NOW- should be used in the first 7 days of symptoms.

In settings of lower prevalence, positive predictive value of antigen tests may be low and lead to false positive tests. Antigen testing in general has lower sensitivity than PCR testing.

- A negative antigen test result is strongly suggestive that the individual does not have COVID-19. However, if an individual has a known COVID-19 exposure and/or continues to have symptoms suggestive of COVID-19, they should be further evaluated and have additional testing with a PCR test. Currently, antigen tests should not be used for asymptomatic children unless it is part of a surveillance program with an ongoing, scheduled testing plan done in consultation with the Maine CDC.
- 4. Return to school/child care requires a note from their medical practice or provider.
- 5. Sites should be prepared to do a confirmatory PCR test if needed within 24 hours and no longer than 48 hours after antigen testing. If PCR testing is not available at the site, the site should have a relationship with a health care provider who can do PCR testing. After 48 hours it is considered a new test and can't be matched to the antigen results. All test results should be entered into the Maine CDC Red Cap System. Questions should be directed to the Maine CDC Infectious Disease Line at 1-800-821-5821. The Maine CDC recommends quarantining all close contacts of a probable case in the same way a positive case. Once PCR is complete, If they are later deemed "not a case" the close contacts would then be released. In cases of discordant antigen/PCR test results, the provider should contact the ME CDC. If a PCR test is positive and antigen is negative, treat as a positive case; discuss with the Maine CDC if the antigen test is positive and the PCR is negative.
- 6.Other Dx to consider in addition to COVID-19: Pertussis, Strep Throat, Common Cold, Flu, Asthma, Allergies, GI illness, Ear infection, etc.
- 7. Maine Standing Order- on Maine CDC website: 1 year and up; https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/ME-DHHS StandingOrder COVID19testing 06-18-2020v2.pdf
- Q. Tasting Sites, https://gat.tastad.co.vid10.org/.and.vvvvv.maina.go.v/so.vid10/restartingmaina/kaanmainahaalthy/tasting