

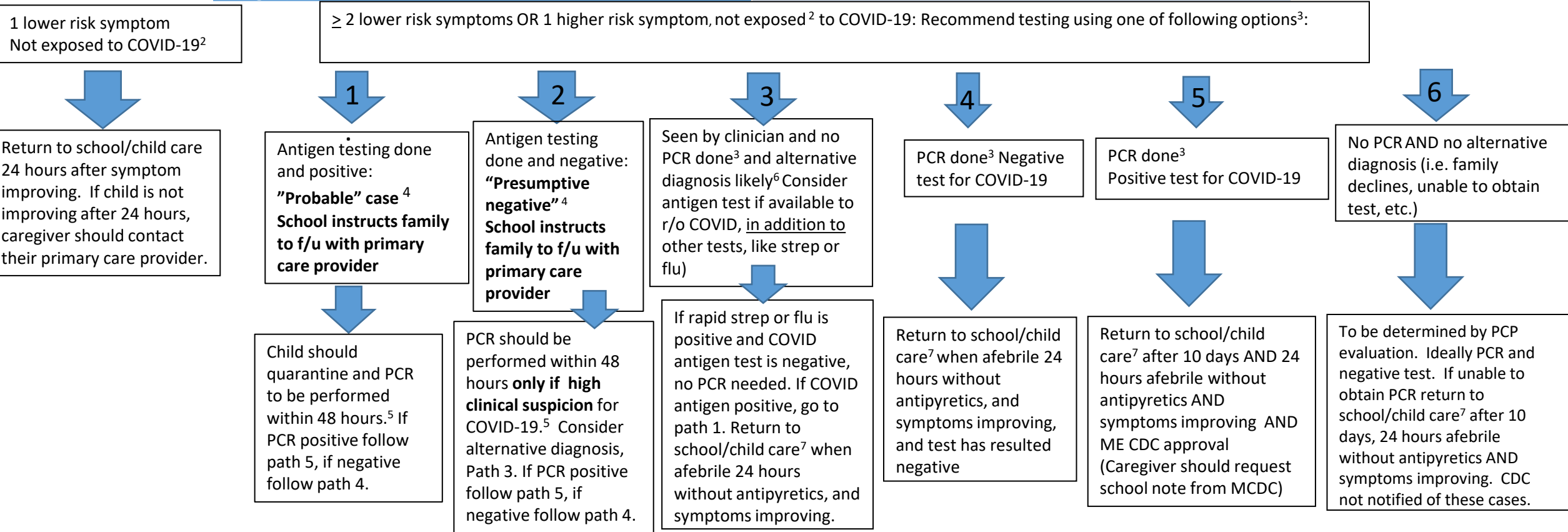
MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19¹ (Updated 11/23/20)



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

Lower risk ¹	Higher Risk ¹
New Headache	New, uncontrolled cough
Myalgias	Shortness of breath or difficulty breathing (not exercise induced asthma)
Runny nose/congestion	New loss of taste or smell
Nausea/vomiting/diarrhea	Fever (100.4 or higher), chills, rigors
Any of above symptoms present beyond typical symptoms (i.e. allergies)	Sore throat

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



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

It is subject to change based on the evolving science. <https://www.maineaap.org/news/2020/school-re-entry-resources> (11/23/20)

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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 of cumulative exposure 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. Available COVID tests for individuals with symptoms suggestive of COVID-19:
 - Molecular tests:
 - PCR is most reliable and remains gold standard for testing; is typically run at laboratories, often with 48-72hr turnaround but sometimes longer
 - Isothermal RNA Amplification Tests – e.g. Abbot ID NOW rapid test: less reliable than PCR testing; should be used within first 7 days of symptoms
 - Antigen testing: done as rapid tests with results in 15'; have good sensitivity & specificity, but somewhat lower than PCR testing. Antigen tests should be performed as early in illness as possible and not after 7 days of symptom onset.
 - Antigen platform tests: Quidel Sofia SARS Antigen FIA and BD Veritor System- should be used within first 5 days of symptoms
 - Antigen test cards: BinaxNOW - should be used within first 7 days of symptoms
 4. Interpreting rapid antigen test results:
 - Positive result: in settings of lower prevalence, the positive predictive value may be low and lead to false positive tests; therefore positives should be confirmed by PCR testing.
 - Negative result: 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.
- All test results should be entered into the Maine CDC Point-of-Care (REDCap) online reporting 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.
5. When conducting rapid antigen tests, sites should be prepared to do a confirmatory PCR test for all positive cases, and for negative results only when needed, per above. PCR testing should be done within 24 hours and no longer than 48 hours; after 48 hours it is considered a new test and can't be matched to the antigen results. 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.
 6. Other Dx to consider in addition to COVID-19: Pertussis, Strep Throat, Common Cold, Flu, Asthma, Allergies, GI illness, Ear infection, etc.
 7. Return to school/child care requires a note from their medical practice or provider.
 8. 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
 9. Testing Sites: <https://get-tested-covid19.org/> and www.maine.gov/covid19/restartingmaine/keepmainehealthy/testing
 10. More information on testing is available at the Maine CDC [COVID-19 Health Care Provider page](#) – scroll to “Info for Providers Receiving Abbott BinaxNOW Ag Tests”