**MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19**

(Updated 8/05/21)(Both Vaccinated and Unvaccinated)

<table>
<thead>
<tr>
<th>Lower risk 1</th>
<th>Higher Risk 2</th>
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<tbody>
<tr>
<td>New Headache</td>
<td>New, uncontrolled cough</td>
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<tr>
<td>Myalgias</td>
<td>Shortness of breath or difficulty breathing (not exercise induced asthma)</td>
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<tr>
<td>Runny nose/congestion</td>
<td>New loss of taste or smell</td>
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<tr>
<td>Nausea/vomiting/diarrhea</td>
<td>Fever (100.4 or higher), chills, rigors</td>
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<tr>
<td>Any of above symptoms present beyond typical symptoms (i.e. allergies)</td>
<td>Sore throat</td>
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**1 lower risk symptom**
Not exposed to COVID-19:

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.

**≥ 2 lower risk symptoms OR 1 higher risk symptom, not exposed 2 to COVID-19:** Recommend testing using one of following options 3:

1. Antigen testing done and positive: "Probable" case 4
   School instructs family to f/u with primary care provider
2. Antigen testing done and negative: "Presumptive negative" 4
   School instructs family to f/u with primary care provider
3. Seen by clinician and no molecular testing done 3 and alternative diagnosis likely 6
   Consider antigen test if available to r/o COVID, in addition to other tests, like strep or flu
4. Molecular testing done 3 Negative test
5. Molecular testing done 3 Positive test for COVID-19
6. No testing AND no alternative diagnosis (i.e. family declines, unable to obtain test, etc.)

**IF EXPOSED to COVID-19, algorithm does NOT apply,** patient will follow CDC guidelines 2.

1. 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 care when afebrile 24 hours without antipyretics, and symptoms improving.
2. If PCR should be performed within 48 hours if clinical suspicion for COVID-19. 5 If PCR not available, consider repeat antigen test in 2-3 days if still symptomatic. Consider alternative diagnosis, Path 3. If PCR positive follow path 5, if negative follow path 4.
3. Child should quarantine and PCR to be performed within 48 hours if available. 2 If PCR positive, follow path 5, if negative follow path 4.
4. PCR should be performed within 48 hours if clinical suspicion for COVID-19. 5 If PCR not available, consider repeat antigen test in 2-3 days if still symptomatic. Consider alternative diagnosis, Path 3. If PCR positive follow path 5, if negative follow path 4.
5. Return to school/child care when afebrile 24 hours without antipyretics, and symptoms improving, and test has resulted negative.
6. Return to school/child care after 10 days AND 24 hours afebrile without antipyretics AND symptoms improving AND ME CDC approval.
7. To be determined by PCP evaluation. Ideally PCR and negative test. If unable to obtain PCR return to school/child care 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 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](https://www.maineaap.org/news/2020/school-re-entry-resources) (8/05/21)
MAAP: For Medical Providers: Management of ASYMPTOMATIC children EXPOSED to COVID-19¹ (Updated 8/05/21)

Child is exposed² to confirmed OR presumptive case of COVID-19

Not Fully Vaccinated-
Child should quarantine for 10 days from LAST exposure to case

Molecular testing³ performed 5-7 days after last contact

If MOLECULAR TESTING positive-
ISOLATE for 10 days from date of test, contact tracing performed for school contacts. If symptoms develop, isolate for 10 days from symptoms starting.

No Molecular Testing³ Performed

CHLID DEVELOPS SYMPTOMS, and no testing-PRESUMPTIVE case. ISOLATE for 10 days from onset of symptoms, contact tracing initiated for schools

Asymptomatic: Molecular testing³ performed 3-5 days after last contact and to wear a mask in public indoor settings for 14 days or until they receive a negative test result. Do not need to quarantine if asymptomatic⁸

If child has tested positive for COVID in the last 90 days

If child has tested positive for COVID in the last 90 days

Do not need to test or quarantine in the 90 days post positive COVID test

This guidance was adapted from the Massachusetts Chapter of the American Academy of Pediatrics 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](https://www.maineaap.org/news/2020/school-re-entry-resources) (8/05/21)
Samples collected from Students and Staff Once Per Week
*exclude those from pool who test positive for COVID-19 for 90 days

Pooled Samples Delivered to Lab for Processing Via Overnight FedEx or Courier

Pooled Test Result is **Positive**

All Members tested individually using Abbott BinaxNOW rapid Ag test

BinaxNOW tests **do not** identify positive individual(s) from pool

Repeat BinaxNOW the following day, or within 2 days, whichever is sooner. If NO positive individual is identified, then proceed with next scheduled Pooled PCR Test.

Pooled Test Result is **Negative**

Pool Members continue learning/instruction without Interruption

*BinaxNOW tests **do** identify positive individual(s) from pool

Close contacts **in** Pool Testing:
- Close contacts not in testing program are quarantined except:
  - Those who tested COVID + in last 90 days
  - Fully vaccinated Individuals do not need to quarantine but should be tested 3-5 days after exposure.

Close contacts **not** in Pool Testing:

*First three positive BinaxNOW tests recommended for PCR confirmation per Federal CDC guidelines to open an outbreak.
How to count the days for isolation for patients who are COVID+

<table>
<thead>
<tr>
<th>Important dates to know - CASES</th>
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<tbody>
<tr>
<td>• Last Date of Isolation – this is the last day that a case must be separated from everyone.</td>
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<tr>
<td>- If no symptoms Last Date of Isolation is 10 days after test collected.</td>
</tr>
<tr>
<td>- If symptoms Last Date of Isolation is 10 days after symptoms started AND no fever for 24 hrs.</td>
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If there is a question about the length of isolation or quarantine, the final decision will be made by the Maine CDC case investigator in consultation with the school nurse contact tracing team.

*In some cases, isolation and quarantine times may be longer including for those who are severely ill with COVID-19 or immunocompromised

Maine CDC Packet on COVID
How to count the days of quarantine for family members of patients who are COVID+

Children and family members who are not fully vaccinated and are living with a household member who is COVID+, need to self-quarantine and monitor for symptoms while the COVID-19 case is home sick. Once the case is released from isolation, the child/family members would quarantine for 10 additional days, then continue to monitor for symptoms for 4 days.

Links to posters to explain timing:

- [What to Do if You Have Had Close Contact With a Person With COVID-19](maine.gov)
- [Ending COVID-19 Isolation in Non-Healthcare Settings (PDF)]

Links available in: العربية | Français | Português | Soomaali | Español

Additional Information - Subject to Change as More Data is Available

1. The page 1 algorithm is for symptomatic patients with no known exposures. Threshold for testing will depend on level of community transmission. The page 2 algorithm is for patients WITH exposures. Page 3 is the Maine DHHS Pooled Testing protocol. Algorithms are not intended to replace clinical judgement. Pages 4 and 5 have an overview of counting isolation/ quarantine days.

2. Exposure is defined as within 6 feet for 15 minutes of cumulative exposure to COVID positive individual. Even if tested, an unvaccinated patient will need to quarantine for 10 days from last exposure. [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 if testing is available. In addition, the first three positive BinaxNOW tests are recommended for PCR confirmation per Federal CDC guidelines to open an outbreak.
   • Negative result: suggestive that the individual does not have COVID-19. However, if an individual has a known COVID-19 exposure and/or has 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.

5. 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.

6. When conducting rapid antigen tests, sites should be prepared to do a confirmatory PCR test for negative results with symptoms concerning for covid-19, and/or exposures, and for positive results if PCR is readily available. 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.

7. Other Dx to consider in addition to COVID-19: Pertussis, Strep Throat, Common Cold, Flu, Asthma, Allergies, GI illness, Ear infection, etc.

8. To return to school/childcare, recommend a note from their medical practice or provider.


11. Testing Sites: [https://get-tested-covid19.org/] and [www.maine.gov/covid19/testing]

Updated 8/05/21