MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19¹ (Updated 9/22/20)

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

**Lower risk¹**
- New Headache
- Myalgias
- Runny nose/congestion
- Nausea/vomiting/diarrhea
- Any of above symptoms present beyond typical symptoms (i.e. allergies)

**Higher Risk²**
- New, uncontrolled cough
- Shortness of breath or difficulty breathing (not exercise induced asthma)
- New loss of taste or smell
- Fever (100.4 or higher), chills, rigors
- Sore throat

1 lower risk symptom
Not exposed to COVID-19²

≥ 2 lower risk symptoms OR 1 higher risk symptom
Not exposed to COVID-19²

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

Swab done³
Negative test for COVID-19

Swab done³
Positive test for COVID-19

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

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

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 MCDI)

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

Additional Information
1. Threshold for testing will depend on level of community transmission. Algorithms are not intended to replace clinical judgement.
2. Exposure 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.
3. Swab refers to SARS-CoV-2/COVID-19 PCR test or rapid antigen test.
4. Return to school/child care requires note from their medical practice or provider.
5. Other Dx to consider: Pertussis, Strep Throat, Common Cold, Flu, Asthma, Allergies, GI illness, Ear infection, etc.

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 (Updated 9/22/20)

¹ IF EXPOSED to COVID-19, algorithm does NOT apply, patient will follow CDC guidelines²
² Lower risk symptom
Not exposed to COVID-19²
³ Swab done³
4. Return to school/child care⁴ when afebrile 24 hours without antipyretics, and symptoms improving, and test has resulted negative

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