

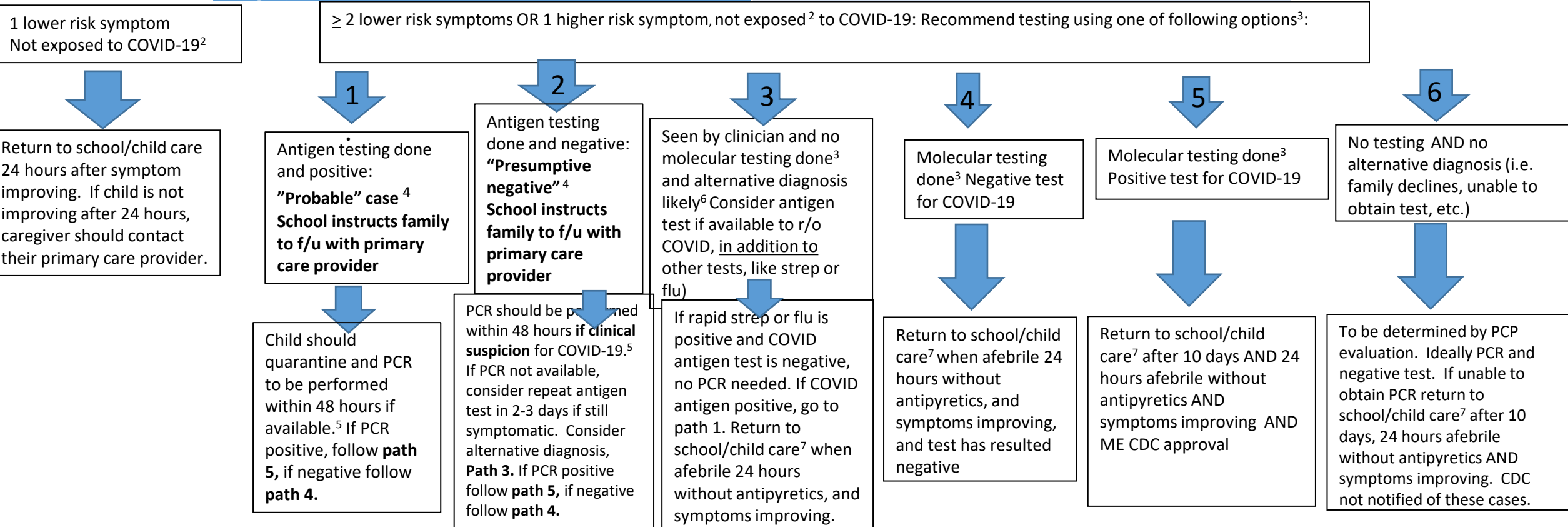
# MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19<sup>1</sup> (Updated 8/05/21)(Both Vaccinated and Unvaccinated)



IF EXPOSED to COVID-19, algorithm does NOT apply, patient will follow CDC guidelines<sup>2</sup>

Lower risk <sup>1</sup>	Higher Risk <sup>1</sup>
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

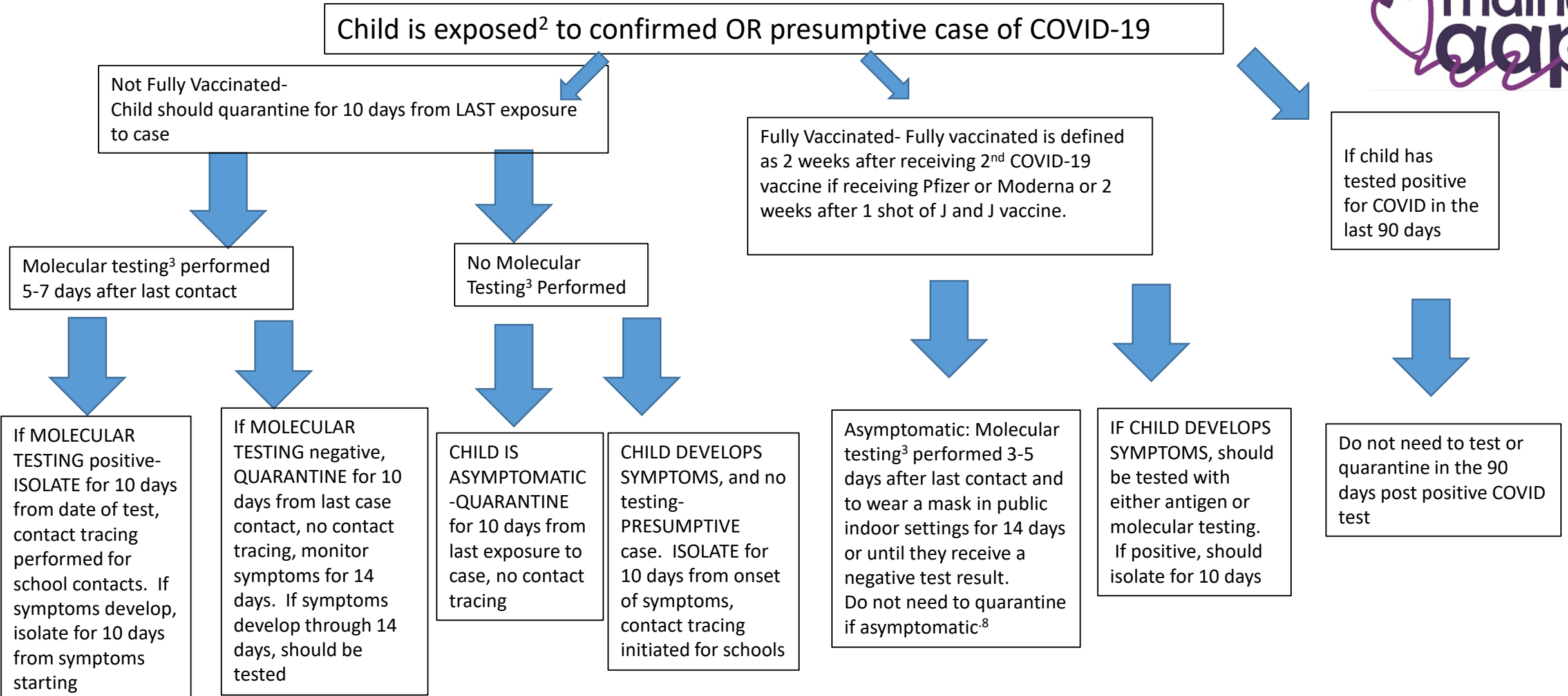
Consider COVID-19 with  $\geq 1$  higher risk symptom or  $\geq 2$  lower risk



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> (8/05/21)

# MAAP: For Medical Providers: Management of ASYMPTOMATIC children EXPOSED to COVID-19<sup>1</sup> (Updated 8/05/21)



# Pooled PCR Testing Protocol (Updated 08/05/2021)

[COVID-19 ToolKit | Department of Education \(maine.gov\)](#)

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.

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

Close contacts **in** Pool Testing:

- Positive case(s) isolated
- Remaining negative pool members and close contacts in testing program resume in-person learning & school activities.

\*First three positive BinaxNOW tests recommended for PCR confirmation per Federal CDC guidelines to open an outbreak.

Close contacts **not** 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.<sup>8</sup>



# How to count the days for isolation for patients who are COVID+

## Important dates to know - CASES

- **Last Date of Isolation** – this is the last day that a case must be separated from everyone
  - If **no** symptoms Last Date of Isolation is 10 days after test collected.
  - If symptoms Last Date of Isolation is 10 days after symptoms started AND no fever for 24 hrs.



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

# 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:


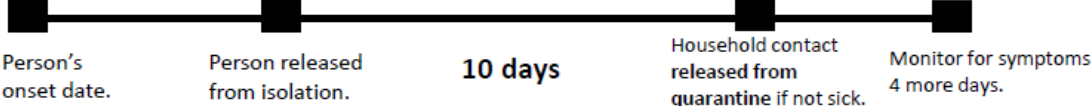

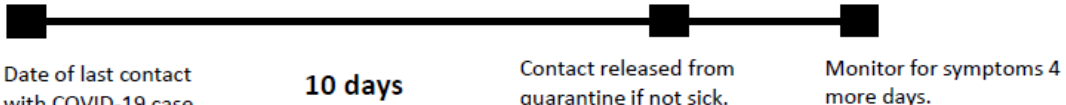


[What to Do if You Have Had Close Contact With a Person With COVID-19 \(maine.gov\)](#)

[Ending COVID-19 Isolation in Non-Healthcare Settings \(PDF\)](#)

[عربي](#) | [Français](#) | [Português](#) | [Soomaali](#) | [Español](#)



## Ending Quarantine and Return to Work if You Are Exposed to a COVID-19 Case

	<p><b>Household Contact:</b> Self-quarantine and monitor for symptoms while COVID-19 case is home sick. Once case is released from isolation, quarantine for 10 additional days, then continue to monitor for symptoms for 4 days.</p> 
	<p><b>Non-Household Contact:</b> Self-quarantine and monitor for symptoms until 10 days after the date of last contact. Continue to monitor for symptoms for 4 more days.</p> 
	<p><b>Healthcare Personnel:</b> Asymptomatic healthcare personnel should self-quarantine for 14 days if the healthcare facility can function without them. If the facility would close without them, they can continue to work as long as they:</p> <ul style="list-style-type: none"><li>• Are not sick.</li><li>• Monitor for symptoms.</li><li>• Follow quarantine guidelines outside of work.</li><li>• Wear a mask.</li><li>• Keep a 6-foot distance as much as possible.</li></ul>
	<p><b>Critical Infrastructure:</b> Personnel considered critical infrastructure workers by US CDC may continue to work following potential exposure if they do not have any symptoms and take additional precautions prior to and during their work shift. Follow US CDC recommendations for <a href="#">critical infrastructure workers (non-healthcare)</a>.</p>



# MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19, Management of ASYMPTOMATIC children EXPOSED to COVID-19, and Pooled Testing Protocol

## 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 exposed, 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.
- 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 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.
  6. Other Dx to consider in addition to COVID-19: Pertussis, Strep Throat, Common Cold, Flu, Asthma, Allergies, GI illness, Ear infection, etc.
  7. To return to school/childcare, recommend a note from their medical practice or provider.
  8. CDC Guidance on Fully Vaccinated Individuals: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>
  9. Maine Standing Order- on Maine CDC website: 1 year and up; <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/StandingOrder-Update.pdf>
  10. Testing Sites: <https://get-tested-covid19.org/> and [www.maine.gov/covid19/restartingmaine/keepmainehealthy/testing](http://www.maine.gov/covid19/restartingmaine/keepmainehealthy/testing)
  11. 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”

# The Delta Variant

**Table 2. Adjusted odds ratios for hospitalization, ICU admission, and death among reported COVID-19 cases.**

<b>Covariate</b>	<b>Hospitalization</b>		<b>ICU Admission</b>		<b>Death</b>	
	<b>OR</b>	<b>95% CI</b>	<b>OR</b>	<b>95% CI</b>	<b>OR</b>	<b>95% CI</b>
<b>Probable Delta variant</b>	2.20	(1.93 to 2.53)	3.87	(2.98 to 4.99)	2.37	(1.50 to 3.30)
<b>N501Y+ variant</b>	1.59	(1.49 to 1.69)	2.05	(1.82 to 2.34)	1.61	(1.40 to 1.87)
<b>Male sex</b>	1.29	(1.24 to 1.35)	1.60	(1.47 to 1.74)	1.60	(1.46 to 1.77)
<b>Age (per 10-year increase)</b>	1.95	(1.93 to 1.98)	1.82	(1.78 to 1.87)	3.03	(2.92 to 3.14)
<b>Comorbidity</b>	2.69	(2.51 to 2.85)	2.52	(2.24 to 2.80)	2.28	(2.00 to 2.59)
<b>Pregnancy</b>	6.40	(4.37 to 8.62)	6.85	(3.34 to 11.80)	---	---
<b>Series week</b>	0.995	(0.989 to 1.00)	0.979	(0.966 to 0.990)	0.949	(0.934 to 0.964)

# The Delta Variant

375 **Table 1:** Odds ratios of candidate predictors for composite outcome of oxygen requirement, ICU  
376 admission or death in cases with sequences available from 1 January 2021 to 22 May 2021 in  
377 Singapore (P.1 excluded due to small sample size) (n=967)

	Univariable model		Multivariable model <sup>^</sup>	
	Crude OR (95% CI)	p-value	Adjusted OR (95% CI)	p-value
Variant				
Others	Ref	-	Ref	-
B.1.1.7 (Alpha)	1.10 (0.18 – 8.41)	0.920	1.88 (0.30 – 14.76)	0.500
B.1.351 (Beta)	0.78 (0.09 – 6.58)	0.807	1.69 (0.19 – 14.69)	0.610
B.1.617.2 (Delta)	5.55 (1.66 – 34.44)	0.020	4.90 (1.43 – 30.78)	0.033
Age group (years)				
<45	Ref	-	Ref	-
45-64	7.91 (3.64 – 18.52)	<0.001	6.62 (2.99 – 15.79)	<0.001
≥65	19.73 (8.13 – 49.99)	<0.001	13.84 (5.48 – 36.62)	<0.001
Female gender	1.91 (1.03 – 3.58)	0.041	1.42 (0.74 – 2.75)	0.291

378

379 <sup>^</sup>Adjusted for variant type, age group and gender.

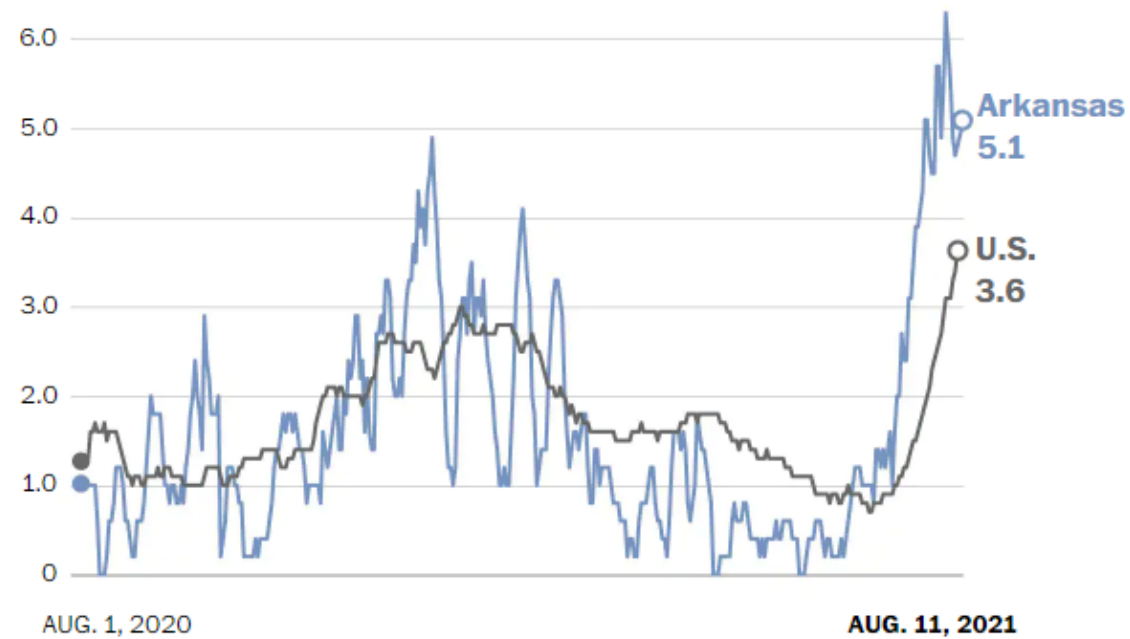
380 OR: odds ratio; CI: confidence interval; Ref: referent



# The Delta Variant and Children

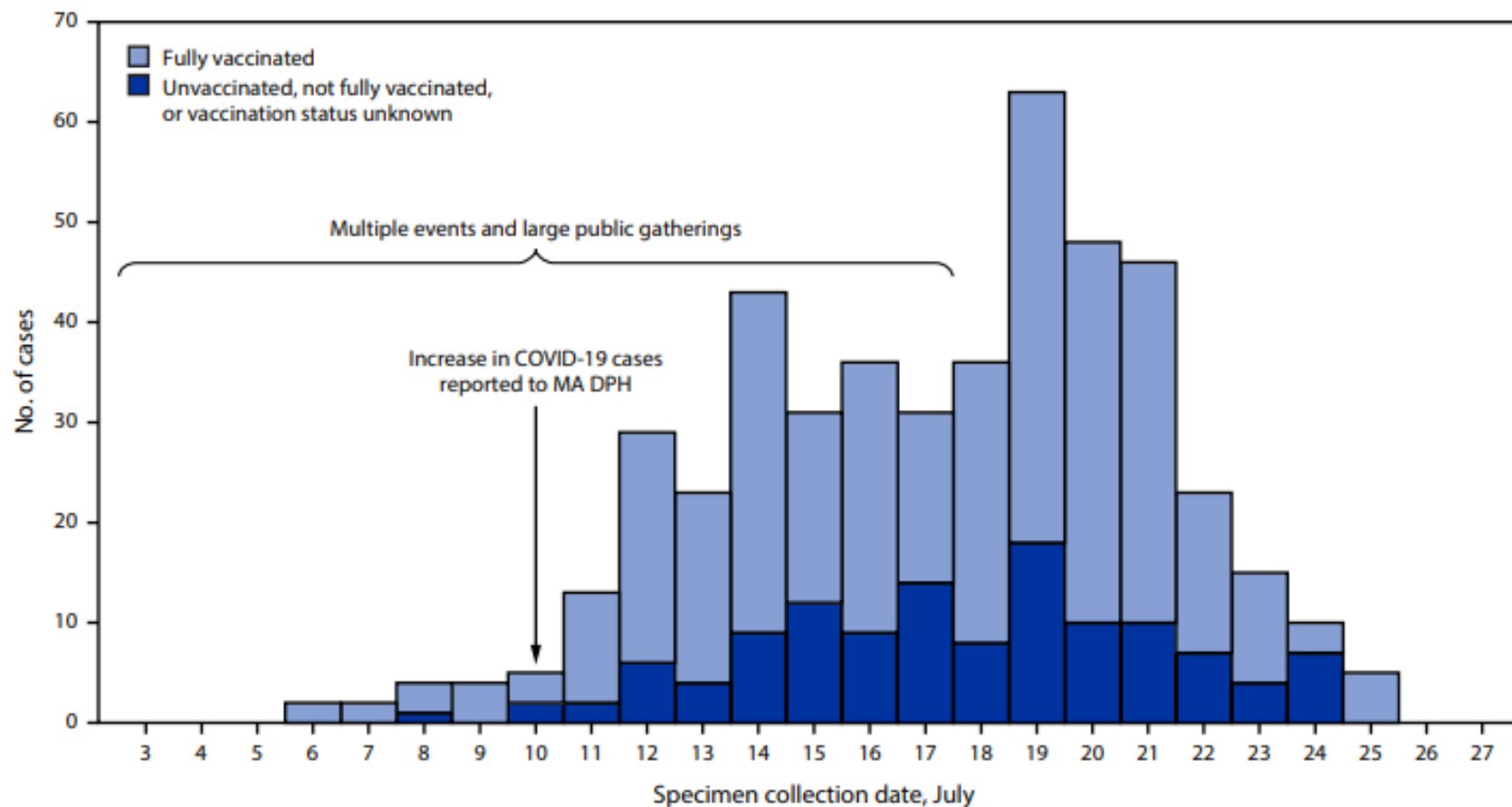
## New pediatric hospital admissions

Per 1 million people, 17 years old or younger with confirmed covid-19



# Delta Variant and Transmission

FIGURE 1. SARS-CoV-2 infections (N = 469) associated with large public gatherings, by date of specimen collection and vaccination status\* — Barnstable County, Massachusetts, July 2021

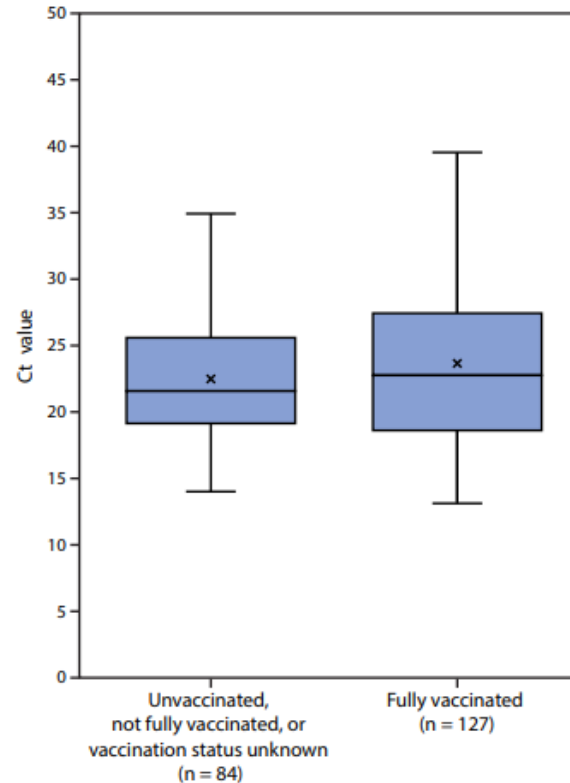


Abbreviation: MA DPH = Massachusetts Department of Public Health.

\* Fully vaccinated was defined as  $\geq 14$  days after completion of state immunization registry–documented COVID-19 vaccination as recommended by the Advisory Committee on Immunization Practices.

# Delta Variant and Transmission

FIGURE 2. SARS-CoV-2 real-time reverse transcription-polymerase chain reaction cycle threshold values\* for specimens from patients with infections associated with large public gatherings, by vaccination status† — Barnstable County, Massachusetts, July 2021§



Brown CM, Vostok J, Johnson H, et al. Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:1059-1062.

DOI: <http://dx.doi.org/10.15585/mmwr.mm7031e2>

# Quarantine Rules in School

**Table 2: Summary of Quarantine Exceptions**

Quarantine Status (see 1-4 under “F. Isolation & Quarantine”)		Community Quarantine?	Classroom Quarantine?	Quarantine from school-related sports and activities?	School notification?
Exception 1: Vaccination		No	No	No	Letter
Exception 2: 90 days		No	No	No	Letter
Exception 3: Pooled testing		Yes	No	No	Letter
Exception 4: School with universal masking	Students	Yes	No	Yes	Letter + Sara Alert
	Staff	Yes	Yes	Yes	Letter + Sara Alert
No exceptions or symptomatic		Yes	Yes	Yes	Letter + Sara Alert

<https://www.maine.gov/doe/sites/maine.gov.doe/files/2021-08/SOP%20Updated%208.12.21.pdf>

# Antibody Therapy

- Casirivimab and imdevimab-recombinant human IgG1 monoclonal antibodies targeting the receptor domain of the spike protein
- EUA for single IV infusion for age 12 and up/at least 40 kg with positive PCR and who are at high risk for progression
  - Older age (> 65)
  - Obesity/overweight-for age 12-17 that is BMI > 85%
  - Pregnancy
  - Chronic kidney disease
  - Diabetes
  - Immune suppressive disease or treatment
  - Chronic lung disease (asthma moderate to severe)
  - Sickle cell disease
  - Neurodevelopmental disorders
  - Medical related technological dependence
- May be useful for post-exposure prophylaxis for high risk individuals
  - Not fully vaccinated, OR not expected to mount an immune response to vaccine
  - Have been exposed or are at high risk of exposure (ie nursing homes/prisons)
  - Not for pre-exposure prophylaxis
  - Not to replace vaccine
- Not for those who are hospitalized, require oxygen for covid-19, or increase in baseline oxygen due to covid-19
- Can call peds ID (662-5522 #9) to discuss indications-not routinely recommended for pediatric patients