Decision Pathways for Symptoms and Exposures in Early Care and Education Centers

Updated 3/22/2022

Maine Chapter of the American Academy of Pediatrics

Decision Pathway for Child with Symptoms but No Known Exposure with COVID-19

Maine Chapter of the American Academy of Pediatrics

Chart 1: MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19¹ (Updated 1/14/22)(Both Vaccinated and Unvaccinated)

> 2 lower risk symptoms OR 1 higher risk symptom, not exposed 2 to COVID-19: Recommend testing using one of following options3:

3

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)

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



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. 1

Antigen testing done and positive:
"Probable" case 4
School instructs family

School instructs fam
to f/u with primary
care provider

Child should isolate and return to school based on MDC Isolation Guidance, Chart 2 PCR should be performed within 48 hours if symptoms are not improving and clinical suspicion for COVID-19.⁵ If PCR not available, consider repeat antigen test in 2-3 days. Consider alternative diagnosis, Path 3. If PCR positive follow path 5, if negative follow path 4.

Antigen testing done and negative:

"Presumptive negative" 4
School instructs family to f/u with primary care provider

Seen by clinician and no molecular testing done³ and alternative diagnosis likely6 Consider antigen test if available to r/o COVID, in addition to 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 care⁷ when afebrile 24 hours without antipyretics, and symptoms improving.

4

Molecular testing done³ Negative test for COVID-19



Return to school/child care⁷ when afebrile 24 hours without antipyretics, and symptoms improving, and test has resulted negative

5

Molecular testing done³ Positive test for COVID-19



6

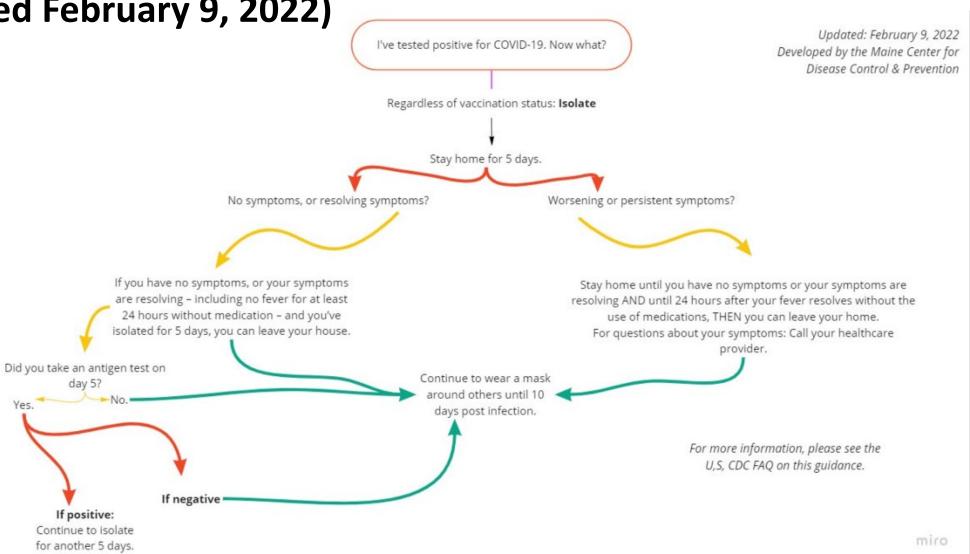
No testing AND no alternative diagnosis (i.e. family declines, unable to obtain test, etc.)



Return to school based on MCDC Isolation Guidance, Chart 2

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.

Chart 2: MCDC Isolation Flow Chart (Updated February 9, 2022)



Decision Pathway for Child with no Symptoms but known exposure to COVID-19

Chart 3: MAAP: For Medical Providers: Management of ASYMPTOMATIC children EXPOSED to COVID-19¹ (Updated 1/14/22)

- Child is exposed² to confirmed OR presumptive case of COVID-19, go to Maine CDC Quarantine Guidance Chart 4
- If close contact is part of pooled testing program, go to Chart 6
- Maine School Standard Operating Procedure (SOP) also has specific guidance for close contact in schools and quarantine exceptions in Chart 5

Chart 4: MCDC COVID-19-Quarantine-Flow-Chart.pdf (maine.gov) (Updated February 9, 2022)

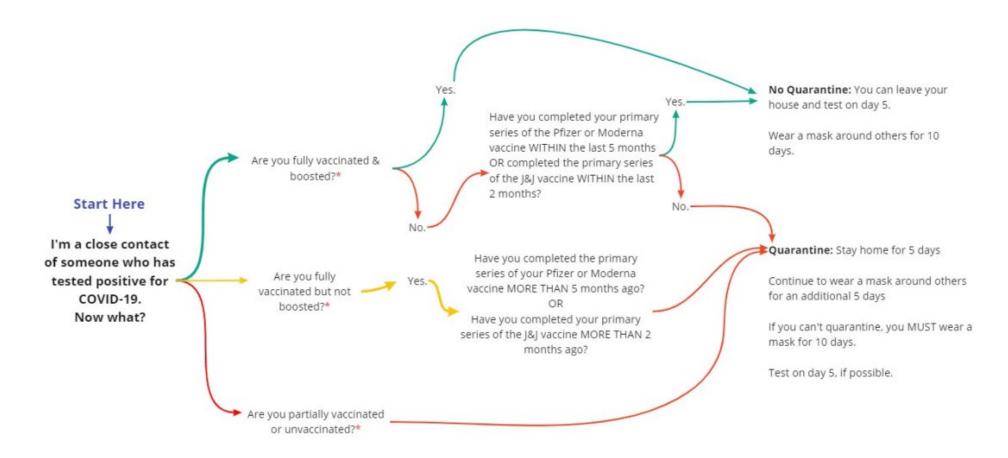


Chart 5: School Quarantine Exemptions from School SOP (Updated 1/11/22)

Quarantine Exceptions

Schools that are conducting contact tracing should continue to place students/faculty/staff who are close contacts into quarantine. However, if at least one of the following conditions applies, students/staff can be exempt from quarantine:

- 1. The close contact is 18 or older and has received <u>all recommended vaccine doses</u>, including <u>boosters</u> and <u>additional primary shots</u> for some immunocompromised people; **or**
- 2. The close contact is 5-17 years and completed the <u>primary series</u> of COVID-19 vaccines; **or**
- 3. The close contact had COVID-19 within the last 90 days; or
- 4. The close contact (staff or student) participates in school pooled testing; or
- 5. The school consistently observes and enforces a universal masking policy for all teachers, students, staff, and visitors.

Staff and students who do <u>not</u> fall within exceptions 1-5 above must quarantine if they are a close contact, regardless of the location of exposure.

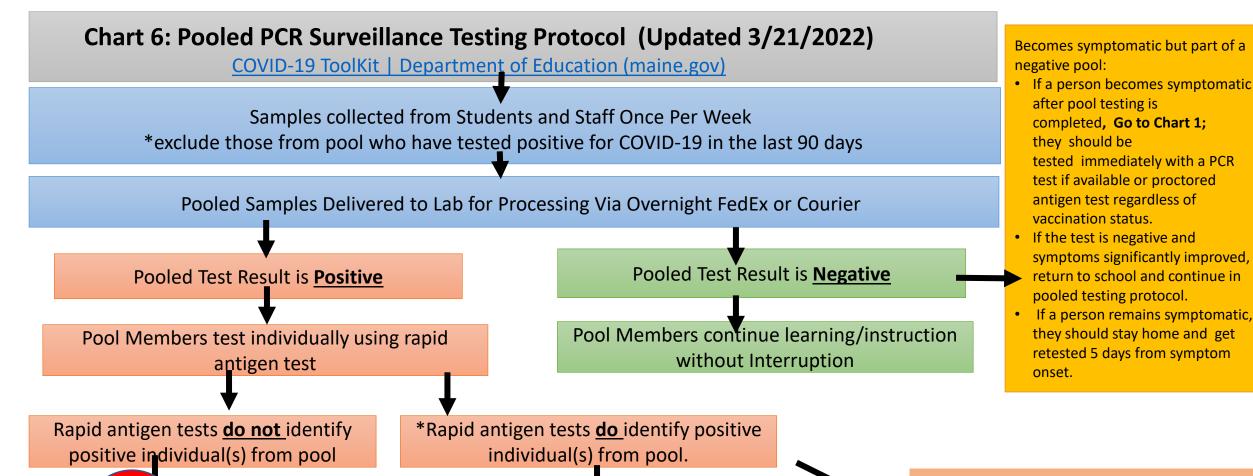
Staff and students who only fall within exceptions 4-5 must quarantine in the <u>community</u>, per Maine CDC quarantine guidelines.

Decision Pathway for a Child in Pooled Testing Program

Maine CDC

Maine Department of Education

Updated 3/22/22



Repeat Rapi following do or h 2 days, whichever is

Positive cases(s) isolated

If NO positive individual(s) identified and pool members are asymptomatic, then proceed with next scheduled Pooled PCR Test. If becomes symptomatic

Positive case(s) isolated

Close contacts participating in Pool Testing:

 Asymptomatic close contacts remaining negative in pooled PCR testing program continue in-person learning & school activities as exceptions to guarantine

Symptomatic close contacts participating in Pool Testing:

If a person becomes symptomatic after pool testing is completed, they should be tested immediately with a PCR test if available or proctored antigen test regardless of vaccination status. If the test is negative and symptoms, significantly improved return to school and continue in pooled testing protocol. If a person remains symptomatic, they should stay home and get retested 5 days from symptom onset.

Close contacts **not** in Pool Testing are quarantined except those noted below

Close contacts **not** in Pool Testing are quarantined except:

- Those who tested COVID + in last 90 days and are asymptomatic
- Asymptomatic fully vaccinated individuals do not need to quarantine but should be tested 5 days after exposure.⁸

Test to Stay for Child Care

Maine CDC

Maine CDC Test to Stay for Child Care

Chart 7. Over 2 years and can wear mask (Updated March 10, 2022)

A. <u>Test to Stay Using At-Home Rapid Antigen Tests</u>

- 1. For children 2 years of age and older who can wear a mask:
 - A child exposed to COVID-19 can continue to attend the early care and education program provided all of the following conditions are met:
 - The child is asymptomatic.
 - The child has a negative at-home rapid antigen test result on days 1, 3, 5 after exposure (exposure is day 0). These tests should be administered by the parent or guardian before the child goes to the early care and education program.
 - The child wears a well-fitted mask for 10 days after the exposure, per the mask guidance for quarantine outlined above.
 - In general, children who have previously tested positive for COVID-19 and who can wear a mask should not be retested for 90 days following the date of the positive test result, and do not need to quarantine if exposed again during this time period. However, a child who develops new onset of symptoms consistent with COVID-19 infection during the 90-day period following the initial positive test collection date should be retested. The child should follow guidance outlined above in the section addressing isolation.

Maine CDC Test to Stay for Child Care

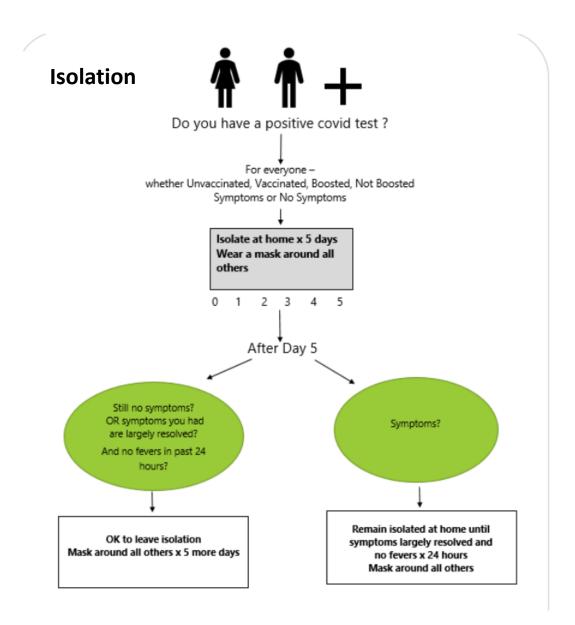
Chart 8. Under 2 and/or Can't Wear a Mask (Updated March 10th)

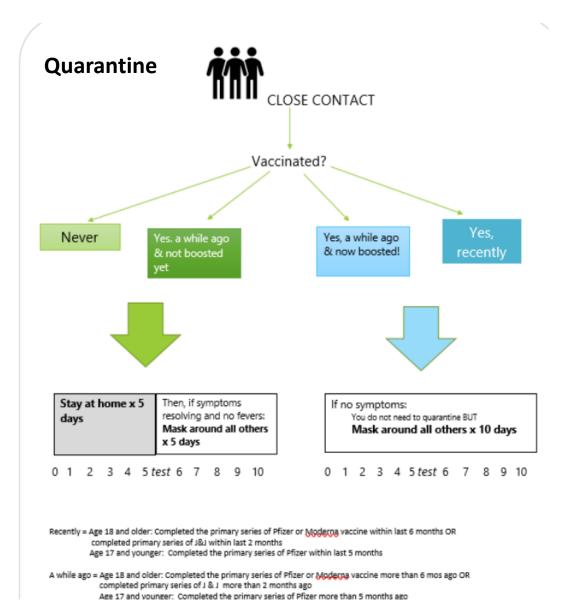
- 2. For children under 2 years of age and for children of any age who cannot wear a mask:
 - A child exposed to COVID-19 can continue attending the early care and education program provided both of the following conditions are met:
 - The child is asymptomatic.
 - The child has a negative at-home rapid antigen test result on days 1, 3, 5, 7, and 9 after exposure (exposure is day 0). These tests should be administered by the parent or guardian before the child goes to the early care and education facility.
 - In general, children who have previously tested positive for COVID-19 and who can wear a mask should not be retested for 90 days following the date of the positive test result, and do not need to quarantine if exposed again during this time period. However, a child who develops new onset of symptoms consistent with COVID-19 infection during the 90-day period following the initial positive test collection date should be retested. The child should follow guidance outlined above in the section addressing isolation.
 - At this time, the US Food and Drug Administration (FDA) has not approved or authorized any at-home rapid antigen test for use in children under 2 years of age. Nonetheless, Maine CDC believes that at-home rapid antigen tests are safe and effective for use in children under 2 years of age. Maine CDC recommends that parents or guardians deciding to test children under 2 years of age administer the at-home rapid antigen test, not the early care and education provider.

Counting Quarantine and Isolation Days

Maine CDC

Chart 9: Additional Visuals on Isolation and Quarantine





Additional Information- Subject to Change as More Data is Available

- 1. The Chart 1 algorithm is for symptomatic patients with no known exposures. Threshold for testing will depend on level of community transmission. The Chart 2 is isolation guidance. Charts 3 and 4 are quarantine guidance. Chart 5 is the Maine DOE School Quarantine exemptions chart. Chart 6 is the Maine DHHS Pooled Testing protocol. Chart 7 and 8 are Maine CDC Test to Stay Guidance for child care. Chart 9 has an overview of counting isolation and quarantine days. 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. 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 settings of high prevalence, confirmatory testing by CPR is not necessary.
- 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. 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 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 Diagnosis (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
- 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"