

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

Updated 1/14/2022

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

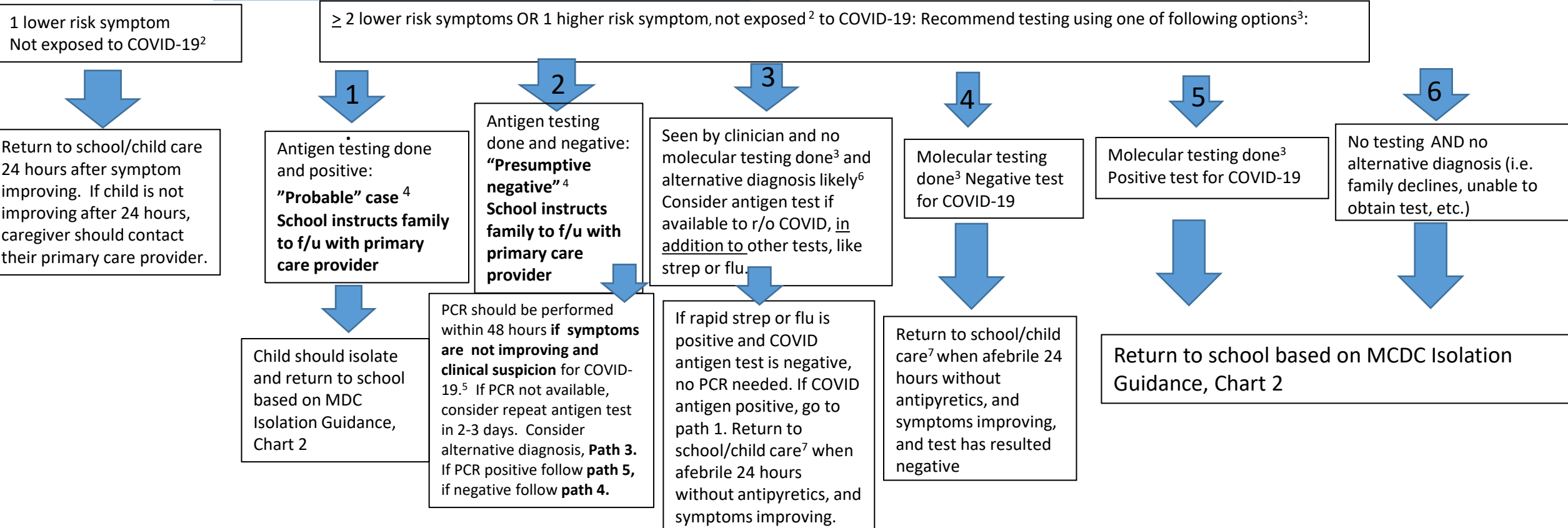
Chart 1: MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19¹ (Updated 1/14/22)(Both Vaccinated and Unvaccinated)



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



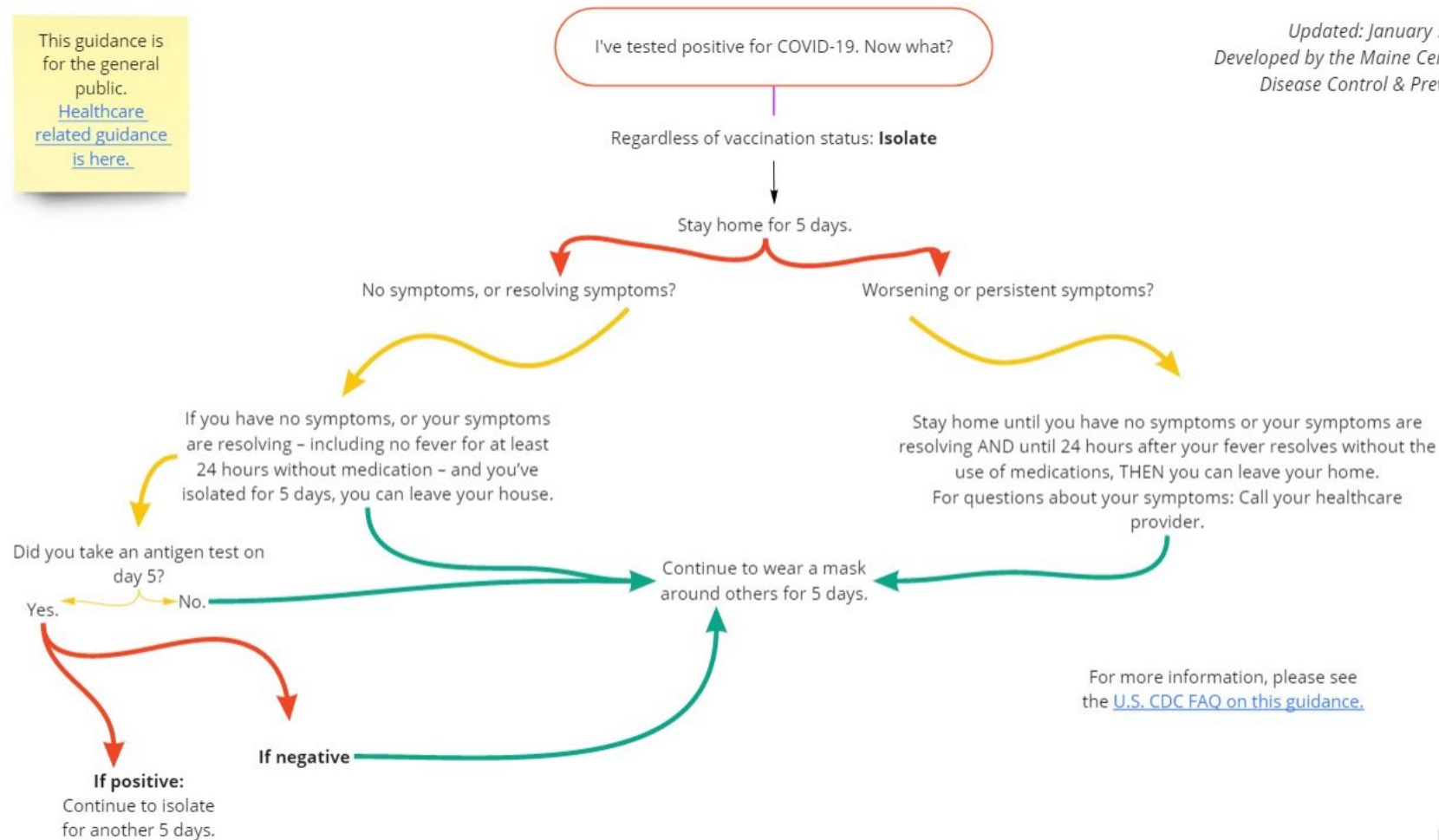
This guidance was adapted from Washington University in St Louis by the Maine Chapter of the American Academy of Pediatrics, school nurses, school physicians, and Pediatric Infectious Disease Experts.

It is subject to change based on the evolving science. <https://www.maineaap.org/news/2020/school-re-entry-resources> (1/14/22)

Chart 2: MCDC Isolation Flow Chart

This guidance is for the general public. [Healthcare related guidance is here.](#)

Updated: January 5, 2022
Developed by the Maine Center for Disease Control & Prevention



For more information, please see the [U.S. CDC FAQ on this guidance.](#)

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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)

This guidance is for the general public. [Healthcare related guidance is here.](#)

Start Here
↓
I'm a close contact of someone who has tested positive for COVID-19. Now what?

Are you fully vaccinated & boosted?*

Yes.

Have you completed your primary series of the Pfizer or Moderna vaccine WITHIN the last 5 months OR completed the primary series of the J&J vaccine WITHIN the last 2 months?

Yes.

No Quarantine: You can leave your house and test on day 5.

Wear a mask around others for 10 days.

No.

Are you fully vaccinated but not boosted?*

Yes.

Have you completed the primary series of your Pfizer or Moderna vaccine MORE THAN 5 months ago? OR Have you completed your primary series of the J&J vaccine MORE THAN 2 months ago?

Quarantine: Stay home for 5 days

Continue to wear a mask around others for an additional 5 days

If you can't quarantine, you **MUST** wear a mask for 10 days.

Test on day 5, if possible.

Are you partially vaccinated or unvaccinated?*

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 [all recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people; **or**
2. The close contact is 5-17 years and completed the [primary series](#) 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 not 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 community, per Maine CDC quarantine guidelines.

Decision Pathway for a Child in Pooled Testing Program

Maine CDC

Maine Department of Education

Updated 1/14/22

Chart 6: Pooled PCR Surveillance Testing Protocol (Updated 1/14/2022)

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

Samples collected from Students and Staff Once Per Week
*exclude those from pool who have tested positive for COVID-19 in the last 90 days

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

Pooled Test Result is **Positive**

Pool Members test individually using rapid antigen test

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

Repeat Rapid Antigen testing the following day, or within 2 days, whichever is sooner.

Positive case(s) isolated

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

Pooled Test Result is **Negative**

Pool Members continue learning/instruction without Interruption

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 quarantine

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

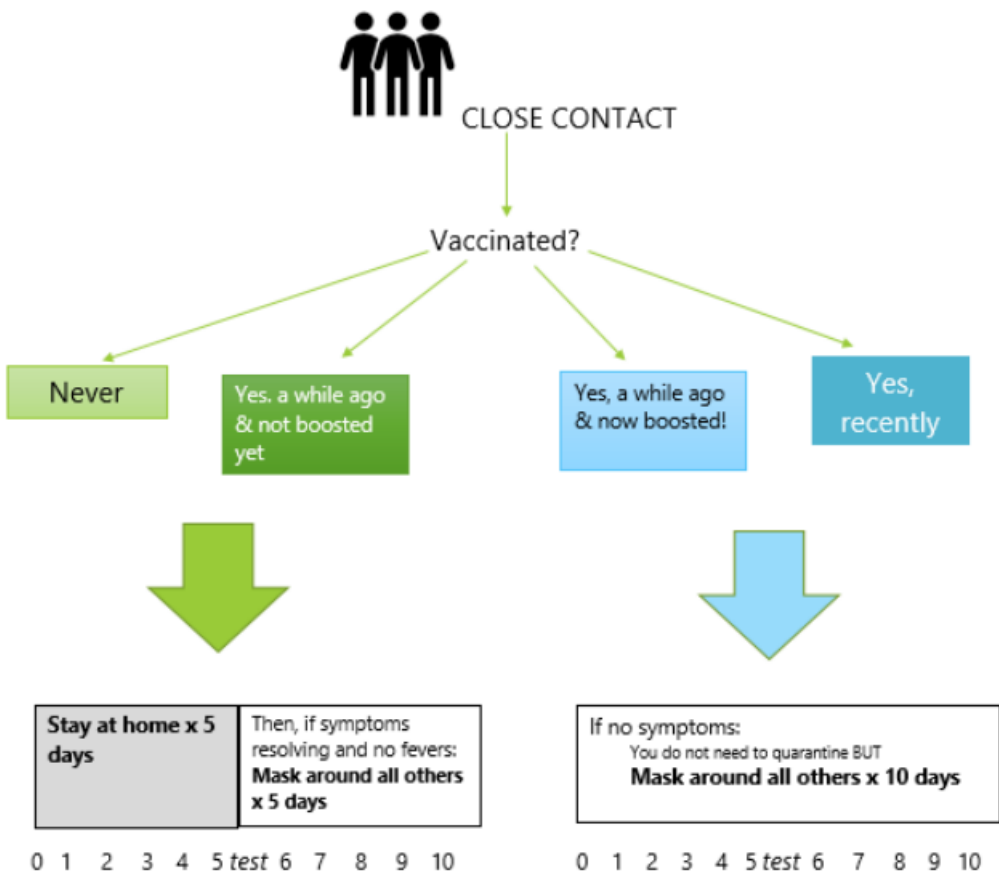
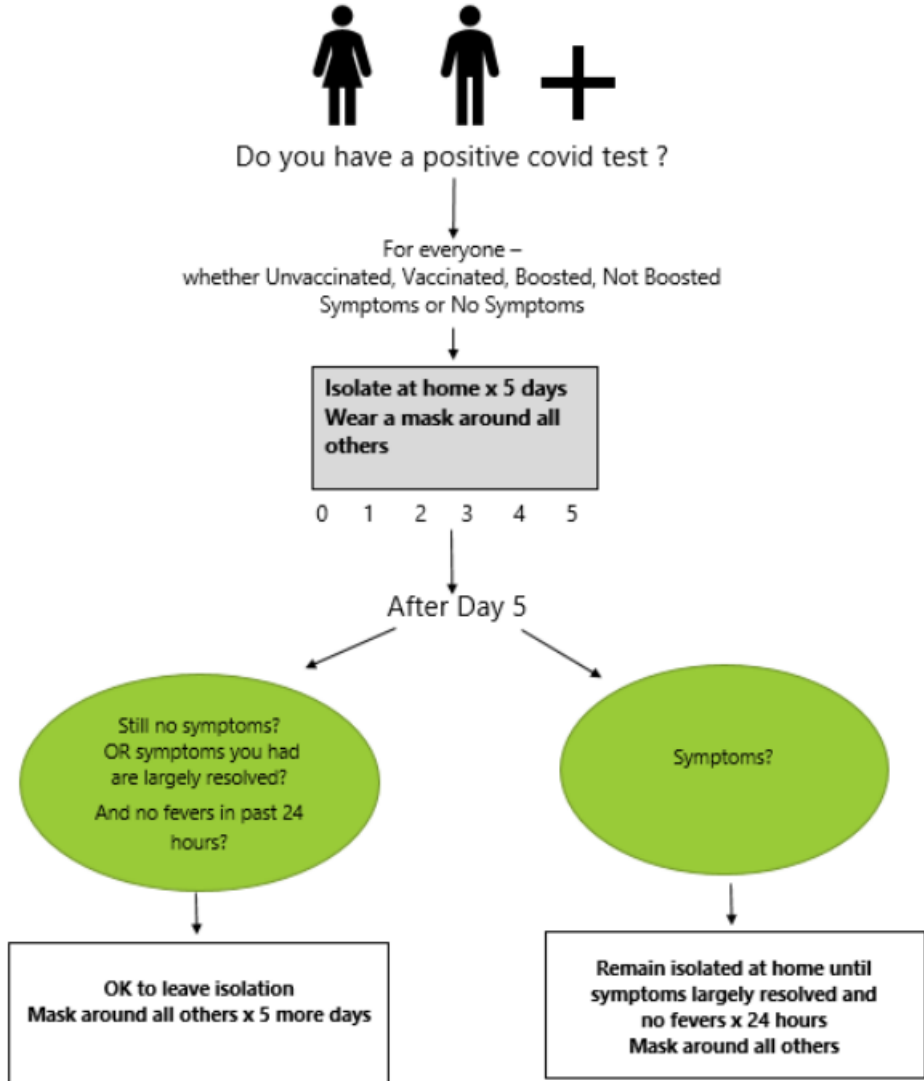
Becomes symptomatic but part of a negative pool:

- If a person becomes symptomatic after pool testing is completed, **Go to Chart 1**; 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.

Counting Quarantine and Isolation Days

Maine CDC

Chart 6: Additional Visual on Isolation and Quarantine



Recently = Age 18 and older: Completed the primary series of Pfizer or Moderna vaccine within last 6 months OR completed primary series of J&J within last 2 months
Age 17 and younger: Completed the primary series of Pfizer within last 5 months

A while ago = Age 18 and older: Completed the primary series of Pfizer or Moderna vaccine more than 6 mos ago OR completed primary series of J & J more than 2 months ago
Age 17 and younger: Completed the primary series of Pfizer more than 5 months ago

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 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. Chart 3 is quarantine guidance. Chart 4 is the Maine DOE School Quarantine exemptions chart. Chart 5 is the Maine DHHS Pooled Testing protocol. Chart 6 has an overview of counting isolation/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 PCR 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. 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 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”