Children's Services — December 2020







Guidelines for return to school consideration and COVID-19 testing in ambulatory care setting

Exposure: Close contact within 6 feet and for >15 minutes to someone with confirmed or probable COVID-19 (can be symptomatic or asymptomatic)

• If there are questions re: exposure please contact your local health dept.

Quarantine: Period of time recommended to stay away from others after possible exposure

- 14 days from last contact with person testing positive for COVID-19
- May be longer if person with COVID-19 was unable to isolate from exposed person
- For children who had COVID-19 and fully recovered, do not need to quarantine if exposed again within 3 months of illness and do NOT have symptoms
- Options to reduce quarantine as per CDC, although NJ DOH recommends the above guidelines to minimize spread of the virus:
 - After 10 days without testing
 - After day 7 after receiving a negative test result
 - You should still monitor for symptoms until 14 days after exposure and immediately self-isolate if you have symptoms
- Refer to cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

Isolation: Period of time recommended to separate children who are infected with COVID-19 from others who are not infected

- For symptomatic COVID-19+ child: isolate for at least 10 days from when symptoms first appeared AND fever free x 24 hours without the use of antipyretics, and improvement of respiratory symptoms
- For asymptomatic COVID-19 + child: at least 10 days from the date of COVID+ test



Guidelines for return to school consideration and COVID-19 testing in ambulatory care setting, continued

Who should be considered for testing?

Testing should be performed if the child has any one of the symptoms from column A, or any 2 of the symptoms from column B:

A (1 of these symptoms)	B (>/= 2 of these symptoms)
CoughShortness Of BreathDifficulty BreathingNew Loss of TasteNew Loss of Smell	 Exposure to a contact with COVID-19 Fever or chills Sore Throat Nasal Congestion/runny nose Nausea/Vomiting/Diarrhea Headaches or fatigue Muscle/body aches

When to test a pediatric patient and recommendations on return to school setting:

• A follow-up negative test is NOT required to return to school unless patient has underlying medical condition or at provider's discretion

Case scenario	Exposure	Test indicated	Test results	Return to school
Symptomatic but symptoms do not conform to stipulations in column A or B	No	Discretion of provider	negative	Afebrile x24 hrs without antipyretics, improved respiratory symptoms
			positive	After COVID-19 symptomatic isolation complete
Symptomatic but symptoms do not conform to stipulations in column A or B	Yes	Consider	not performed	After COVID-19 symptomatic isolation OR quarantine is complete (whichever is longer)
			negative	After COVID-19 quarantine is complete
001411111111111111111111111111111111111			positive	After COVID-19 symptomatic isolation complete
Symptomatic	No or Yes	Yes	negative	Afebrile x24 hrs without antipyretics, improved respiratory symptoms
			positive	After COVID-19 symptomatic isolation
Asymptomatic	No	No	N/A	N/A
Asymptomatic	Yes	Consider	not performed or negative	After COVID-19 quarantine complete *If negative test prior to completion of 14-day quarantine, child must still complete 14 day duration of quarantine
			positive	After COVID-19 asymptomatic isolation complete



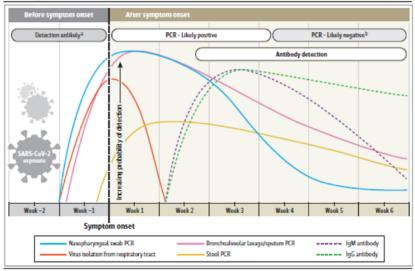
Guidelines for return to school consideration and COVID-19 testing in ambulatory care setting, continued

Recommendations on which type of test to use and best time to test:

Type of test	Best time to perform test		
Rapid antigen (Nasal swab)	Within 1 week of onset of symptoms(4 -5 days post exposure)		
PCR on NP swab or Saliva specimen	Within 1 week of onset of symptoms (4-5 days post exposure)		
Antibody test	Within 2-4 weeks of onset of symptoms		

Estimated variation over time in diagnostic tests for detection of SARS-CoV2 infection relative to symptom onset:

Figure. Estimated Variation Over Time in Diagnostic Tests for Detection of SARS-CoV-2 Infection



Estimated time intervals and rates of viral detection are based on data from several published reports. Because of variability in values among studies, estimated time intervals should be considered approximations and the probability of detection of SARS-CoV2 infection is presented qualitatively. SARS-CoV2 indicates severe acute respiratory syndrome coronavirus 2; PCR, polymorase chain reaction.

- * Detection only occurs if patients are followed up proactively from the time of exposure.
- ^bMore likely to register a negative than a positive result by PCR of a nasopharyngeal sweb.

References:

Interpreting Diagnostic Tests for SARS-CoV-2 Published Online: May 6, 2020. doi:10.1001/jama.2020.8259

 $\underline{\text{https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-testing-guid$

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https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

 $\underline{https://www.cdc/coronavirus/2019/-ncov/if-you-are-sick/quarantine.html}$

https://www.childrensmercy.org/siteassets/media/covid-19/return-to-school-considerations-for-covid-19-symptoms.pdf

https://covid19.nj.gov/pages/app?gclid=Cj0KCQjwufn8BRCwARlsAKzP697li6JbKnE8mL6L3RgmSdE5uyAyR42OyWmGkTfl7lvLmlnpGPlQ62gaArXnEALw_wcB

 $\underline{https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab-Policy-Review-Evidence-Considerations-School-Reopenings-2020.pdf$

