COVID-19 in Pediatric Patients
Triage, Evaluation, Testing and Return to School

This is a changing environment, and as we gain new knowledge about this virus, expect adaptations. The algorithm does NOT apply to children diagnosed with COVID-19 by PCR within the past three months. Please consult CDC protocols in those situations.

Note: Pediatric patients who have returned from international travel should follow the After International Travel guidance from the CDC.

Return to school when:
- ≥10 days have passed since symptoms first appeared
- ≥24 hours afebrile without the use of antipyretics and symptoms improved

Close contact with known COVID-19 patient?\(^1\)

Yes

Any of following symptoms? Fever, cough, shortness of breath, sore throat, runny nose, lack of smell/taste, nausea, vomiting, diarrhea, fatigue, muscle aches, headache

Yes

Obtain COVID PCR test and may consult medical home as indicated regardless of vaccine status

Yes

Negative Test

Vaccinated?\(^2\)

Yes

Return to School when: symptoms resolve

No

Return to School when:
- Finished 14-day quarantine and meet symptom resolution criteria
- 14 day quarantine begins after person with latest onset of symptoms clears infection (10 days from onset, fever resolved >24 hr, symptom resolution)

Yes

Positive Test

Test at 3-5 days following last exposure.
Per CDC guidance, wear a mask until test results are back.

Yes

Vaccinated?\(^2\)

No

Exposure in home?

Yes

Return to school when:
- ≥24 hours afebrile without the use of antipyretics and symptoms improved

No

Option 1:
- Quarantine from infected person in household for their entire isolation period/leave household and then Option A or B

Option B:
- Quarantine. PCR test on day 7 if asymptomatic

Option A:
- 14-day quarantine

Positive Test

Return to school when:
- Finished 14-day quarantine, which begins after person with latest onset of symptoms clears infection (10 days from onset, fever resolved ≥24 hr, symptom resolution) or negative PCR test at day 7 of quarantine.

Negative Test

Return to school 10 days after test, if still asymptomatic

\(^1\)As determined by contact tracing
\(^2\)Vaccinated means two weeks after final dose of vaccine series

* Please consult return to play documents located here
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Close contact with known COVID-19 patient? Yes: see page 1

No

Any of following symptoms? Fever, cough, shortness of breath, sore throat, runny nose, lack of smell/taste, nausea, vomiting, diarrhea, fatigue, muscle aches, headache

Yes

Symptoms >24 hours

Obtain COVID PCR test and may consult medical home as indicated regardless of vaccine status

Negative Test

Return to school when:
≥ 24 hours afebrile without the use of antipyretics and symptoms improved

Positive Test

Return to school when:
≥ 10 days have passed since symptoms first appeared and ≥ 24 hours afebrile without the use of antipyretics and symptoms improved

No test but alternative diagnosis made by medical home

Return to school when:
≥ 10 days have passed since symptoms first appeared and ≥ 24 hours afebrile without the use of antipyretics and symptoms have improved

No test and no alternative diagnosis

Return to school when:
≥ 10 days have passed since symptoms first appeared and ≥ 24 hours afebrile without the use of antipyretics and symptoms improved

Return to school when:
≥ 24 hours after symptom improvement or resolution

Any one of the following:
fever lasting < 24 hours that resolves without antipyretics, sore throat, runny nose, muscle aches, fatigue, nausea, vomiting, diarrhea, headache

Any one of the following:
fever lasting < 24 hours that resolves without antipyretics, sore throat, runny nose, muscle aches, fatigue, nausea, vomiting, diarrhea, headache

Return to school when:
≥ 24 hours after symptom improvement or resolution

Consider testing before 24 hours with the following consideration:
• Early initiation of contact tracing is desired.
• Symptoms are consistent with VT experience with pediatric COVID to date (currently fever, cough, runny nose, headache and/or loss of taste/smell)
• Ongoing concerns about the transmissibility of the circulating variant

Note: Pediatric patients who have returned from international travel should follow the After International Travel guidance from the CDC.

As determined by contact tracing
Consult usual infectious disease protocols (e.g. Red Book or Caring for Our Children)
Parent/caregivers may consult medical home for persistent symptoms

* Please consult return to play documents located here