COVID-19 in Pediatric Patients (Pre-K - Grade 12)
Triage, Evaluation, Testing and Return to School*

*This algorithm was developed in the setting of Vermont’s low prevalence of SARS-CoV-2 Virus.
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. As pediatric patients become eligible for vaccination, the algorithm will be updated.

Close contact with known COVID-19 patient? 1

Yes

No: see page 2

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

Consult medical home to arrange COVID PCR test

Negative Test 2

Exposure in home?

Yes

Return to school when:
Finished 14-day quarantine and meet symptom resolution criteria (>24 hours afebrile without the use of antipyretics and symptoms improved)
14 day quarantine begins after person with latest onset of symptoms clears infection (10 days from onset, fever resolved >24 hr, symptom resolution)

No

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

Exposure in home?

Yes

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

No

Option A:
14-day quarantine

Option B:
COVID PCR test on day 7 if asymptomatic

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

Current as of April 19, 2021

Note: People that have returned from international travel should follow the After International Travel guidance from the CDC.

1 Close contact (within 6 feet of an infected person for a cumulative 15 minutes over 24 hour period) with a person with confirmed COVID-19.
There are also potential exposures (gatherings, events) where a patient should be encouraged to get a test as per VDH recommendations.
2 If highly suspect COVID, may repeat test in 24 hours
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Close contact with known COVID-19 patient?1

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

• Fever (≥100.4 F) and cough and/or runny nose or
• Cough or SOB without fever or
• Loss of taste or smell without fever

Consult medical home to arrange COVID PCR test

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

Negative Test

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

No test but alternative diagnosis made5

No test and no alternative diagnosis5

Positive Test

Return to school when: ≥ 24 hours afebrile without the use of antipyretics and symptoms have improved2

No test and alternative diagnosis made

Any one of the following:
• Fever lasting <24 hours that resolves without antipyretics, sore throat, runny nose, muscle aches, fatigue, nausea, vomiting, diarrhea, headache3

Family encouraged to call medical home to determine need for COVID PCR test

≥ 24 hours after symptom improvement or resolution4

Return to school when:

≥ 10 days have passed since symptoms first appeared and ≥ 24 hours afebrile without the use of antipyretics and symptoms improved

Note: People that have returned from international travel should follow the After International Travel guidance from the CDC.

1 Close contact (within 6 feet of an infected person for a cumulative 15 minutes over 24 hour period) with a person with confirmed COVID-19.
There are also potential exposures (gatherings, events) where a patient should be encouraged to get a test as per VDH recommendations.

2 Consult usual infectious disease protocols (e.g. Red Book or Caring for Our Children)

3 Rash alone, including purple toes, is not currently a CDC listed symptom of acute COVID-19 infection

4 Parent/caregivers may consult medical home for persistent symptoms.

5 Routine testing of otherwise healthy outpatients for influenza is strongly discouraged this season, in order to preserve testing capacity for SARS-CoV-2. For additional information, please refer to current health department health alerts (HAN) or guidelines for influenza testing.

Current as of April 19, 2021