**FOR PARENTS AND GUARDIANS**

*Symptoms of COVID-19 include fever (≥100.4°F) or chill, fatigue (more tired than usual), muscle aches, cough, nasal congestion or runny nose, new loss of taste or smell, sore throat, shortness of breath or difficulty breathing, abdominal pain, diarrhea, nausea or vomiting, new onset of poor appetite or poor feeding.*

If your child has had close contact** with a person that tested positive for COVID-19, needs to be isolated for at least 10 days after last exposure or isolate for 10 days after symptom onset. Quarantine close contacts.*

**If your child has symptoms of COVID-19**

*Symptoms usual for the child (e.g., allergies, migraines, asthma) or caused by a known diagnosis (e.g., ear infection, strep throat)*

Seek care as per usual practice. If fever present, stay home until at least 24 hours fever-free without fever-reducing medicines.

**FOR SCHOOLS AND CHILD CARE FACILITIES**

**Close contact** means being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period, or having direct exposure to respiratory secretions.

**≥50 cases per 100,000 population in the past 7 days.** Check here for local information: www.vdh.virginia.gov/coronavirus/school-guidance/pandemic-metrics/school-metrics/

**FOR HEALTHCARE PROVIDERS**

Testing – PCR or antigen (Ag) testing is acceptable. If an Ag test is negative and clinical suspicion for COVID-19 is high, confirm with PCR, ideally within 2 days of the initial Ag test. If PCR testing is not available, clinical discretion can be used to determine the patient isolate. Those who have tested positive for COVID-19 within the past months and recovered and most people who are fully vaccinated for COVID-19 do not need to be tested again as long as they do not develop new symptoms.


**Testing** for COVID-19 right away if symptoms present, or 5 days or more after likely exposure if no symptoms. Isolate/quarantine at home.

RETURN TO SCHOOL AND CHILD CARE

If no clinical evaluation performed

Symptoms and no close contact** and no exposure in last 14 days to area with ≥50 cases/100,000/week***

Return when no fever for 24 hours without fever-reducing medicine.

Symptoms and had close contact** or exposure in last 14 days to area with ≥50 cases/100,000/week***

No symptoms but had close contact**

10-day home isolation. Then return when no fever for 24 hours without fever-reducing medicines. Quarantine close contacts.*

14-day home quarantine.* If no symptoms, return on Day 15. If symptoms develop, need 10-day isolation and quarantine close contacts.*

After 10-day isolation, if no fever for at least 24 hours and symptoms have improved, child may return to school and/or child care.

If symptoms develop, consider retesting. Home isolate for 10 days after symptom onset. Quarantine close contacts.*

### VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure

Is your child sick with symptom(s) of COVID-19*?

Symptoms new or unusual for the child

Keep child home. Call your healthcare provider (if no clinical evaluation see Return section below.)

Notify the school.

Symptoms usual for the child (e.g., allergies, migraines, asthma) or caused by a known diagnosis (e.g., ear infection, strep throat)

Seek care as per usual practice. If fever present, stay home until at least 24 hours fever-free without fever-reducing medicines.

Has the child had close contact** in the past 14 days with someone with COVID-19?

NO

YES

Send to school and/or child care

Does a child have symptom(s) of COVID-19* at school/child care?

Symptoms new or unusual for the child

Isolate from others. Send home. If no clinical evaluation, see Return section below.

Send home until at least 24 hours fever-free without fever-reducing medicines.

Other explanation for symptoms (e.g., chronic condition or known diagnosis)

Has the child had close contact** in the past 14 days with someone with COVID-19?

NO

YES

Normal activities

Send home until at least 24 hours fever-free without fever-reducing medicines

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Testing

- **PCR or antigen (Ag)** testing is acceptable. If an Ag test is negative and clinical suspicion for COVID-19 is high, confirm with PCR, ideally within 2 days of the initial Ag test. If PCR testing is not available, clinical discretion can be used to determine the patient isolate. Those who have tested positive for COVID-19 within the past months and recovered and most people who are fully vaccinated for COVID-19 do not need to be tested again as long as they do not develop new symptoms.


**Testing** for COVID-19 right away if symptoms present, or 5 days or more after likely exposure if no symptoms. Isolate/quarantine at home.

RETURN TO SCHOOL AND CHILD CARE

If no clinical evaluation performed

Symptoms and no close contact** and no exposure in last 14 days to area with ≥50 cases/100,000/week***

Return when no fever for 24 hours without fever-reducing medicine.

Symptoms and had close contact** or exposure in last 14 days to area with ≥50 cases/100,000/week***

No symptoms but had close contact**

10-day home isolation. Then return when no fever for 24 hours without fever-reducing medicines. Quarantine close contacts.*

14-day home quarantine.* If no symptoms, return on Day 15. If symptoms develop, need 10-day isolation and quarantine close contacts.*

After 10-day isolation, if no fever for at least 24 hours and symptoms have improved, child may return to school and/or child care.

If symptoms develop, consider retesting. Home isolate for 10 days after symptom onset. Quarantine close contacts.*