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

**FOR PARENTS AND GUARDIANS**

1. **Is your child sick with symptom(s) of COVID-19?**
   - **NO**: Has the child had close contact** in the past 14 days with someone with COVID-19?
     - **NO**: Send to School and/or Child Care
     - **YES**: Seek care as per usual practice. If fever present, stay home until at least 24 hours fever-free without fever-reducing medicines
   - **YES**: 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.
   - **NO**: Symptoms usual for the child (e.g., allergies, migraines, asthma) or caused by a known diagnosis (e.g., ear infection, strep throat)
     - Send home until at least 24 hours fever-free without fever-reducing medicines
   - **NO**: Other explanation for symptoms (e.g., chronic condition or known diagnosis)
     - Isolate from others. Send home. If no clinical evaluation, see Return section below.

**FOR SCHOOLS AND CHILD CARE FACILITIES**

1. **Does a child have symptom(s) of COVID-19 at school/child care?**
   - **NO**: Has the child had close contact** in the past 14 days with someone with COVID-19?
     - **NO**: Normal Activities
     - **YES**: Fever present
       - YES: Send home until at least 24 hours fever-free without fever-reducing medicines
       - NO: Other explanation for symptoms (e.g., chronic condition or known diagnosis)

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**Symptoms** of COVID-19 include fever (≥100.4°F) or chills, fatigue (more tired than usual), headache, 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.

**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 14 days.**


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FOR HEALTHCARE PROVIDERS

Testing

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 in whether to recommend the patient isolate.

 Clinical Evaluation for Children with Symptoms of COVID-19*

In past 14 days, no known close contact** and no exposure to area with ≤50 cases/100,000 population***

Consider alternate diagnoses. Testing* and exclusion for COVID-19 may be considered based on level of clinical suspicion and testing availability.

In past 14 days, exposure to area with ≤50 cases/100,000 population***

Test* (and/or evaluate clinically) for COVID-19. Isolate at home.

In past 14 days, close contact** with person with known or suspected COVID-19

Test* for COVID-19 right away if symptoms present, or approximately 1 week 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***

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***

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

No symptoms but had close contact**

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

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

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

Quarantine close contacts.

If no symptoms develop, return to school and/or child care on Day 15.

Home isolate for 10 days after symptom onset or date of positive test. Quarantine close contacts.

Quarantine for 14 days after last exposure or isolate for 10 days after symptom onset.

No symptoms but had close contact**

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

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

No symptoms but had close contact**

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

Negative for COVID-19

Positive test or diagnosis for COVID-19

Home isolate for 10 days after symptom onset.

Quarantine close contacts.

Quarantine for 14 days after last exposure or isolate for 10 days after symptom onset.

Negative for COVID-19 or not tested

Once symptoms have improved and child has no fever for at least 24 hours without fever-reducing medicine, allow return to school/child care.

Consider alternate diagnoses. Testing* and exclusion for COVID-19 may be considered based on level of clinical suspicion and testing availability.

Negative for COVID-19

Positive test or diagnosis for COVID-19

Negative for COVID-19

Positive test or diagnosis for COVID-19

When Can I Send My Child to School and/or Child Care?

Answer These Two Questions Every Day Before Sending Your Child to School and/or Child Care:

1) Has your child been close to someone with COVID-19 in the last 14 days?
2) Is your child sick?

Did you answer “YES” to EITHER question?

Keep your child home.

Did you answer “NO” to BOTH questions?

Send your child to school/child care.

Talk with your healthcare provider and/or your school about when the child may return to school/child care.

If “YES” to Question 1, see Scenario 1.
If “NO” to Question 1 but “YES” to Question 2, see Scenario 2.

Scenarios for Evaluating a Child Based on COVID-19 Exposure

**Child Has Been Exposed to COVID-19**

A negative test for COVID-19 does not change these recommendations.

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

### Scenario 1

- The child has been close to someone with COVID-19 in the last 14 days
  - The child must stay home.

- If no symptoms at first but some develop: When symptoms start, contact healthcare provider, begin 10-day home isolation for sick child, and begin 14-day quarantine for close contacts.

- Must have no fever for at least 24 hours without fever-reducing medicine and feel better before returning to class after 10-day isolation.

### Scenario 2

- You already know why the child is sick, and it is not COVID-19

- **Fever**
  - Stay home until fever is gone for 24 hours, without the use of fever-reducing medications.

- **No Fever**
  - Child may return to school/child care as symptoms permit.

- The child has been tested or evaluated for COVID-19

- **Positive test or diagnosis**
  - Isolate at home for 10 days after symptom onset (or date of positive test) and 24 hours fever-free. Quarantine close contacts.

- **Negative**
  - Stay home until fever is gone for 24 hours, without the use of fever-reducing medications.

- You do not know why the child is sick, and the child has not been tested for COVID-19

- **Exposure in last 14 days to area with ≥50 cases/100,000**
  - Isolate at home for 10 days after symptom onset and 24 hours fever-free. Quarantine close contacts.

- **No exposure in last 14 days to area with ≥50 cases/100,000**
  - Stay home until fever is gone for 24 hours, without the use of fever-reducing medications.

Outbreaks may result in more stringent recommendations. Evaluation by a healthcare provider is strongly recommended for any child who is sick.
Clinical Evaluation for Children with COVID-19 Symptoms or Exposure

For Healthcare Providers

APPENDIX

In last 14 days, no known close contact** and no exposure to area with ≥50 cases/100,000 population***

Consider alternate diagnoses. Testing* and exclusion for COVID-19 may be considered based on level of clinical suspicion and testing availability.

Once symptoms have improved and child has no fever for at least 24 hours without fever-reducing medicine, allow return to school/child care.

In past 14 days, exposure to area with ≥50 cases/100,000 population***

Test* (and/or evaluate clinically) for COVID-19. Isolate at home.

Positive test or diagnosis for COVID-19

Home isolate for 10 days after symptom onset (or date of positive test). Quarantine close contacts.

Negative for COVID-19

After 10-day isolation, if no fever for at least 24 hours without fever-reducing medication and symptoms have improved, child may return to school and/or child care.

Close contact** in past 14 days with person with known or suspected COVID-19

Symptoms Present:
Test* for COVID-19 immediately

Symptoms Not Present:
Test ~1 week after likely exposure
Isolate/quarantine at home.

In last 14 days, no known close contact** and no exposure to area with ≥50 cases/100,000 population***

If no symptoms develop, return to school and/or childcare on Day 15.

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

**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 14 days. Click here for local information: www.vdh.virginia.gov/coronavirus/key-measures/pandemic-metrics/school-metrics/

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 in whether to recommend the patient isolate.