## Chart 1: MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19<sup>1</sup> (Updated 10/21/21)(Both Vaccinated and Unvaccinated)

IF EXPOSED to COVID-19, algorithm does NOT apply, patient will follow CDC guidelines<sup>2</sup>

Consider COVID-19 with ≥1 higher risk symptom or ≥ 2 lower risk

Lower risk<sup>1</sup>
New Headache
Myalgias
Runny nose/congestion
Nausea/vomiting/diarrhea
Any of above symptoms present beyond typical symptoms (i.e. allergies)

Higher Risk<sup>1</sup>

New, uncontrolled cough

Shortness of breath or difficulty breathing (not exercise induced

asthma)

New loss of taste or smell

Fever (100.4 or higher), chills, rigors

Sore throat

> 2 lower risk symptoms OR 1 higher risk symptom, not exposed 2 to COVID-19: Recommend testing using one of following options3:

1 lower risk symptom Not exposed to COVID-19<sup>2</sup>



Return to school/child care 24 hours after symptom improving. If child is not improving after 24 hours, caregiver should contact their primary care provider. 1

Antigen testing done and positive:
"Probable" case 4

"Probable" case 4
School instructs family
to f/u with primary
care provider

Child should quarantine and PCR to be performed within 48 hours if available.<sup>5</sup> If PCR positive, follow **path 5,** if negative follow **path 4.**  2

Antigen testing done and negative: "Presumptive negative" 4
School instructs family to f/u with primary care provider

PCR should be pened within 48 hours if clinical suspicion for COVID-19.5 If PCR not available, consider repeat antigen test in 2-3 days if still symptomatic. Consider alternative diagnosis, Path 3. If PCR positive follow path 5, if negative

3

Seen by clinician and no molecular testing done<sup>3</sup> and alternative diagnosis likely<sup>6</sup> Consider antigen test if available to r/o COVID, <u>in addition to other tests</u>, like strep or flu.

If rapid strep or flu is positive and COVID antigen test is negative, no PCR needed. If COVID antigen positive, go to path 1. Return to school/child care<sup>7</sup> when afebrile 24 hours without antipyretics, and symptoms improving.

4

Molecular testing done<sup>3</sup> Negative test for COVID-19



Return to school/child care<sup>7</sup> when afebrile 24 hours without antipyretics, and symptoms improving, and test has resulted negative

5

Molecular testing done<sup>3</sup> Positive test for COVID-19



Return to school/child care<sup>7</sup> after 10 days AND 24 hours afebrile without antipyretics AND symptoms improving AND ME CDC approval



No testing AND no alternative diagnosis (i.e. family declines, unable to obtain test, etc.)



To be determined by PCP evaluation. Ideally PCR and negative test. If unable to obtain PCR return to school/child care<sup>7</sup> after 10 days, 24 hours afebrile without antipyretics AND symptoms improving. CDC not notified of these cases.

This guidance was adapted from Washington University in St Louis by the Maine Chapter of the American Academy of Pediatrics, school nurses, school physicians, and Pediatric Infectious Disease Experts.

follow path 4.

## Chart 2: MAAP: For Medical Providers: Management of ASYMPTOMATIC children EXPOSED to COVID-19<sup>1</sup> (Updated 12/10/21)

Child is exposed<sup>2</sup> to confirmed OR presumptive case of COVID-19 If close contact is part of pooled testing program, go to slide 3

Maine School Standard Operating Procedure (SOP) also has specific guidance for close contact in schools



Not Fully Vaccinated
Child should quarantine for at least 10 days (could be longer if close contact at home)

Molecular testing<sup>3</sup> performed immediately, and if negative, 5-7 days after last contact or immediately if symptoms develop during quarantine. (Operational Strategy for K-12 Schools through Phased Prevention | CDC and Test for Current Infection | CDC)

If MOLECULAR
TESTING positiveISOLATE for 10 days
from date of test,
contact tracing
performed for school
contacts. If symptoms
develop, isolate for 10
days from symptoms
starting

If MOLECULAR
TESTING negative,
QUARANTINE for 10
days from last case
contact, no contact
tracing, monitor
symptoms for 14
days. If symptoms
develop through 14
days, should be
tested

No Molecular Testing<sup>3</sup> Performed

CHILD IS
ASYMPTOMATIC
-QUARANTINE
for 10 days from
last exposure to
case, no contact
tracing

CHILD
DEVELOPS
SYMPTOMS,
do COVID-19
testing. If no
testing donePRESUMPTIVE
case. Follow
quarantine
requirements
as instructed.

Fully Vaccinated- Fully vaccinated is defined as 2 weeks after receiving 2<sup>nd</sup> COVID-19 vaccine if receiving Pfizer or Moderna or 2 weeks after 1 shot of J and J vaccine.

Asymptomatic: Molecular testing<sup>3</sup> performed 5-7 days after last contact and to wear a mask in public indoor settings for 14 days or until they receive a negative test result.

Do not need to quarantine if asymptomatic.8

If a fully vaccinated close contact lives with the positive person, Maine CDC recommends that they test for COVID-19 every 5-7 days until they are no longer exposed, then test 5-7 days after the last date of exposure. The date of last exposure may be the day that the positive person is released from isolation. (Maine CDC\_FAQs)

If child has tested positive for COVID in the last 90 days



IF CHILD DEVELOPS

SYMPTOMS, should

be tested with

either antigen or molecular testing.

If positive, should

isolate for 10 days.

If no testing done-

Follow quarantine

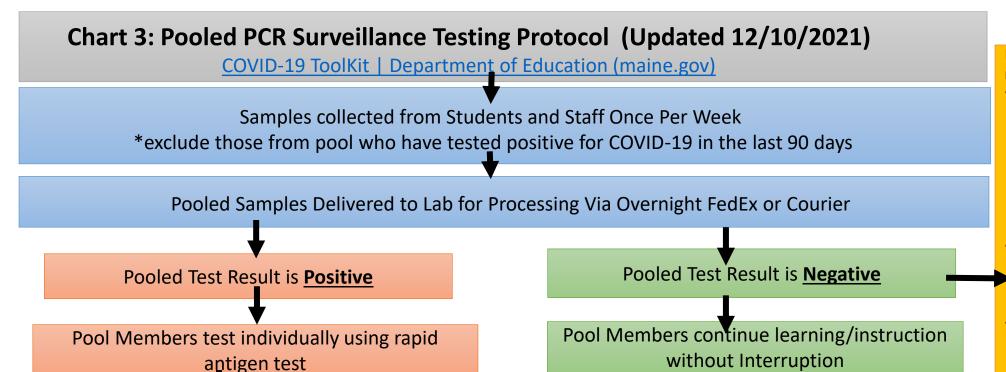
requirements as

instructed.

PRESUMPTIVE case.

Do not need to test or quarantine in the 90 days post positive COVID test

This guidance was adapted from the Massachusetts Chapter of the American Academy of Pediatrics by the Maine Chapter of the American Academy of Pediatrics, school nurses, school physicians, and Pediatric Infectious Disease Experts. It is subject to change based on the evolving science. <a href="https://www.maineaap.org/news/2020/school-re-entry-resources">https://www.maineaap.org/news/2020/school-re-entry-resources</a> (12/10/21)



Becomes symptomatic but part of a negative pool:

- If a person becomes symptomatic after pool testing is completed, Go to Chart 1; they should be tested immediately with a PCR test if available or proctored antigen test regardless of vaccination status.
- If the test is negative and symptoms significantly improved, return to school and continue in pooled testing protocol.
- If a person remains symptomatic, they should stay home and get retested at 5-7 days from symptom onset.

\*First three positive rapid antigen tests recommended for PCR confirmation per Federal CDC guidelines to open an outbreak.

Repeat Rapid Antigen testing the following day, or within 2 days, whichever is sooner.

Rapid antigen tests **do not** identify

positive individual(s) from pool

Positive cases(s) isolated

If NO positive individual(s) identified and pool members are asymptomatic, then proceed with next scheduled Pooled PCR Test. If becomes symptomatic

Positive case(s) isolated

Close contacts participating in Pool Testing:

 Asymptomatic close contacts remaining negative in pooled PCR testing program continue in-person learning & school activities as exceptions to quarantine

\*Rapid antigen tests **do** identify positive

individual(s) from pool.

Symptomatic close contacts participating in Pool Testing:

If a person becomes symptomatic after pool testing is completed, they should be tested immediately with a PCR test if available or proctored antigen test regardless of vaccination status. If the test is negative and symptoms significantly improved, return to school and continue in pooled testing protocol. If a person remains symptomatic, they should stay home and get retested at 5-7 days from symptom onset.

Close contacts **not** in Pool Testing are quarantined except those noted below

Close contacts **not** in Pool Testing are quarantined except:

- Those who tested COVID + in last 90 days and are asymptomatic
- Asymptomatic fully vaccinated individuals do not need to quarantine but should be tested 5-7 days after exposure.<sup>8</sup>

# Chart 4: How to count the days of quarantine for unvaccinated family members of patients who are COVID+

Children and family members who are not fully vaccinated and are living with a household member who is COVID+, need to self-quarantine and monitor for symptoms while the COVID+ patient is home sick. Once the COVID+ patient is released from isolation, the child/family members would quarantine for 10 additional days, then continue to monitor for symptoms for 4 days.

### Links to posters to explain timing:

Ending Quarantine and Return to Work if You Are Exposed to a COVID-19 Case (PDF) | Français (PDF) | Português (PDF) | Soomaali (PDF) | Español (PDF)

What to Do if You Have Had Close Contact With a Person With COVID-19 (maine.gov)

Ending COVID-19 Isolation in Non-Healthcare Settings (PDF)

عربي | Français | Português | Soomaali | Español



### Ending Quarantine and Return to Work if You Are Exposed to a COVID-19 Case



<u>Household Contact</u>: Self-quarantine and monitor for symptoms while COVID-19 case is home sick. Once case is released from isolation, quarantine for 10 additional days, then continue to monitor for symptoms for 4 days.

Person's onset date.

Person released from isolation.

10 days

Household contact released from guarantine if not sick

Monitor for symptoms 4 more days.



Non-Household Contact: Self-quarantine and monitor for symptoms until 10 days after the date of last contact. Continue to monitor for symptoms for 4 more days.

Date of last contact with COVID-19 case.

10 days

Contact released from quarantine if not sick. Monitor for symptoms 4 more days.



<u>Healthcare Personnel</u>: Asymptomatic healthcare personnel should self-quarantine for 14 days if the healthcare facility can function without them. If the facility would close without them, they can continue to work as long as they:

- Are not sick.
- Monitor for symptoms.
- Follow quarantine guidelines outside of work.
- Wear a mask.
- Keep a 6-foot distance as much as possible.



<u>Critical Infrastructure</u>: Personnel considered critical infrastructure workers by US CDC may continue to work following potential exposure if they do not have any symptoms and take additional precautions prior to and during their work shift.

Follow US CDC recommendations for critical infrastructure workers (non-healthcare).

# Chart 5: How to count the days for isolation for patients who are COVID+

### Important dates to know - CASES

- Last Date of Isolation this is the last day that a <u>case</u> must be separated from everyone
  - If no symptoms Last Date of Isolation is 10 days after test collected.
  - If symptoms Last Date of Isolation is 10 days after symptoms started AND no fever for 24 hrs.



If there is a question about the length of isolation or quarantine, the final decision will be made by the Maine CDC case investigator in consultation with the school nurse contact tracing team

\*In some cases, isolation and quarantine times may be longer including for those who are severely ill with COVID-19 or immunocompromised

### Maine CDC Packet on COVID

MAAP: For Medical Providers: Assessing for COVID-19 in children with symptoms and NO KNOWN EXPOSURE to COVID-19, Management of ASYMPTOMATIC children EXPOSED to COVID-19, and Pooled Testing Protocol

#### Additional Information- Subject to Change as More Data is Available

- 1. The Chart 1 algorithm is for symptomatic patients with no known exposures. Threshold for testing will depend on level of community transmission. The Chart 2 algorithm is for patients WITH exposures. Chart 3 is the Maine DHHS Pooled Testing protocol. Charts 4 and 5 have an overview of counting isolation/ quarantine days. Algorithms are not intended to replace clinical judgement.
- 2. Exposure is defined as within 6 feet for 15 minutes of cumulative exposure to COVID positive individual. Even if tested, an exposed, unvaccinated patient will need to quarantine for 10 days from last exposure. <a href="https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html">https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html</a>
- 3. Available COVID tests for individuals with symptoms suggestive of COVID-19:
- Molecular tests:
  - PCR is most reliable and remains gold standard for testing; is typically run at laboratories, often with 48-72hr turnaround but sometimes longer
  - Isothermal RNA Amplification Tests e.g. Abbot ID NOW rapid test: less reliable than PCR testing; should be used within first 7 days of symptoms
- Antigen testing: done as rapid tests with results in 15'; have good sensitivity & specificity, but somewhat lower than PCR testing. Antigen tests should be performed as early in illness as possible and not after 7 days of symptom onset.
  - Antigen platform tests: Quidel Sofia SARS Antigen FIA and BD Veritor System- should be used within first 5 days of symptoms
  - Antigen test cards: BinaxNOW should be used within first 7 days of symptoms
- 4. Interpreting rapid antigen test results:
- Positive result: in settings of lower prevalence, the positive predictive value may be low and lead to false positive tests; therefore positives should be confirmed by PCR testing if testing is available. In addition, the first three positive BinaxNOW tests are recommended for PCR confirmation per Federal CDC guidelines to open an outbreak.
- Negative result: suggestive that the individual does not have COVID-19. However, if an individual has a known COVID-19 exposure and/or has symptoms suggestive of COVID-19, they should
  be further evaluated and have additional testing with a PCR test. Currently, antigen tests should not be used for asymptomatic children unless it is part of a surveillance program with an
  ongoing, scheduled testing plan done in consultation with the Maine CDC.
- All test results should be entered into the Maine CDC Point-of-Care (REDCap) online reporting system. Questions should be directed to the Maine CDC Infectious Disease Line at 1-800-821-5821. The Maine CDC recommends quarantining all unvaccinated close contacts of a probable case in the same way a positive case. Once PCR is complete, If they are later deemed "not a case" the close contacts would then be released. In cases of discordant antigen/PCR test results, the provider should contact the ME CDC. If a PCR test is positive and antigen is negative, treat as a positive case; discuss with the Maine CDC if the antigen test is positive and the PCR is negative.
- 5. When conducting rapid antigen tests, sites should be prepared to do a confirmatory PCR test for negative results with symptoms concerning for COVID-19, and/or exposures, and for positive results if PCR is readily available. PCR testing should be done within 24 hours and no longer than 48 hours; after 48 hours it is considered a new test and can't be matched to the antigen results. If PCR testing is not available at the site, the site should have a relationship with a health care provider who can do PCR testing.
- 6. Other Diagnosis (Dx) to consider in addition to COVID-19: Pertussis, Strep Throat, Common Cold, Flu, Asthma, Allergies, GI illness, Ear infection, etc.
- 7. To return to school/childcare, recommend a note from their medical practice or provider.
- 8. CDC Guidance on Fully Vaccinated Individuals: <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html</a>
- 9. Maine Standing Order- on Maine CDC website: 1 year and up; <a href="https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/StandingOrder-Update.pdf">https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/StandingOrder-Update.pdf</a>
- 10. Testing Sites: <a href="https://get-tested-covid19.org/">https://get-tested-covid19.org/</a> and <a href="https://get-tested-covid19.org/">www.maine.gov/covid19/restartingmaine/keepmainehealthy/testing</a>
- 11. More information on testing is available at the Maine CDC COVID-19 Health Care Provider page scroll to "Info for Providers Receiving Abbott BinaxNOW Ag Tests"