

Pediatric Common Clinical Scenarios

The Health Department will consult with you on COVID containment issues for your facility. Here are common clinical scenarios.

What are COVID-19 symptoms?

- Symptoms of COVID-19 are: are fever, chills, muscle pain, headache, sore throat, nausea/vomiting, diarrhea, fatigue, congestion/runny nose, new or persistent cough, shortness of breath, new loss of sense of smell, new loss of sense of taste, *difficulty breathing, *confusion, *persistent chest pain or pressure, *cyanosis (pale gray or blue skin, lips, or nail beds), *inability to awaken or stay awake. *These symptoms are very concerning and should be evaluated immediately by a healthcare provider.

My child is a positive case. May their sibling return to school?

- The child in question (the case's sibling) has what is called an ongoing exposure. Those who have an ongoing exposure can come to school but must wear a mask for the 10 days while the positive case isolates (5 days) and then masks (5 days). They must then mask for 10 additional days. This means they will be masking for at least 20 days.
- If the child with ongoing exposure develops symptoms, they should test immediately. If the child remains asymptomatic, they should test on day 5 after the case became positive. If positive, they should isolate. If negative, they still must continue the full masking period – a total of 20 days.

My child was exposed to a positive case in school. My child cannot mask. I'd like them to participate in a testing strategy to stay in school. I received free over-the-counter tests from the government. May I use these tests and perform them at home?

- You should follow your school's protocol for participating in a testing strategy. Some schools have what's called a CLIA waiver which allows someone on site to perform professional tests. Other schools do not. In that case an FDA authorized over-the-counter rapid test (including those received free from the federal government or bought at a pharmacy) may be used. These tests may be performed either at school or at home.

My child was exposed to a positive case at a slumber party. They have no symptoms. Do they have to quarantine, or may they mask and stay in school?

- Your child does not have to quarantine. An individual exposed to a positive case at home or in the community with no symptoms, regardless of vaccine status, should mask for 10 days in public including at school. They should test on day 5, but must continue to mask, even if the test is negative.

My child has COVID-19 symptoms. They have been exposed to someone with COVID-19. They have tested negative.

- If your child tests negative for COVID-19 you may return to school when you meet the school's normal criteria for return after an illness or a clinician has evaluated your child and documented an alternative diagnosis. Your child will need to wear a mask for 10 full days from exposure because of your exposure history.
- COVID-19 shares many symptoms with other potentially contagious conditions. Even if you are not diagnosed with COVID-19, you should still follow your school's normal illness policy.

- Regardless of vaccination status, your child should isolate from others when you are sick and suspect that you have COVID-19 but do not yet have [test results](#).

I tested positive for COVID-19. I am NOT immunocompromised. I do NOT have severe COVID-19.

- A case is when someone tests positive for COVID-19.
- If you do not have any symptoms, stay home and isolate for 5 days, return to school on day 6 and strictly mask until day 10 after your initial positive test. (Day 0 is the day the test was collected.)
- If you develop symptoms, stay home and isolate for 5 days from symptom onset (if symptoms develop after positive test, isolation period starts over when symptoms develop). You may return to school on day 6 IF symptoms have improved and you have remained fever-free without fever reducing medications for 24 hours. Continue strict mask-wearing for an additional 5 days.
- A separate designated area must be designated for students and staff returning to school to eat on days 6-10.
- If you develop symptoms that are NOT improving after 5 days of symptom onset, continue to isolate at home until symptoms are improving and you are fever free for 24 hours without fever reducing medications.

I tested positive for COVID-19. I am immunocompromised or I have had severe COVID-19.

- This is still considered a case. Please consult CDC guidance, the Health Department, or your medical provider to determine if you are considered SEVERELY immunocompromised or have had severe COVID-19. If you are SEVERELY immunocompromised or have had severe COVID-19, isolation should be extended to, at least 10 days.

My child has been asked to test for COVID-19 due to an exposure. They previously tested positive for COVID-19. What type of test should they use?

- If your child has not had a positive test within the past 90 days, choose a PCR (NAAT) test or an antigen test. If your child's antigen test is negative, you will need to repeat the test in 2 days. If the second test is negative, they will need to repeat the test a third time, 2 days later.

If your child's tested positive within the past 30 days and:

- **They have symptoms:** use antigen tests. If negative, multiple tests are necessary. See above.
- **They do not have symptoms:** testing is not recommended to detect a new infection.

If your child tested positive within the past 30-90 days

- **Regardless of symptoms,** use antigen tests. If negative, multiple tests are necessary. See above.

Read more about choosing a test at [COVID-19 Testing](#).

I tested positive for COVID-19. I am an administrator, staff, teacher, or school nurse.

- This is still considered a case. Please see guidance above. Healthcare workers follow separate guidance. Read more about [Healthcare Worker Guidance](#). Please reach out to PDPH if your question pertains to a healthcare worker.

I tested positive for COVID-19. I was wearing a mask while at school.

- This is still considered a case. Please see guidance above.

Who is considered an exposure in a school setting?

- Regardless of facemask use, students, teachers, and staff who were exposed to someone during their infectious period are exposures. Other ways to assess exposure risk can be found by referring to [CDC's exposure risks](#).
- The infectious period of a positive individual (during which a close contact can be exposed to COVID-19) starts 2 days before their positive test or 2 days before symptoms onset.

I have been in close proximity to someone who was informed that they have been exposed to a COVID-19 case.

- A secondary contact is someone who was in **close contact** with someone else who was exposed to COVID. For example, this could be the classmate of an asymptomatic student whose sibling has COVID. Masking for 10 days (as when an individual is exposed) or a testing strategy such as test to stay are not recommended for secondary contacts.
- However, recommendations may change if your exposed contact ends up becoming symptomatic or tests positive for COVID.

I am not up to date on my vaccinations. Can I still participate in school sports?

- PDPH guidance does not prohibit those who are not vaccinated or are not up to date with vaccination from participation in sports.
- Some schools may have stricter policies regarding vaccination and participation in certain extracurricular activities.

I have a child who is under 2 years old, can I use an at-home antigen test to test them?

- Because these tests are not FDA-approved for children under age 2, the guidance of the specific ECE program must be followed as to whether a child under 2 can be tested with an at-home test. If parent decides that they want to use these test kits, they may need verification of the child's test results from the child's healthcare provider.

What Is Monkeypox?

- Monkeypox is a virus that spreads through close, prolonged skin to skin contact, sex, kissing, breathing at very close range, or sharing bedding and clothing. Some activities like sexual or intimate contact, or direct skin-to-skin contact with the rash or bodily fluids, can put you at higher risk for monkeypox.
- Monkeypox is not spread through casual conversations with an infected person or by walking past an infected person in the school hallways.
- A person with monkeypox may have:
 - Fever
 - Chills
 - Sore muscles
 - Headache
 - Tiredness
 - Swollen glands
 - Rash
- Sometimes, a person may get a rash first, followed by other symptoms. A person might only get a rash without having the other symptoms. The rash may look like pimples or

blisters. The rash can appear anywhere on the face or body but is most typically visible on the face.

- There have been recent cases of monkeypox in a number of countries around the world – and in Philadelphia. It can be serious, though most cases resolve on their own. Seeing a medical provider right away is important.

How do I protect myself and/or my family from exposure?

- Wear a well-fitted mask and cover exposed skin in dense, indoor crowds
- Don't share bedding, clothing, and food or drink with others
- Talk to a healthcare provider about close physical contacts and general health concerns like recent rashes or sores
- Contact a health care provider if a family member, someone you live with or someone you have intimate contact with is diagnosed with monkeypox

If a student has had recent contact with someone who has been diagnosed with monkeypox, how should the parent or guardian help the student?

- Chances of exposure to monkeypox through casual contact such as in schools are low.
- A person is exposed through contact over an ongoing period of time. For example:
 - Being within 6 feet for a total of 3 hours or more (cumulative) of an unmasked person with monkeypox without wearing a surgical mask or respirator -OR-
 - Contact between an exposed individual's skin with the rash/bumps or bodily fluids (**for example, pus from monkeypox sores, and possibly semen or vaginal fluids**) from a person with monkeypox -OR-
 - Contact between an exposed individual's skin with materials (e.g., linens, clothing, sex toys) that have contacted the rash/lesions or bodily fluids from a person with monkeypox without having been [disinfected](#) or laundered -OR-
- Individuals who have had close contact with someone with monkeypox but do not have symptoms don't need to quarantine but may be eligible for vaccination. Talk to your healthcare provider to find out if your child should be vaccinated to prevent infection.

If a student has symptoms—particularly a rash consistent with monkeypox, how should the parent or guardian help the student?

- Anyone with a rash consistent with monkeypox should see a healthcare provider
- Cover the area of the rash with clean, dry, loose-fitting clothing
- Wear a well-fitted mask
- Avoid skin-to-skin, or close contact with others
- Contact the school nurse immediately
- Follow recommendations from the health care provider and the Philadelphia Department of Public Health.
- Thoroughly clean and disinfect surfaces and other shared items that were touched by the child with symptoms of monkeypox. See more information about cleaning and [disinfection](#) here.

How to get help for someone if they don't have a health care provider?

- If you think you have been exposed to someone with monkeypox, call the Philadelphia Department of Public Health at 215-685-5488 immediately to tell them you have been exposed.

- If you do not have a provider, or have difficulty scheduling an appointment, you can call 311 for information about City Health Centers or check [here](#) for Health Center locations, phone numbers, and hours of operation.
- For more information, go to the Philadelphia Department of Public Health at <https://www.phila.gov/2022-07-19-the-latest-on-monkeypox-in-philadelphia/> or go to cdc.gov/monkeypox.