

# COVID-19 Assessment and testing pathway for children (3 months – 13<sup>th</sup> birthday)

For those aged younger than 3 months, usual assessment protocols apply

For those aged 13 years or older or who attend secondary school, please refer to adult testing guidance



## Testing is advised for any child with any of the following unless there is a strong clinical reason to do otherwise:

1. Fever (greater than or equal to 38.0°C; confirmed) in the absence of an alternative diagnosis (e.g. UTI, varicella) **OR**
2. A new cough, shortness of breath or deterioration in existing respiratory condition **OR**
3. Symptoms of anosmia (loss of sense of smell)\*, ageusia (loss of sense of taste)\* or dysgeusia (distortion of sense of taste)\* **OR**
4. Minor respiratory symptoms in a child who has other ill contacts, is part of an outbreak or is a contact of a proven case

## Maintain a higher level of suspicion or consider testing if the child has other symptoms that may be related to COVID-19:

- a. In children who are immunocompromised or at increased risk of severe illness from COVID-19
  - b. The child presents in the context of having other symptomatic contacts
  - c. Any acute illness requiring admission to hospital
- ◆ It is known that young children often have a persistent cold. Children with a blocked or runny nose but no fever can attend school or childcare but if they need paracetamol or ibuprofen for their symptoms they must not attend for 48 hours and testing may be indicated.
  - ◆ Diarrhoea, vomiting or abdominal pain: These symptoms are unlikely to be the sole symptom of COVID-19. Consider testing where these symptoms occur in association with a fever but remain mindful of other causes (e.g. gastroenteritis, acute appendicitis, intussusception, UTI)
  - ◆ Children with a chronic cough who are not systemically unwell do not usually require testing unless the cough deteriorates or they become unwell.

\*If child can express or describe these symptoms

**Nasal swabs** are an acceptable specimen type for use in children in the community. **Note:** croup and bronchiolitis have previously been associated with coronaviruses. Instrumentation of the airway (including throat swabbing) should be avoided if there is any suspicion of upper airways obstruction.

**NO**

Some RTI symptoms present but doesn't meet the criteria above

**YES**

- Arrange COVID-19 testing using **Healthlink**.
- If you do not currently have access to Healthlink, click [here](#) to apply
- Advise the patient who to contact if symptoms are worsening, including out-of-hours

Unless assessment at hospital is indicated:

- Child must stay at home. Parent/carer must monitor child's condition for 48 hours for deterioration or new symptoms.
- If no new symptoms emerge within 48 hours and they do not require paracetamol or ibuprofen, the child can return to school or childcare.
- No restrictions on other well household members are required.
- Any other household member that also has symptoms needs to be assessed. This may indicate a higher risk of COVID-19 in the household.
- Any diarrhoea must be resolved for 48 hours before return to school or childcare.
- Everyone is asked to adhere to [Public Health advice](#) on reducing their contacts and preventing infection.

Unless assessment at hospital is indicated:

- Advise parent that patient must stay at home and self-isolate pending test results.
- If a child is sent for a test, the whole household must [restrict movements](#) until the results of the test are known.
- **If positive:** Advise parent that patient must self-isolate for a minimum of 10 days from the onset of symptoms, the last 5 days of which should be without fever.
- **If not detected:** Advise parent that patient must self-isolate until 48 hours after resolution of symptoms.
- If a person declines testing, they must be treated as a confirmed case.