

MEMO TO: Physicians, Emergency Departments, Nurse Practitioners

SUBJECT: Return to School Guidance

DATE: Monday, September 14, 2020

Dear Colleagues,

As school resumes in Ontario and in Huron-Perth, I understand the need for updated guidance on how to manage sick children in our community.

First, I want to thank all the physicians across Huron and Perth for their efforts in responding to this global pandemic, and for your leadership in such activities as creating the Mask Exemption Policy by the Huron-Perth Ontario Health Team and Dr. Blaine's educational videos for parents. Your continued support and leadership is very much appreciated – both in our community and here at Huron Perth Public Health.

We will be continually reassessing the below guidance as experience accumulates regarding the transmission of COVID-19 in a school environment.

COVID-19 in Children

- COVID-19 can cause a very mild, cold-like illness that is indistinguishable clinically from other respiratory tract infections.
- The most common symptoms in children with confirmed COVID-19 symptomatic illness are cough and/or fever, but as many as 45% of pediatric COVID-19 infections are asymptomatic.^{1,2}
- Mild and atypical presentations occur commonly in children and people living with a developmental disability.
- Recent evidence suggests that children may have at least as high a viral load in their nasopharynx as adults³, and that children can effectively transmit the virus in households and camp settings⁴.

There is ongoing community spread of COVID-19 in Ontario and consistent daily case counts among all age groups including children.

At this time, COVID-19 must be considered as a potential diagnosis for anyone presenting with symptoms of acute respiratory infection, regardless of their travel or contact history.

Healthcare Provider Role in Assessing Children

- Healthcare providers are likely to be consulted to determine whether a symptomatic child needs to be tested for COVID-19. This determination is based on the provider's clinical judgment and there are no validated clinical tools available to differentiate COVID-19 from other illnesses with similar symptoms.

- Huron Perth Public Health (HPPH) strongly recommends that an individual with COVID-19 compatible symptoms and no known alternative diagnosis undergo testing prior to returning to school, as the return of a symptomatic case of COVID-19 to a school unknowingly will place other students and school staff at high risk.
- Huron Perth Public Health recommends that providers have a low threshold for recommending testing for patients with symptoms consistent with COVID-19 (see COVID-10 Reference Document for Symptoms):
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf
- It is important to note that the diagnosis of another infection, such as acute otitis media, streptococcal pharyngitis or influenza, does not exclude the possibility of co-infection with COVID-19.
- For more information about testing, refer to the Ministry of Health's COVID-19 Quick Reference Public Health Guidance on Testing and Clearance:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf

Huron Perth Public Health's Role in Case and Contact Management

- Huron Perth Public Health will continue to conduct contact tracing and case management according to the most recent guidance under the Ministry of Health, such as:
 - Operational Guidance: COVID-19 management in schools:
<https://www.ontario.ca/page/operational-guidance-covid-19-management-schools#section-0>
 - Management of Case and Contacts of COVID-19 in Ontario:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mgmt/management_cases_contacts.pdf
 - COVID-19 Guidance: School Outbreak Management:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/COVID-19_school_outbreak_guidance.pdf
- HPPH will be following up with any student or school staff who have tested positive for COVID-19 along with any potential close contacts.
- HPPH's case management team routinely identifies and counsels high-risk contacts on requirements for self-isolation and recommendations for when testing should occur.
- Asymptomatic persons who are identified as high-risk contacts (e.g., children in the same class as a lab-confirmed case) will be advised to go for testing no earlier than 5 days after initial close contact with the case, as testing during the incubation period is often negative. Current estimates of COVID-19 incubation period range from 1-14 days with median estimates of 5-6 days between infection and the onset of clinical symptoms of the disease.
- High-risk contacts who test negative are notified that they are required to continue to self-isolate for 14 days and re-testing is advised if there are new or worsening symptoms.

Healthcare Provider Role in Assisting Families with Daily Self-assessment Screen:

- All students are to be screened for signs and symptoms of COVID-19 daily by their caregivers before attending school.
- Healthcare providers, especially primary care providers with access to a patient’s medical history, can play an important role in helping individuals determine answers to the following screening questions about underlying causes of specific symptoms:
 - Whether a cough is a “new or worsening cough (more than usual)”
 - Whether sore throat and/or runny nose and/or stuffy/congested nose are “related to seasonal allergies or other known causes/conditions”.
 - Whether digestive issues like nausea/vomiting, diarrhea, stomach pain are “related to other known causes or conditions”.
- Anyone with symptoms/signs consistent with COVID-19 must NOT attend school at minimum until the symptoms/signs are resolved for at least 24 hours. Where symptoms are reasonably explained by a non-infectious cause (e.g. menses, migraine) students can return to school prior to the resolution of symptoms. Students with chronic controlled symptoms, such as cough due to asthma, may return prior to complete symptom resolution.
- Students waiting for a COVID-19 test result must self-isolate. In most cases, in alignment with the most current version of the Ministry’s Management of Case and Contacts of COVID-19 in Ontario document, household members do not have to isolate but should monitor for symptoms. Where the pretest likelihood of COVID is high (such as contact to a confirmed case, travel exposure, or highly suspicious clinical presentation) household members should self-isolate. If local rates of transmission increase, this guidance may change.
- Due to COVID-19 impacting capacity of the healthcare system, we will all need to be patient as turn-around times may be impacted.
- Workplaces are encouraged to be supportive of workers who need to care for children or are otherwise required to self-isolate due to probable or confirmed COVID-19
- Schools are advised to accept attestations by the student/family that they are following the advice of the healthcare provider and/or public health and may return to school.
- For children without a family doctor, they will be advised to call HPPH for an assessment.

Students with Chronic Health Conditions

Students with chronic health conditions or who live in a household where another household member has a chronic health condition:

- Families are encouraged to review their plans with their primary care provider
- Does the child’s health condition impact their immune system in such a way that in-person school is not advisable? Does the risk of the child attending school outweigh the benefits in regards to the household member with the chronic health condition?
- For students who do attend school in person, if the student’s chronic condition results in symptoms that may be confused with COVID-19, (such as runny nose for those with allergies, headaches for those with migraine, shortness of breath for those with asthma), how will the family recognize when something different is going on? What are red flags?
- For more information, refer to The Hospital for Sick Children web page: [children who are immunocompromised or have underlying medical conditions](#).

Students who are advised to be tested

- If a symptomatic student is advised to be tested, they need to remain in self-isolation until the result is available; further guidance will depend on the result.
- If a symptomatic student (family) is advised to be tested and declines, they may be deemed a probable case of COVID-19 if your clinical suspicion is high, and required to complete a 14-day isolation period if clinically indicated AND their close household contacts may be advised to complete a 14-day quarantine period. Health care providers are asked to report such cases to HPPH through your usual channels. HPPH will provide direction to the school; in most cases this will include that students and staff who interacted with the sick child will be asked to closely monitor for 14 days and self-isolate immediately if symptoms develop.
- High-risk asymptomatic contacts who test negative are notified that they are required to continue to self-isolate to complete 14 days and re-testing is advised if there are new or worsening symptoms.

Household contacts of symptomatic students/staff

- Household contacts of symptomatic students or staff with no known exposure that are waiting for a test result are recommended to self-monitor.
- This recommendation may be modified to align with evolving guidance from the Ministry of Health or following consideration of local epidemiology.
- This guidance is consistent with the management of contacts of symptomatic individuals to date in most jurisdictions.
- This approach is in anticipation of the Ministry of Health's updated self-assessment tool.
- Household contacts of symptomatic students that refuse testing are to be excluded from school for 14 days after the onset of symptoms of the symptomatic individual.

Requests for Medical Notes:

- HPPH is not recommending that medical notes or proof of negative tests be required for staff or students to return to school following an illness or a high-risk contact. HPPH is actively working to communicate this message to schools, parents and the public.

Resources for Physicians:

- COVID-19 Reference Document for Symptoms: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_refere_nce_doc_symptoms.pdf
- COVID-19 Quick Reference Public Health Guidance on Testing and Clearance: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearin_g_cases_guidance.pdf
- COVID-19 Parent Screening Tool: <https://www.hpph.ca/en/resources/Should-My-Child-Attend-School-Screening-Tool-Final.pdf>
- Operational guidance: COVID-19 management in schools: <https://www.ontario.ca/page/operational-guidance-covid-19-management-schools>
- COVID-19 Guidance School Outbreak Management: <https://www.ontario.ca/page/covid-19-guidance-school-outbreak-management>
- The Hospital for Sick Children web page: [children who are immunocompromised or have underlying medical conditions](#)

References:

1. Sargent TH, Muller WJ, Zheng X, et al. Age-Related Differences in Nasopharyngeal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Levels in Patients With Mild to Moderate Coronavirus Disease 2019 (COVID-19). *JAMA Pediatrics*.
2. Szablewski CM, Chang K, Brown MM, et al. SARS-CoV-2 transmission and infection among attendees of an overnight camp – Georgia, June. 2020. *MMWR*
3. Centers for Disease Control & Prevention, CDC. Information for Pediatric Healthcare Providers. Aug 19, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>
4. Poline et al. Systematic SARS-CoV-2 screening at hospital admission in children: A French prospective multicenter study. *Clinical Infectious Disease*.