

COVID Response for School Health Learning Collaborative

Session Five: *Symptom Differentiation & Communication with Primary Care*

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Children's Behavioral Health
October 8, 2020
Via Zoom



- ✓ Mute your phone!
- ✓ Please enter your name and email address in the chat box
- ✓ Sessions will be recorded with video, PowerPoint, and Q&A available at: www.childrensomaha.org/back-to-school/
- ✓ An evaluation will be provided after via a link at the end of the presentation and via email



To support and encourage hand washing, Children's is sending school nurses a free t-shirt and some other small gifts. To sign up for this package, you need to fill out the survey (name, school, address, t-shirt size) by **OCTOBER 14th**:

<https://www.surveymonkey.com/r/NG5WKPR>

Session Feedback

An evaluation will be emailed or you can use the link below (also in chat box).

Your feedback helps us provide you with helpful and applicable content!

<https://tinyurl.com/chmc-covid5>

THANK YOU!



Take Five



A quick chat about what is happening in schools with our experts:

- **Dr. John Skretta**
ESU6 Administrator
- **Arianne Conley**
ESU1 Nurse

A Word from Andrea Riley with DHHS.....



State expectations for -

- Mandatory screenings
- Vaccinations



Session Five: *Symptom Differentiation & Communication with Primary Care*

- Dr. Shannon Godsil

Disclosures:

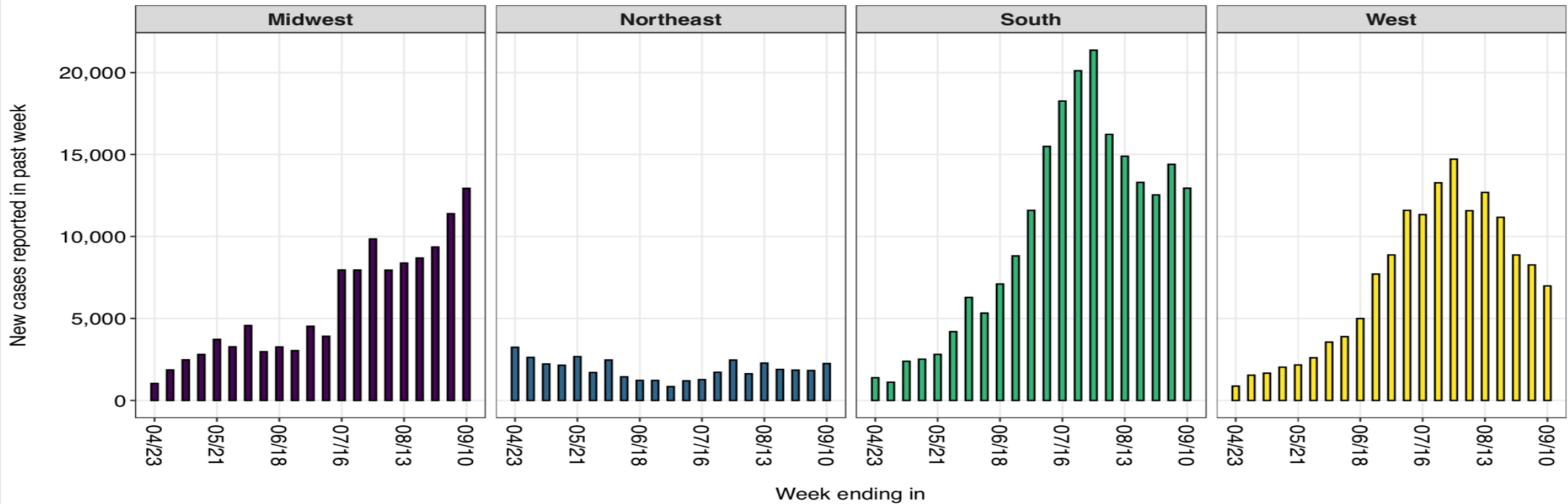
No disclosures necessary

COVID19 in Children

- Summary of Health Dept Website Findings – 9/17/20
- Number of Child COVID19 Cases
 - 587,948 total
 - 10.3% of all cases (<3% in April)
- Change in Cases from 9/3/20
 - 74,553 new cases from 9/3-9/17 (15% increase)
- Hospitalizations
 - 0.2-8% of all child COVID19 cases resulted in hospitalization
- Mortality
 - 0-0.15% of all child COVID19 cases results in death

COVID19 in Children

Figure 1. New Child COVID-19 Cases Reported in the Past Week, by Region



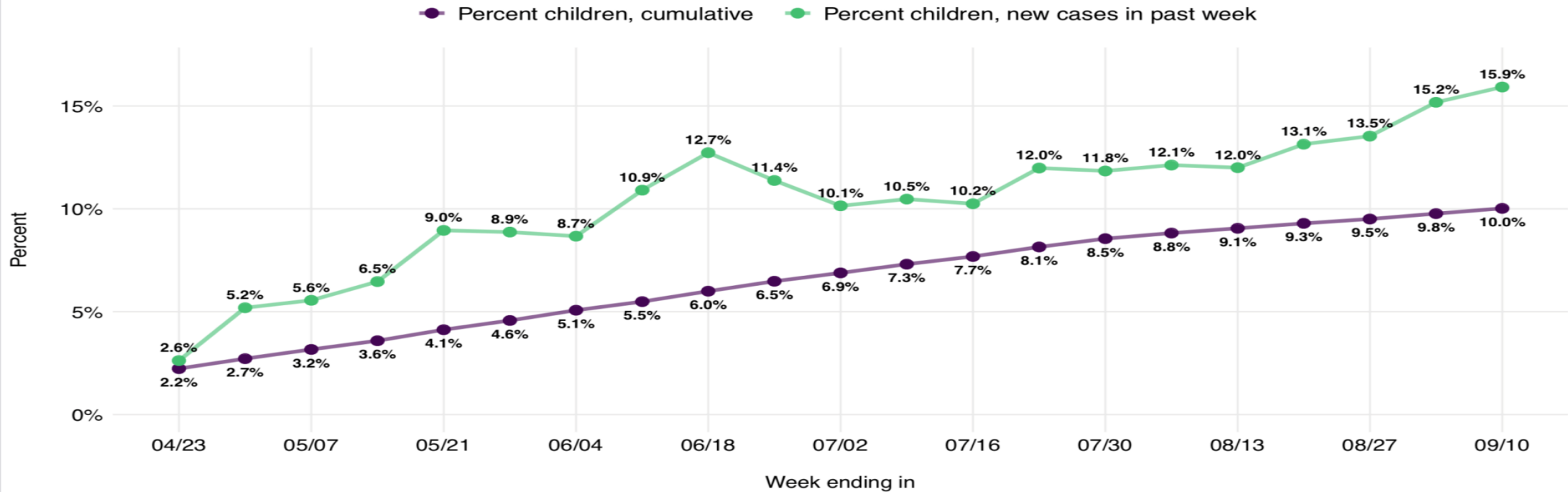
Prepublication Release
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Source: Analysis of publicly available data from state health departments
Note: Analysis excludes data from Alabama due to change in definition of 'child' case on 8/13

COVID19 in Children

Figure 2. Percent of COVID-19 Cases that were Children: Cumulative and New Cases in Past Week



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Nebraska and Child Cases COVID19

- Ages 0-19 years
- Child population (2019) 760,272
- 5,597 cases
- 14.2% of total cases
- 54 hospitalizations
- 3 deaths
 - Local news reported a COVID19 related death in a 6 yo just this week in Douglas County

What we are still learning...

- How it impacts children
 - Less serious illness?
 - Less likely to contract?
 - Less likely to die or develop MIS-C?
- What role children may play in its spread
 - Contact tracing

COVID19 Symptoms

- **May appear 2-14 days after exposure**
- Fever or chills
- **Cough**
- **Shortness of breath/difficulty breathing**
- Fatigue
- Muscle or body aches
- Headache
- **New loss of taste or smell**
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Multisystem Inflammatory Syndrome in Children (MIS-C)

Post-infectious response (2-4 weeks after infection)

- Fever
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Reddened eyes
- Trouble breathing
- Persistent chest pain
- Extreme fatigue
- Confused













Symptom Screening

- Will fail to identify some students who HAVE COVID19 infection
 - Asymptomatic (16%?)
 - Pre-symptomatic
- Will identify only that a person may have an illness, NOT COVID19 specifically

Sharing Symptoms

Symptoms of COVID19	Strep Throat	Common Cold	Influenza	Asthma	Allergies
Fever or chills	X		X		
Cough		X	X	X	X
Sore Throat	X	X	X		X
Shortness of Breath				X	
Fatigue		X	X	X	X
Nausea Vomiting	X		X		
Diarrhea	X		X		
Congestion Runny Nose		X	X		X
Muscle Aches	X	X	X		

CORONAVIRUS vs. COLD vs. FLU vs. ALLERGIES

SYMPTOMS	COVID-19*	COLD	FLU	ALLERGIES
 Fever	Common (measured at 100 F or higher)	Rare	High (100-102 F), can last 3-4 days	No
 Headache	Sometimes	Rare	Intense	Sometimes
 General aches, pains	Sometimes	Slight	Common, often severe	No
 Fatigue, weakness	Sometimes	Slight	Common, often severe	Sometimes
 Extreme exhaustion	Sometimes (progresses slowly)	Never	Common (starts early)	No
 Stuffy nose	Rare	Common	Sometimes	Common
 Sneezing	Rare	Common	Sometimes	Common
 Sore throat	Rare	Common	Common	No
 Cough	Common	Mild to moderate	Common, can become severe	Sometimes
 Shortness of breath	In more serious infections	Rare	Rare	Common
 Runny nose	Rare	Common	Sometimes	Common
 Diarrhea	Sometimes	No	Sometimes**	No

Influenza

- **September-May**
- High grade fever
- Headaches
- Body aches
- Fatigue
- Sore throat
- Cough
- Nasal congestion
- Diarrhea (B strain)

Seasonal Allergies Symptoms

- NO FEVER!
- Nasal itch
- Runny nose
- Sneezing
- Eye involvement
- Seasonality
- Triggers
- Family History

- **Responds to medications**

Seasonal Allergies Physical Findings

- Dark circles under eyes
- Nasal crease
- Pale, mucosal swelling
- Sinus tenderness
- Postnasal drip
- “Cobblestoning”
- Tonsillar enlargement

Pediatric Asthma

- Chronic inflammatory disease of the airways
- Associated with allergies and eczema
- Triggers: exercise, viral URI, environmental allergies
- Family history

- Wheeze
- Cough
- Shortness of breath
- Chest tightness

- **Responds to medications**

With that said...

- There is not a single symptom that is UNIQUELY predictive of COVID19
 - Children can have up to 8 respiratory illnesses or “colds” every year
- **A COVID19 viral test is needed to confirm someone has a current infection**

COVID19 Testing

Present Infection

- COVID19 PCR
 - Nasopharyngeal, oropharyngeal
 - High sensitivity
 - Results within 2-5 days
- COVID19 antigen
 - Nasopharyngeal
 - Moderate sensitivity
 - Results within a hour

Past Infection

- COVID19 antibodies
 - CDC does **NOT** recommend

Home Screening - CDC

1. SYMPTOMS

- Temperature 100.4 F or higher
- Sore throat
- New uncontrolled cough that cause SOB
- Diarrhea, vomiting or abdominal pain
- New onset of headache especially with fever

2. CLOSE CONTACT/POTENTIAL EXPOSURE

- Had close contact (within 6 ft or an infected person for at least 15 minutes) with a person with confirmed COVID19
- Travel to or lived in an area where the local health department is reporting large numbers of cases
- Live in area of high community transmission

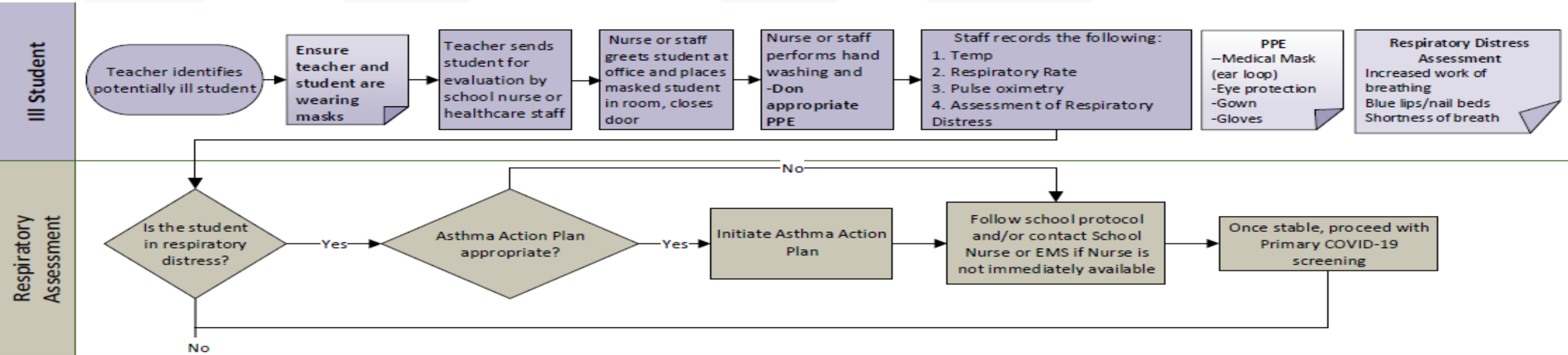
Return-to-School Policies - CDC

- YES to any question in Section 1 but NO to any question in Section 2
 - Excused from school until symptom free for 24 hours without fever reducing medications
- YES to Section 1 and YES to Section 2
 - Referred for evaluation by their health care provider AND possible testing

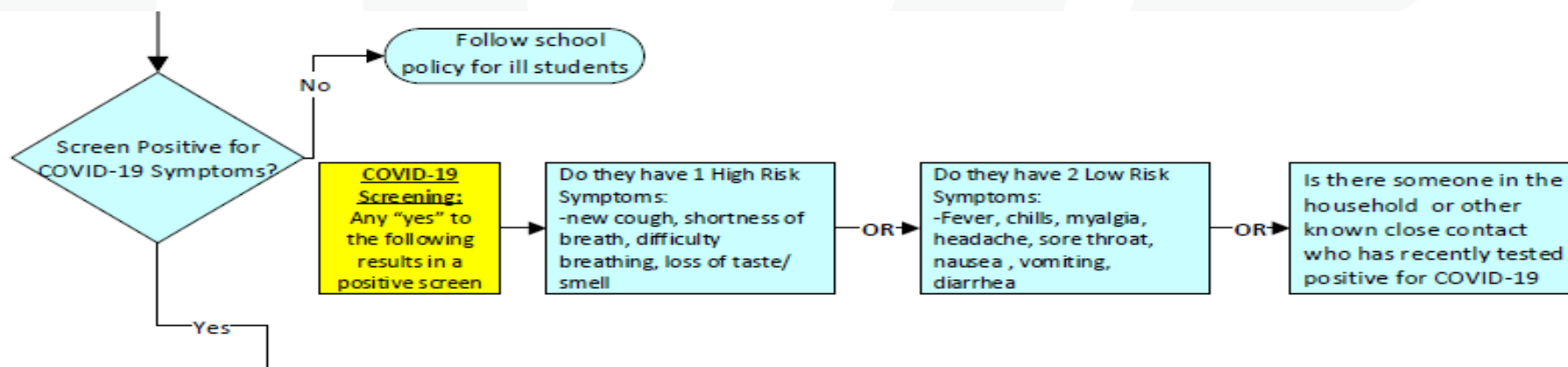
Developing symptoms **WHILE** at school

- Section 1
 - Placed in an isolation area separate from staff and other students
 - Use Standard and Transmission-Based Precautions
 - Students should go home or to their provider
- Section 1 AND 2
 - Placed in an isolation area separate from staff and other students
 - Students should go home or to their provider
 - Notify healthcare staff if needing to call ambulance

SWIM Lane



SWIM Lane – COVID19 Screening



COVID-19 Screening Signs/Symptoms:

High Risk Symptoms

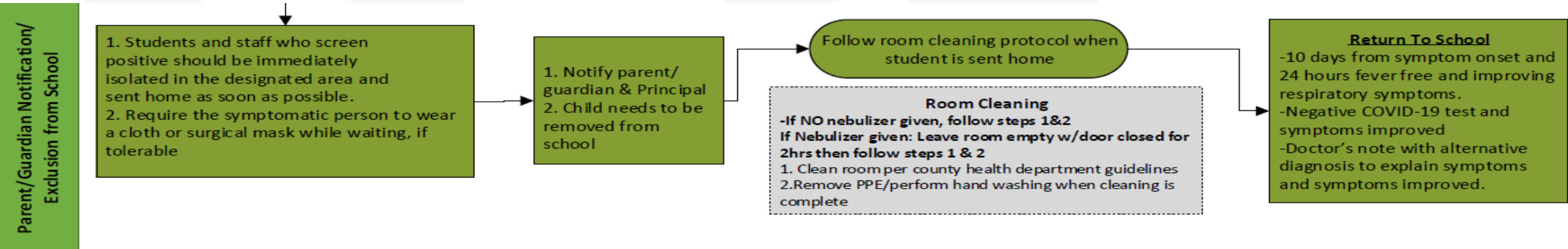
- New loss of smell or taste
- Shortness of breath/Difficulty breathing
- New or persistent cough

Low Risk Symptoms:

- *Fever (≥ 100.4)
- Fatigue
- Sore throat
- Congestion/runny nose
- Nausea/Vomiting/Diarrhea
- Headache (older kids)

**CDC guidelines and school policies may vary*

SWIM Lane – Positive Screen



Re-admittance to School

Re-Admittance to School

**Symptomatic staff/student
who test positive:**



Exclude for:

- At least 10 days since symptoms first appeared **AND:**
- At least 24 hours fever free without medication **AND:**
- Symptoms have improved

**Asymptomatic staff/student
who test positive:**



Exclude for:

- 10 days from date of test **AND:**
- If symptoms develop, refer to symptomatic positive instructions.

**Symptomatic staff/student
not tested:**



Exclude for:

- At least 10* days since symptoms first appeared **AND:**
- At least 24 hours with no fever without fever-reducing medication **AND:**
- Symptoms have improved

May return to school if a doctor establishes an alternative diagnosis and presents a doctors note.

*This length of time may need to be extended for people who have severe illness or are immunocompromised. Please consult DCHD or the health care provider for further guidance on those situations

**Symptomatic staff/student
who test negative:**



Exclude until:

- 24 hours without fever (or meets the schools requirements for readmission) **AND:** improved symptoms

There is no reason for a student or staff member to get a "negative test" to be cleared for the return to school.

A COVID-19 positive individual does not need a repeat COVID-19 test or a health care provider's note in order to return as long as exclusion guidelines above have been followed.

If a student or staff member tests positive for COVID-19, please call the Douglas County Health Department at: 402.444.7214

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

<https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>

What your Pediatrician/PCP can do for you!

- Patients who have been sent home from school with sick symptoms need to be evaluated either in person or via telehealth.
 - If they don't have an alternative diagnosis, they are home for 10 days, with at least 24 hours fever-free
- Perform exam in office to rule out alternative diagnoses
 - Could be both COVID19 and?
- Offer telehealth appointment to direct next steps
 - Difficult to assess physical exam findings
- Provide testing or testing resources

What your Pediatrician/PCP can do for you!

- Provide influenza vaccine for both students and their families
- We are **STRONGLY** recommending well visits at this time!
 - Including Sports Pre-participation Exams (new COVID19 guidelines for positive athletes!)

What we appreciate from you!



PAPILLION LA VISTA
COMMUNITY SCHOOLS

402 885-1780

PARENT COMMUNICATION FOR ILL STUDENTS DURING COVID-19

Date: 9/29/2020

Student Name: Phalen [REDACTED]

Your student has COVID-19 like symptoms: Temp 100.3

Your child will need to follow re-admittance guidance below. Visit www.testnebraska.com to find a testing location near you.

Your student's symptoms include: *(please check box AND circle symptoms)*

- Two** of the following: fever, chills, fatigue, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea and congestion or runny nose
- At least **one** of the following: NEW cough, shortness of breath, difficulty breathing, NEW loss of taste, NEW loss of smell

Our top priority is to promote the health and safety of all of our students and staff.

Thank you for your understanding and cooperation!

Re-Admittance to School

What we appreciate from you!

- Symptoms
 - Self-reported vs what you/teacher sees
- Temperature
- Interventions
- Recommendations for re-admittance
 - School policies vs CDC

Providing Care at School

- Appropriate PPE with suspected COVID19
 - Face shield or goggles
 - N95 or surgical face mask if a respirator not available
 - Gloves
 - Gown (not always available)

Providing Asthma Care

- **Use patient/student inhaler instead of nebulizer if at all possible!**
- **Patient requiring treatment more frequently than every 4 hours – should be in medical setting**

COVID19 Positive Athletes

- **New recommendations from AAP and ACC**
 - **September 2020**
- **ALL high school athletes with a confirmed diagnosis should be evaluated by their primary care physician BEFORE returning to sports**
 - **Restriction can range from 10 days – 6 months depending on severity of illness (MIS-C/myocarditis)**

Discussion & Questions

Thanks for listening!