

COVID-19 in Children & Young Adults

Frequently Asked Questions



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www.uhhospitals.org/rainbow/services/coronavirus-in-children

COVID-19 in Children

1. What symptoms do children with COVID-19 infection have?

Physicians are continuously evaluating the most common COVID-19 symptoms in children. The Center for Disease Control and Prevention (CDC) keeps a list of the most up-to-date symptoms and can be found at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. As of the date of these FAQs, per the CDC, the following are considered COVID-19 symptoms in children:

- Fever of at least 100 degrees F
- Chills
- New onset or worsening congestion or runny nose not associated with allergy symptoms
- New onset Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea
- Sore throat

2. How does COVID-19 impact children?

There are many things we are still learning about COVID-19, especially about its impact on children. The Centers for Disease Control and Prevention (CDC) states that based on current evidence, children are not at higher risk from COVID-19 than adults. According to a recent study in Pediatrics, data suggests that young children under 10 years of age are not as contagious as adults. However, they still can infect others with COVID-19. As children progress through the teen years, it appears they may become more likely to infect others. The healthcare community and researchers are still gathering information to better understand this.

3. What are the current CDC guidelines for when a child no longer requires home isolation?

Patients with COVID-19 may be contagious prior to developing symptoms and current CDC guidelines advise home isolation for at least 10 days after symptoms begin AND until they are without fever for at least 24 hours without fever reducing medications.

4. What is MIS-C disease and how does it relate to children and COVID-19?

COVID-19 disease in children has been associated with a rare disease call Multi-System Inflammatory Syndrome in Children (MIS-C). Children with this illness have fever and other signs of inflammation in their body that is found through blood tests. Symptoms of MIS-C illness include:

- Fever lasting more than 3 days
- Abdominal pain, diarrhea or vomiting
- neck pain
- Rash or changes in skin color
- Bloodshot eyes
- Seems extra tired
- Trouble breathing
- Pain or pressure in the chest that doesn't go away
- Becoming confused
- Unable to wake up or stay awake
- Bluish lips or face

Children with MIS-C may become seriously ill. If your child has any **emergency warning signs** such as: trouble breathing, trouble waking up, chest pain, confusion, or signs of dehydration such as peeing less or having a dry mouth, then you should take your child to the **emergency room or call 911**.

5. My child is going to school in person. What can I do to reduce the risk of him/her getting COVID-19?

There are general principles recommended for schools in order to reduce the risk of COVID-19 transmission.

- Children should wear masks.
- Children should not go to school when they have COVID-19 symptoms or are not feeling well.
- Hand washing several times during the day, especially when changing locations in the school and before and after eating is extremely important.
- Physically distancing as much as possible within the school is recommended

Remember, even when the child is not in school, it's important for children to continue all of these practices when leaving the home.

Covid-19 Exposure

6. What is considered a COVID-19 Exposure?

The CDC considers a COVID-19 exposure as someone who has been within 6 feet of a COVID-19 positive patients for at least 15 minutes while they have symptoms, or 2 days prior to them having symptoms. This can include a family member or someone in the community (school or elsewhere).

7. When should my child be kept in home isolation?

There are four reasons to keep a child in home isolation.

1. If they have COVID-19 symptoms and are awaiting testing results.
2. They have COVID-19 symptoms and are not going to be tested.
3. They are considered a COVID-19 exposure (see the question above).
4. The local or state public health department asks them to be kept in home isolation.

8. One of my children is positive for COVID-19. Should my other children be tested? Can they go to school?

Consistent with CDC guidelines, if one member of a family is positive for COVID-19, all members of the household should consider being isolated at home for 14 days. If any other children or member of the family develop COVID-19 symptoms, they should be tested at that time. They should not go to school until cleared from home isolation.

9. My child has been exposed to another student with COVID-19. Do I need to keep my child home from school?

The local health department or your school will provide you with specific guidance for your child. Generally speaking, the CDC recommends that children who have a direct exposure, defined as being within six feet of a student with COVID-19 for 15 minutes or more, need to be kept in home isolation for 14 days. The exposure could have occurred up to two days before the student with COVID-19 developed symptoms.

10. If my child is asked to isolate at home, should I have my child tested for COVID-19?

It is generally not currently recommended that exposed patients without any COVID-19 symptoms be tested. A single test does not mean your child will not still develop symptoms later during the home isolation period. If your child has chronic medical problems, please consult your child's health care professional as to the need for closer monitoring.

11. If my child is asked to isolate at home, how long do they have to stay out of school?

If a child does not develop any symptoms, CDC recommends home isolation for 14 days. If your child does develop symptoms, contact your health care provider for information on testing.

12. What steps should I take to isolate my child (particularly if there is an at risk person living in the home)?

As much as possible, your child should stay in a specific room and away from other people in your home. Also, your child should use a separate bathroom if possible. People who do not have a need to be in your home should not visit.

Try to let your child stay in places in the home that have good airflow. Allow getting fresh air when possible.

Remind your child that it is very important to cover their mouth and nose with a tissue when coughing or sneezing.

Avoid allowing the child to share personal household items such as dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After your child uses these items, they should be washed with soap and water.

If they are old enough (over 2 years old) have them wear a mask whenever they leave their room.

13. If one of my children is asked to isolate at home, should other children and household members isolate at home as well?

If a family member has COVID-19 symptoms all household members should isolate at home until either tests results are known for the person with symptoms (and further guidance provided based on the result) or 14 days have elapsed without the development of symptoms for the exposed household members. **Any time a new household member gets sick with COVID-19, the 14 day home isolation needs to begin again. See the CDC's guidance on when to start and end home isolation for additional information** <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.

14. My child was exposed to COVID-19 and my job wants my child(ren) and me tested before I come back to work. How do I get testing?

Home isolation is recommended for anyone who has been exposed to COVID-19. If you develop symptoms of COVID-19 you should contact your health care provider to determine if testing is needed at that time. Testing supplies, as well as the laboratory capacity needed to process COVID-19 tests, are currently in short supply across the region and country. Like other health care institutions across the region and the state, UH will prioritize testing for those who need it most. We can't test everyone, so we need to use our resources wisely. Patients with COVID-19 symptoms will be tested before those who are not showing any symptoms. We will only test asymptomatic patients if they meet criteria for a COVID-19 test before a surgery or procedure. The Ohio Department of Health does have a listing of testing sites that may be able to accommodate asymptomatic testing needs and can be found at <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/testing-ch-centers/>.

15. My child was around someone who is a close contact to a COVID-19 positive person. Does my child need to be tested or kept in home isolation?

A contact of an exposed individual is considered an exposure if you or your child was within six feet of a person with COVID-19 for 15 minutes or more. A contact for less time not considered an exposure by the CDC, even though it may still have some risk of transmission. Also remember, a COVID-19 positive patient is recommended by the CDC to home isolate for 2 days prior to symptoms begin, and then for 10 days after developing symptoms AND until fever is gone for at least 24 hours without fever reducing medications.

16. What symptoms of COVID-19 should we look for?

Consistent with current CDC guidelines, if your child develops any of these symptoms you should call their health care provider:

- Fever of at least 100 degrees Fahrenheit
- Chills
- New onset or worsening congestion or runny nose not associated with allergy symptoms
- New onset cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea
- Sore throat

Covid-19 Testing

17. When should I have my child tested for COVID-19?

You should contact your child's health care provider and discuss the need for COVID-19 testing if your child has any of the symptoms of COVID-19 (see question 1).

18. My child has no symptoms, can they still get a COVID-19 test?

Testing supplies, as well as the laboratory capacity needed to process COVID tests, are currently in short supply across the region and country. Like other health care institutions across the region and the state, UH will prioritize testing for those who need it most. We can't test everyone, so we need to use our resources wisely. Patients with COVID-19 symptoms will be tested before those who are not showing any symptoms. We will only test asymptomatic patients if they meet criteria for a COVID-19 test before a surgery or procedure. The Ohio Department of Health does have a listing of testing sites that may be able to accommodate asymptomatic testing needs and can be found at <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/testing-ch-centers/>.

19. I am waiting for my child's COVID-19 test results. Can my other children go to school now?

If a family member has COVID-19 symptoms, current CDC guidelines recommend **ALL** household members should isolate at home until either tests results are known for the person with symptoms (and further guidance provided based on the result) or 14 days have passed without the development of symptoms for the exposed household members.

20. How do I arrange to have my child tested for COVID-19?

At this time, all COVID-19 tests should be ordered and managed by either a health care provider or the public health department. If you think your child should be tested, call their health care provider.

21. What happens during a COVID-19 test?

To determine the presence of the COVID-19 virus a swab (stick with a collection material on the tip, like a long Q-tip) is placed in the patient's nose just inside the nostril. The specimen is obtained very quickly by rubbing for 10 seconds in the first nostril, then using the same swab in the second nostril.

22. How long does it take to get COVID-19 test results?

The timing of test results varies based on when and where the test is obtained and how many other specimens are being processed at that time. Test results are usually available within 24 to 48 hours.

23 How reliable is a COVID-19 test in children?

The COVID-19 PCR test (the most common but not the only type of COVID-19 test used) is very reliable if the result is positive. If the result is negative, it is usually reliable but the ordering health care provider might still believe the child has COVID-19 based on the symptoms and level of exposure. The child still may be asked to isolate at home even with a negative test.

24 Can my child have COVID-19 antibody testing?

At this time doctors are still studying the use and reliability of COVID-19 antibody testing to demonstrate previous COVID-19 infection that has resolved. Currently, antibody testing is available at University Hospitals under the direction of an Infectious Disease specialist.

COVID-19 Positive Test

25. My child tested positive for COVID-19. What should I expect and what should I do now?

- Your local Health Department may be in contact, as they are tracking all POSITIVE patients.
- Isolate your child and the rest of household members and limit your child's contact with others.
- Current CDC guidelines state that:
 - Your child should be home and stay inside your home until your local public health department tells you otherwise. If you do not hear from the public health department, your child should remain at home until ALL of the following have occurred:
 - It has been at least 10 days since symptoms started AND
 - Your child has no fever for at least 24 hours without fever reducing medicine AND
 - Your child's symptoms are improving.
- As much as possible, your child should stay in a specific room and away from other people in your home.
- Your child should use a separate bathroom if possible. People who do not have a need to be in your home should not visit.
- Homes that have multigenerational families (grandparents or other older adults living with the child and the child's parents) or people with chronic illnesses should be extra cautious about exposure. Masking and isolating higher risk individuals is recommended.
- Try to let your child stay in places in the home that have good airflow. Allow getting fresh air when possible.
- Remind your child that it is very important to cover their mouth and nose with a tissue when coughing or sneezing.
- After coughing or sneezing or cleaning up used tissues, immediately wash hands with soap and water for at least 20 seconds.
- If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Remind your child to clean their hands often.
- Avoid allowing the child to share personal household items such as dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After your child uses these items, they should be washed with soap and water.
- Clean all high-touch surfaces (tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables) every day with antibacterial cleaning solutions such as Lysol wipes, bleach, cleansers, etc. Follow the manufacturer's instructions for your cleaning products. Different products require different contact times to be effective and some may require you to use gloves.
- Immediately clean any surfaces that may have the child's blood, stool, or body fluids like tears, drool, urine, sweat, and mucous on them. Use antibacterial cleaning solutions such as Lysol wipes, bleach, cleansers, etc.
- Wash laundry thoroughly. Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them. Read and follow directions on labels of laundry detergent and/or clothing items.
- If possible, wear gloves when handling laundry from your child. If gloves are not available, thoroughly wash your hands for 20 seconds using soap and water after touching their laundry.

- Launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people’s items.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.
- If they are old enough (over 2 years old) have them wear a mask whenever they leave their room.

26. My child tested positive for COVID-19. How can I safely provide care at home?

- Wash your hands frequently with soap and water for 20 seconds or use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid touching your face
- Do not permit visitors who do not have an essential need to be in your home.
- Mask when caring for your child and, if they are over two and can take their masks off, have the child mask as well.
- If your child is in diapers, consider wearing gloves when changing their diaper.
- Household members caring for a COVID-19 positive patient are recommended to isolate at home for 14 days. If symptoms develop, testing for COVID-19 should be considered.

27. Why are there different times for home isolation?

The CDC recommends home isolation for 14 days after exposure as that is the time when people develop symptoms. Once a result is known, home isolation is recommended for 10 days from the onset of symptoms so long as they have not had a fever for at least 24 hours without fever reducing medicine AND their symptoms are improving.

28. How long does my child need to be kept at home?

Unless otherwise told by a public health department, current CDC guidelines recommend that your child should be kept at home for 10 days from the onset of symptoms AND they have not had a fever for at least 24 hours without fever reducing medicine AND their symptoms are improving.

29. My child had a positive COVID-19 test, when can they go back to school?

Your school district and/or public health department will give you guidance on return to school criteria. Usually, the child cannot go back to school until a minimum of 10 days after symptoms began, in accordance with CDC guidelines as described in question 28.

COVID-19 Negative Test

30. My child had a negative COVID-19 test. Can they still have the illness?

Like other medical tests, COVID-19 tests are not 100% accurate all of the time. Many variables can create what is called a “false negative” test. Based on a child’s symptoms and current illness, the health care provider may be able to determine if the test result should be considered accurate or if further precautions or testing are necessary. Also, a negative test only indicates that COVID-19 was not detected at the time of the test. If a child develops new or continued symptoms following a negative test, another test may be needed and you should inform your provider of these changes.

31. My child had a negative COVID-19 test. Can they go back to school?

Public health departments set the rules for when students can return to school. Your child’s school will use these rules and the information from your provider to decide when someone with a negative test can go back to school. In general, patients that have a negative test and are fever free for at least 24 hours without fever reducing medications will be able to go back to school. However, some exceptions may occur and you should follow the guidance from your child’s school.

COVID-19 and Children Wearing a Mask

32. Why should my child wear a mask?

Masks are one of the most important defenses against the spread of the virus. If all people are masked, the risk of infection is less. Mask wearing along with washing hands, disinfecting surfaces, and physical distancing all done together are the best ways to prevent COVID-19 infection.

33. Which children need to wear a mask?

According to the CDC, all children who are over the age of 2 and capable of removing a mask on their own can wear a mask safely. In Ohio, children must wear a mask unless there is a medical reason not to or they are under the age of 2 and not capable of removing a mask on their own.

34. I heard that wearing a mask is bad for children, is this true?

The scientific consensus is that wearing a mask is not harmful to a patient's ability to breathe. In healthy individuals it does not cause a decrease in oxygen levels or a dangerous increase in carbon dioxide (CO₂) levels in the blood or brain. If your child has a lung-related disease, ask your child's doctor if it's okay for them to wear a mask.

35. Is a face shield just as good as wearing a mask?

A face shield is not recommended as a replacement for a mask by the CDC and, according to the CDC, is not as effective as wearing a mask, since most face shields do not block droplets from entering or leaving the sides or bottom of the face shield. Face shields worn in addition to a face mask may offer additional protection to the wearer, since the shield protects the eyes as well.

36. Which children are exempt from wearing a mask?

According to the CDC, children under the age of two should not wear a mask. Very few children aged two or older are exempt from wearing a mask under the current Ohio guidelines. Children who may qualify for an exemption include those with a severe anxiety disorder, sensory integration disorder, or severe behavioral health disorder such as some children with severe pervasive developmental disorder or autism. Children with asthma usually will be able to wear a mask. Children with severe respiratory impairments may have difficulty tolerating a mask, particularly for extended periods, according to the American Academy of Pediatrics. If your child has a lung-related disease, ask your child's doctor if it's okay for them to wear a mask. For those children exempt from wearing a mask, every attempt should be made to have them wear a face shield and to maintain physical distancing from other people.

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