

# HEALTH CARE PRACTITIONER'S COVID-19 TESTING GUIDE: Symptomatic Child/Youth

During COVID19 Pandemic - in order to reduce spread, Public Health Recommends an extremely low threshold to test in symptomatic child/youth especially if viral illness on differential. Child/Youth can present with minimal symptoms and there is no "classic" presentation.

## Common COVID-19 symptoms as per Ontario guidance: \*

- fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- chills
- cough that's new or worsening (continuous, more than usual)
- barking cough, making a whistling noise when breathing (croup)
- shortness of breath (out of breath, unable to breathe deeply)
- sore throat
- difficulty swallowing
- runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- lost sense of taste or smell
- pink eye (conjunctivitis)
- headache that's unusual or long lasting
- digestive issues (nausea/vomiting, diarrhea, stomach pain)
- muscle aches
- extreme tiredness that is unusual (fatigue, lack of energy)
- falling down often
- for young children and infants: sluggishness or lack of appetite

Would test unexplained changes in behaviour in young children / infants

Would test any **documented** fever - \*\*

Would not test on chills alone

Would test any new onset cough of > 4 hrs duration OR croupy sounding OR evidence of SOB

Would not test short duration isolated sore throat, mild difficulty swallowing in isolation with no physical findings if < 24 hrs

Would test new onset runny nose unless strong consistent allergy history

Would test any changes to taste/smell

Would test any acute conjunctivitis unless allergic conjunctivitis

Would not test isolated headache unless >12 hrs

Would test any digestive issues consistent with viral gastroenteritis but NOT isolated stomach ache, or isolated short duration episodes of vomiting

Would not test isolated muscle aches unless part of viral prodrome

Would not test isolated fatigue unless part of viral prodrome

\* Would not test from symptoms above if entirely consistent with known chronic conditions and responds as expected

\*\* Fever without a clear source, Can use discretion to not swab patients with a confident diagnosis of one these **non-respiratory infections**,  
- convincing dip-positive UTI (if culture negative and fever persisting consider re-evaluation ex. sterile pyuria MIS-C)  
- Rapid Strep Test +ve exudative tonsillitis or scarlet fever syndrome (persistent fever should trigger COVID testing)  
- cellulitis or abscess  
- swab proven chickenpox or shingles

\*\*\* New acute gastrointestinal symptoms not explained by an obvious alternate diagnosis. Can use discretion to not swab patients with a confident alternate diagnosis, example: isolated vomiting with head injury, vomiting, abd pain resolving after treatment of anaphylaxis, or intussusception, poisoning, culture-positive bacterial gastroenteritis, etc

Patients presenting with >5 days of unexplained fever should be referred to a Children's Hospital Emergency Department for Multisystem Inflammatory Syndrome in children (MIS-C) evaluation.  
Patients with >3 days of fever with some symptoms consistent with Kawasaki Disease, GI or Neurologic complaints should be referred as well