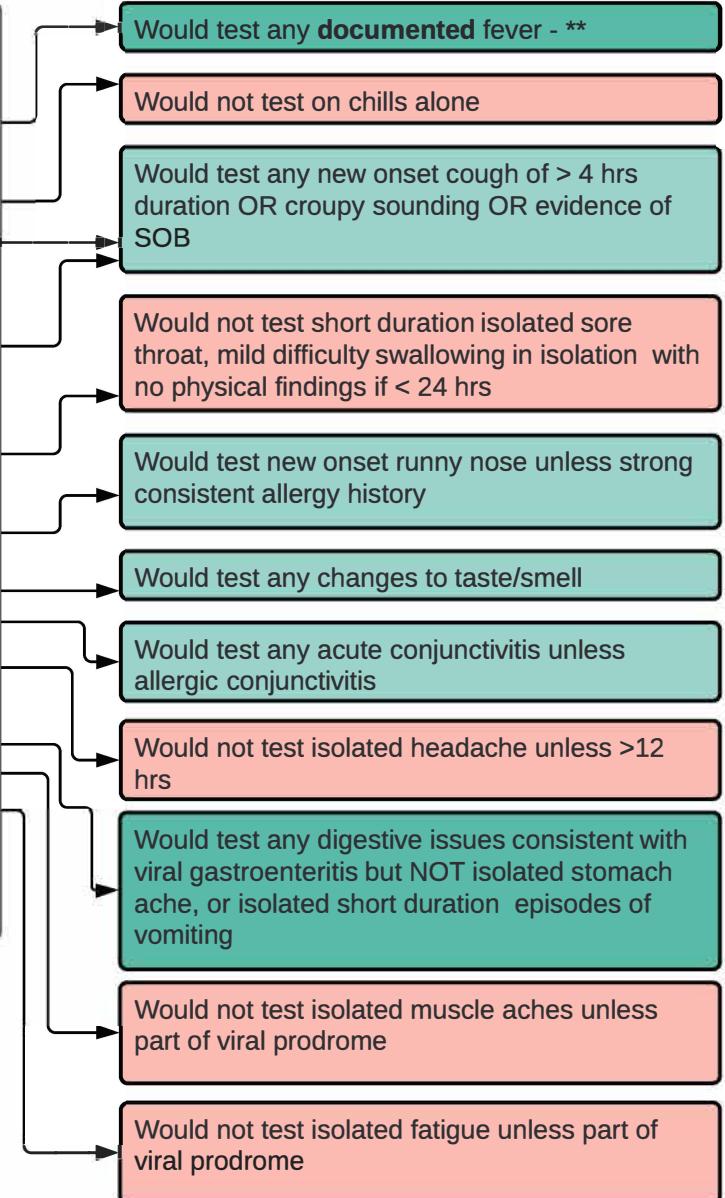


During COVID19 Pandemic - in order to reduce spread, Public Health Recommends an **extremely low threshold to test in symptomatic child/youth especially if viral illness on differential**. Child/Youth can present with minimal symptoms and there is no "classic" presentation.

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 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 of 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