

# COVID-19 Assessment and testing pathway for children (3 months — 13<sup>th</sup> birthday)

For those aged younger than 3 months, usual assessment protocols apply



**In assessing children as part of a differential diagnosis, testing for COVID-19 is advised for any child with any of the following unless there is a strong clinical reason to do otherwise:**

1. Fever (greater than or equal to 38.0°C; confirmed) in the absence of an alternative diagnosis (e.g. UTI, varicella) **OR**
2. A new cough, shortness of breath or deterioration in existing respiratory condition **OR**
3. Symptoms of anosmia (loss of sense of smell)\*, ageusia (loss of sense of taste)\* or dysgeusia (distortion of sense of taste)\* **OR**
4. Minor respiratory symptoms in a child who has other ill contacts, is part of an outbreak or is a contact of a proven case **OR**
5. Other symptoms associated with COVID-19 include fatigue, nasal congestion, conjunctivitis, sore throat, headache, muscle/joint pain, skin rash, nausea or vomiting, diarrhoea, chills or dizziness.

**Maintain a higher level of suspicion or consider testing if the child has symptoms associated with COVID-19 and:**

- a. Are immunocompromised or at increased risk of severe illness from COVID-19
- b. Presents in the context of having other symptomatic contacts
- c. Have an acute illness requiring admission to hospital

If your child's symptoms are very mild then stay at home, reassess after 48 hours and contact your GP for advice. It is known that young children often have a persistent cold. Children can return to school or crèche when the family have followed all medical and public health guidance they have received with respect to exclusion of the child from childcare and educational settings and there is no reason to believe that they have an infectious disease.

**Nasal swabs** are an acceptable specimen type for use in children in the community. **Note:** croup and bronchiolitis have previously been associated with coronaviruses. Instrumentation of the airway (including throat swabbing) should be avoided if there is any suspicion of upper airways obstruction.

**NO**

Some RTI symptoms present but doesn't meet the criteria above

Unless assessment at hospital is indicated:

- Children can return to school or crèche when the family have followed all medical and public health guidance they have received with respect to exclusion of the child from childcare and educational settings and there is no reason to believe that they have an infectious disease
- No restrictions on other well household members are required.
- Any other household member that also has symptoms, even if vaccinated, needs to be assessed. This may indicate a higher risk of COVID-19 in the household.
- Any diarrhoea must be resolved for 48 hours before return to school or childcare.
- Everyone is asked to adhere to [Public Health advice](#) on reducing their contacts and preventing infection.

**YES**

- Arrange COVID-19 testing using **Healthlink**.
- If you do not currently have access to Healthlink, click [here](#) to apply
- Advise the patient who to contact if symptoms are worsening, including out-of-hours

Unless assessment at hospital is indicated:

- Advise parent that the child must stay at home and self-isolate pending test results.
- If a child is sent for a test, asymptomatic close or household contacts who are fully protected by vaccination or have had confirmed COVID-19 infection in the previous nine months, do not need to restrict movements or be tested, unless specific circumstances apply Please see [here](#) for further information.
- **If positive:** Advise parent that patient must self-isolate for a minimum of 10 **FULL** days from the onset of symptoms, the last 5 days of which should be without fever.
- **If not detected:** Please advise the family to follow all medical and public advice.
- If a person declines testing, they must be treated as a confirmed case.