

COVID-19 (SARS-CoV-2)

Reportable to local or state health department

Consult the health department before posting or distributing the Parent/Guardian fact sheet.

COVID-19 is an acute viral illness. It is highly contagious, but rarely serious for most children. It is a common infection that may be prevented by vaccination.

CAUSE

SARS-CoV-2 virus, a member of the coronavirus family.

SYMPTOMS

Children may experience a variety of these symptoms: fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea. Asymptomatic infection is also possible (a child tests positive for COVID-19 but does not have any symptoms).

Children with underlying health conditions are at increased risk for severe illness from COVID-19. Currently the number of children who have been hospitalized is low compared with adults; however, one third of hospitalized children with COVID-19 are admitted to the intensive care unit. The risk of death among children is low compared with adults, though some children in the United States have died from COVID-19.

A small number of children may develop a rare, but serious condition called Multisystem Inflammatory Syndrome in Children (MIS-C).

SPREAD

COVID-19 virus is spread when an infected person coughs, sneezes, or breathes out tiny droplets with COVID-19 virus into the air and another susceptible person breathes them in. Also spread to susceptible persons by touching contaminated objects and then touching one's eyes, nose, or mouth.

Asymptomatic cases (cases with no symptoms) are also able to spread COVID-19 to others.

INCUBATION

It takes from 2 to 14 days (usually 5-7 days) from the time a person is exposed until symptoms begin (or a person tests positive if an asymptomatic case).

CONTAGIOUS PERIOD

For symptomatic cases: From 2 days before to 10 days after symptoms developed.

For asymptomatic cases: From 2 days before to 10 days after the laboratory specimen was collected.

EXCLUSION

Childcare and School: When all three criteria are met

1. 10 days since symptoms first appeared (or 10 days since specimen collected for positive lab test if asymptomatic) **and**
2. 24 hours fever free without the use of fever-reducing medication **and**
3. Other symptoms of COVID-19 are improving.

In general, "improved symptoms" means that a child no longer feels ill - they are able to participate in routine activities and any remaining symptoms, such as cough or runny nose, are very mild, intermittent or infrequent and do not interfere with daily activities.

COVID-19 (SARS-CoV-2)

Exclude unvaccinated children and staff for up to 14 days following the last date of exposure to a confirmed case. Exposure is defined as being less than 6 feet from a COVID-19 case for 15 minutes or more throughout a 24-hour period. Staff/students are considered fully vaccinated if it has been at least 14 days after their vaccination series was fully completed.

Schools/childcare settings may consider using a shortened exclusion period for unvaccinated contacts exposed in school or childcare settings (see [COVID-19: When to Quarantine | CDC](#)).

Unvaccinated students/staff exposed to a COVID-19 case in their own household should be excluded for the full 14-day period.

Prior laboratory-confirmed cases of COVID-19 do not need to be excluded from school/childcare if their diagnosis occurred within the 90 days before their exposure.

DIAGNOSIS Laboratory tests are performed on nasopharyngeal (NP), oropharyngeal (OP) (throat), nasal, or saliva specimens. For more about testing, see health.state.mn.us/diseases/coronavirus/testsites/types.html

TREATMENT Recommend parents/guardians call their health care provider. There is no specific treatment for COVID-19 in children.

PREVENTION/CONTROL

- Monitor/screen for symptoms; ill staff/children, regardless of vaccination status, should stay home and seek testing.
- Encourage COVID-19 vaccination for all students and staff age 12 years and older.
- Face coverings can help prevent the transmission of COVID-19, as well as other viral respiratory illnesses. Recommendations to wear face coverings in school/childcare settings should be consistent with local/state/federal guidelines. Note that face covering recommendations may change based on local activity.
- Unvaccinated close contacts excluded from school/childcare should be tested 5 days after exposure occurred, even if asymptomatic. In general, anyone in exclusion should be tested if symptoms develop.
- Utilize physical distancing between students and cohorting as much as possible.
- Cover nose and mouth with tissue when coughing and sneezing or cough/sneeze into your sleeve. Dispose of used tissues in the trash.
- Wash hands thoroughly with soap and warm running water after contact with secretions from the nose or mouth or handling used tissues. **Thorough**

handwashing is the best way to prevent the spread of communicable diseases. If soap and water are not available, use an alcohol-based hand sanitizer.

- Clean and sanitize mouthed toys, objects, and surfaces at least daily and when soiled (see Section 2).
- Establish a regular schedule and checklist for cleaning and disinfecting commonly touched surfaces (workstations, keyboards, telephones, handrails, doorknobs, etc.), shared items, shared equipment, and high traffic areas.
- Ventilation is an important factor in preventing COVID-19 transmission indoors. Facility owners and operations must evaluate the operational capacity of ventilation systems and increase and maintain ventilation provided throughout the building.

For more information, call Hennepin County HSPHD-Epidemiology at (612) 543-5230 or call your local health department.

