COVID-19

What is COVID-19?

A contagious disease caused by a respiratory virus called SARS-CoV-2

What are the signs or symptoms?

Some children who are infected with COVID-19 have no symptoms. If symptoms are present, they are usually mild.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Nasal congestion or runny nose
- Nausea or vomiting
- Diarrhea

What are the incubation and contagious periods?

- Incubation period: 2 to 14 days, with a mean of 2 to 4 days
- Contagious period: From 2 days before signs or symptoms appear until 10 days after the onset of symptoms. Vaccination may shorten the contagious period.

How is it spread?

- Respiratory (droplet) route: Contact with large droplets that form when a child talks, coughs, sneezes, or sings. These droplets can land on or be rubbed into the eyes, nose, or mouth. The droplets do not stay in the air; they usually travel no more than 3 feet and fall onto the ground. This is the most common mode of spread of SARS-CoV-2.
- Airborne route: Breathing small particles containing virus floating in the air. These particles first come from a child's respiratory secretions as droplets after a cough or sneeze. These germ-containing particles dry out quickly in the air or fall onto surfaces and then dry out and attach to dust particles, which become suspended again in the air. These particles travel along air currents and can infect people more than 3 feet apart in the same or in another room. This is a mode of spread of SARS-CoV-2, although room-to-room transmission has not been proven in early childhood education (ECE) programs or schools.
- Contact route: Thought to be the least common route of spread of SARS-CoV-2, the virus is spread when children carrying the virus contaminate surfaces or objects with their respiratory or oral secretions. Other children can then become infected after touching these contaminated surfaces or objects and then putting their fingers in their own mouth, eyes, or nose.

How do you control it?

- Follow the latest Centers for Disease Control and Prevention (CDC) recommendations, "Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning," available at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html.
- Routinely check that children complete the COVID-19 vaccine series according to the most recent immunization recommendations at www.cdc.gov/vaccines.
- Use good hand-hygiene technique at all the times listed in Chapter 2.
- Prevent contact with respiratory secretions. Teach children and educators to practice respiratory etiquette (covering mouth when coughing or sneezing by using facial tissue or upper sleeve or elbow). Teach everyone to remove any mucus or debris on skin or other surfaces and perform hand hygiene right after using facial tissues or having contact with mucus.
- Dispose of facial tissues that contain nasal secretions after each use.
- Perform hand hygiene after contact with any soiled items.
- Mask children 2 years and older if indicated by high local case counts or health department or state/tribal regulations or in the setting of an outbreak.
- Reduce crowding as much as possible.
- Increase ventilation by opening windows. Working with a ventilation consultant can optimize ventilation systems because healthy indoor air can help reduce the risk of spreading viral infections. More information about working with a ventilation consultant is available from the Head Start Early Childhood Learning & Knowledge Center at https://eclkc.ohs.acf.hhs.gov/publication/tips-working-ventilation-consultant.

- Increase outdoor time for class, play, or eating, staff and weather permitting.
- Create a cohort (prevent mixing of people into different rooms) of children and staff members by rooms as much as possible.

What are the roles of the educator and the family?

- Ensure all adults that come in contact with children at home and in the ECE program and school are fully immunized against COVID-19, especially all educators, because prior to immunizations being available, spread most commonly occurred from an infected adult to a child.
- Follow the latest COVID-19 guidance from the CDC and your state and local health department.

Exclude from educational setting?

Yes, if

- The child is unable to participate and staff members determine they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.
- The child meets other exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4)—specifically, the child has fever and behavior change or fever with other signs or symptoms of respiratory illness like cough, sore throat, sneeze, or runny nose.
- Your state or local health department recommends exclusion for managing high case counts or in the setting of an outbreak.
- Recommended by the CDC ("Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning," available at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html).

Readmit to educational setting?

Yes, when all the following criteria are met:

When exclusion criteria are resolved, fever has been absent for 24 hours without fever-reducing medicines, the child is able to participate, and staff members determine they can care for the child without compromising their ability to care for the health and safety of the other children in the group

Comments

- Note that SARS-CoV-2 mutates frequently, changing the predominant symptoms, contagious period, and effectiveness of immunizations. Please check the website for this book (www.aap.org/midupdates), the CDC (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html), and *Caring for Our Children* (https://nrckids.org/CFOC) for the latest updates.
- In general, research shows that COVID-19 does not spread rapidly or widely in ECE programs or schools compared with homes. This is in contrast to influenza and respiratory syncytial virus infections, for which ECE programs and schools are the primary drivers of the spread of infection into the community.
- Child-to-child, child-to-adult, adult-to-adult, and adult-to-child spread have all been documented in ECE programs and schools.
- COVID-19 can be a serious disease that causes complications, like myocarditis (inflammation of the heart tissue) and multisystem inflammatory syndrome of childhood (a condition in which multiple body parts become inflamed). Children with COVID-19 in the United States may need to be hospitalized and can die.
- Follow the latest immunization recommendations (https://www.cdc.gov/vaccines/hcp/acip-recs/index.html) and ensure that all eligible people (children and staff) are immunized against COVID-19.
- The role of testing to diagnose children with COVID-like symptoms and to determine when children can return to care continues to evolve based on available science. See the latest recommendations by the CDC, "Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning," at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html.
- Masking has been shown to reduce COVID-19 transmission in school-aged children. National survey studies of child care professionals suggest that masking of children 2 years and older has been associated with fewer ECE program closures (https://pubmed.ncbi.nlm.nih.gov/35084484). Masking has a role in reducing transmission when community transmission is high.

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