



Healthcare Centers in Schools

2022-23 COVID Updates and Monkeypox Information

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CHILDREN'S HOSPITAL

Objectives

- Updates on COVID Recommendations per CDC for Schools
- Return to Sports
- Monkeypox



COVID-19 School Updates for 2022-23

- No quarantine necessary.
- Individuals who were exposed to COVID-19 should wear a mask as soon as they find out they were exposed to a positive individual (**regardless of vaccination status**).
 - Monitor for symptoms
 - Wear a mask for a full 10 days after exposure
 - Get tested at day 6 after exposure
 - If positive, the individual should follow isolation guidance



COVID-19 School Updates for 2022-23

- During the 10 days after exposure, if the individual experiences any potential COVID-19 symptoms, they should immediately self-isolate and follow isolation guidelines.
 - Consider getting tested and seek care from a healthcare provider



COVID-19 symptoms

- Fever of 100.4 or greater
- Cough and/or shortness of breath
- Fatigue and/or body aches
- Headache
- Loss of taste or smell



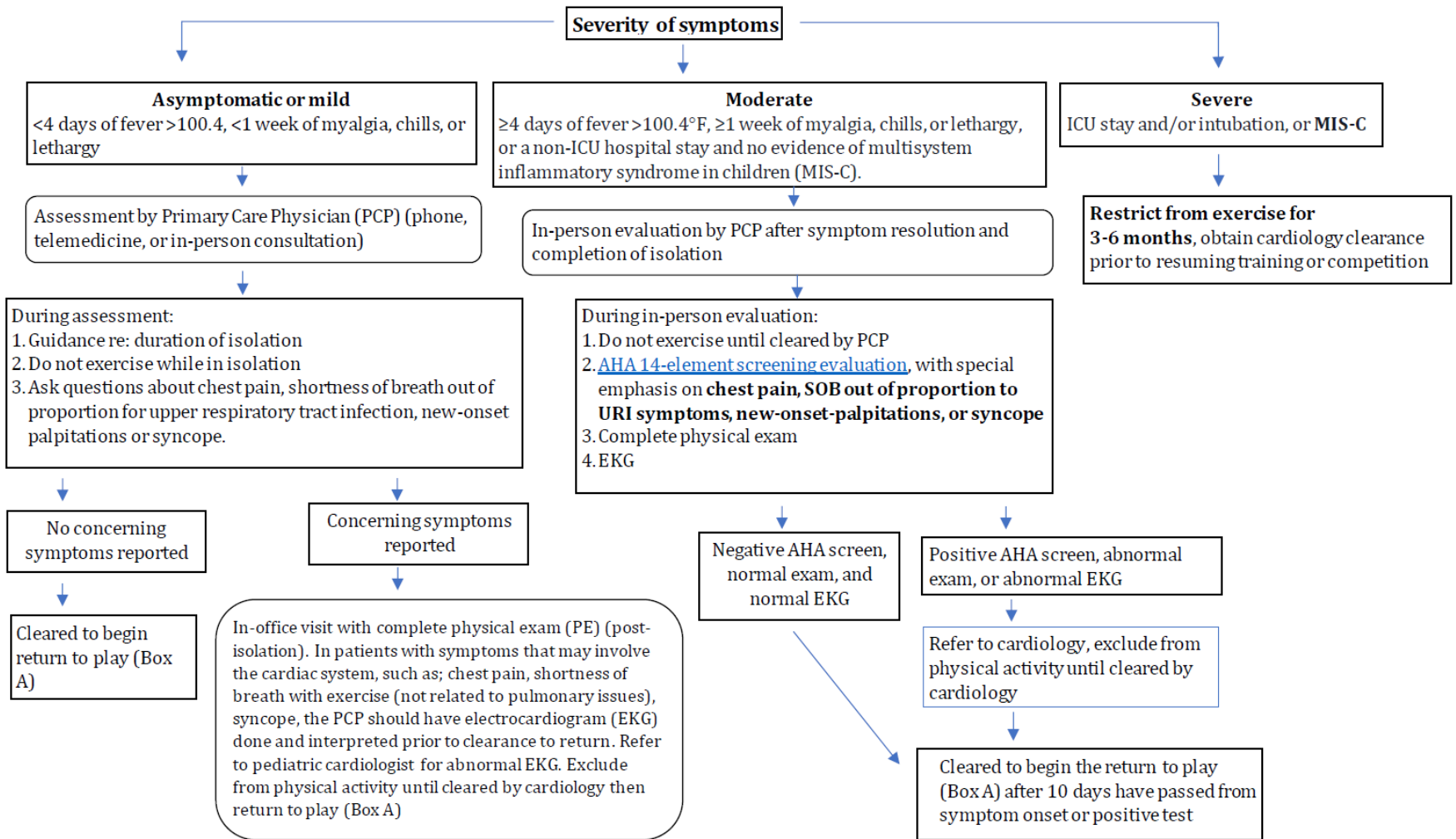
COVID-19 Isolation Guidance

- Individuals with confirmed or suspected COVID-19 infection (regardless of vaccination status) should not return to school until the following “end of self-isolation criteria” are met (or until an alternate diagnosis is made)
 - Stay home for 5 days
 - Day 0 is day of symptoms or positive test
 - If no symptoms or symptoms are resolving after 5 days, you can return to school
 - If you continue to have fever or symptoms have not improved, stay home until you are fever free for 24 hours and other symptoms have improved
 - Continue to wear a mask through Day 10
 - If school cannot ensure masking for the additional days, then individuals should isolate for the full 10 days
 - Do not return to sports or extracurricular activities until after day 10 or cleared
 - **CLEARED = *Proof of negative test or signed physician’s note that states the date student is cleared to return to school**



Return to play after COVID-19 infection

Adapted from the AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity by Anna Zuckerman, MD, FAAP and Jonathan Flyer, MD, FAAP, FACC. For detailed guidance, please refer to the [AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity](#). (Last updated 2/8/2022)



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BOX A: Additional Guidance on Returning to Play *(Note: if the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID19 disease history should be documented.)*

When should children and adolescents return to play?

- 1) Completed isolation and minimum amount of symptom free time has passed
- 2) Can perform all activities of daily living
- 3) No concerning signs/symptoms
- 4) Physician clearance has been given, if indicated

At what pace should children and adolescents return to play?

- 5) <12yo: progress according to own tolerance
- 6) 12+: gradual return to physical activity
 - Asymptomatic / Mild symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), 2 days of increase in physical activity (i.e. one light practice, one normal practice), no games before day 3. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.
 - Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), and a minimum of 4 days of gradual increase in physical activity (one light cardio workout on own, two light practices, one full practice), no games before day 5. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.

When should children and adolescents pause return to play?

- If patient develops any chest pain, SOB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam and consider referral to Pediatric Cardiology



Monkeypox

- Viral illness that typically involves flu-like symptoms, swelling of the lymph nodes and a possibly painful rash that includes bumps that are initially filled with fluid before scabbing over.
- Most people with monkeypox recover in 2-4 weeks, but the disease can be serious.
- To date, there have been zero confirmed deaths resulting from monkeypox in this recent U.S. outbreak.



Monkeypox

- Monkeypox virus is most often spread from one person to another, through direct contact with a rash or sores of someone who has the virus.
- It can also spread through contact shared surfaces and other items used by a person with monkeypox; or via respiratory droplets that can be passed through prolonged face-to-face contact.



Monkeypox

- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion
- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals or anus



Monkeypox

Total Louisiana Infections

120

New Louisiana Infections

6

LDH Region	
Under Investigation	0
1 - Southeast	93
2 - Capital Region	7
3 - South Central	4
4 - Acadiana	6
5 - Southwest	0
6 - Central	1
7 - Northwest	2
8 - Northeast	0
9 - Northshore	7

Cases reported through August 17, 2022



MONKEYPOX

VISUAL EXAMPLES OF MONKEYPOX RASH



Photo Credit: NHS England High Consequence Infectious Diseases Network



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School recommendations

- If sick → stay home.
- If sick at school → isolate the individual until they can leave the school and seek medical evaluation.
- Disinfect areas and surfaces that the individual was in and touched.



Questions

