

AAP Guidance: What to do if a child or adolescent who is active in sports and/or physical activity tests positive for SARS-CoV-2?

For a child or adolescent who is SARS-CoV-2–positive who is either **asymptomatic** or **mildly symptomatic** (<4 days of fever >100.4°F, <1 week of myalgia, chills, and lethargy) a **phone or telemedicine visit with the pediatrician is recommended, at a minimum**, so appropriate guidance can be given to the family. All individuals should be instructed on proper isolation (duration and restricting exposure to other people within the house) and the importance of not exercising while in isolation. The SARS-CoV-2 infection should be documented within the individual’s medical record.

Recent literature has reported a much lower incidence of myocarditis, 0.5% to 3%, than earlier in the pandemic. Children and adolescents who were found to have myocarditis were in the asymptomatic or mildly symptomatic category. Therefore, **the phone/telemedicine visit should include appropriate questions about chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope**. Any child or adolescent who reports these signs/symptoms should have an in-office visit that includes a complete physical examination, and consideration for an EKG should be given prior to clearance to return to physical activity.

For those with **moderate** symptoms of COVID-19 (≥4 days of fever >100.4°F, ≥1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of multisystem inflammatory syndrome in children [MIS-C]), an evaluation by their primary care physician (PCP) is recommended. People who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. PCP evaluation is currently recommended after symptom resolution and completion of isolation. The PCP will review the American Heart Association 14-element screening evaluation with special emphasis on cardiac symptoms including **chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope** and perform a complete physical examination and an EKG. If cardiac workup is negative, gradual return to physical activity may be initiated after 10 days have passed from the date of the positive test result, and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine. If cardiac sign/symptom screening is positive or EKG is abnormal, referral to a cardiologist is recommended. If cardiac workup is negative, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine.

For children and adolescents with **severe** COVID-19 symptoms (ICU stay and/or intubation) or **MIS-C**, it is recommended they be restricted from exercise for a minimum of 3 to 6 months and obtain cardiology clearance prior to resuming training or competition. Coordination of follow-up cardiology care should be arranged prior to hospital discharge.