

Decision Tree for Excluding Symptomatic Individuals from Pre-K, K-12 Schools and Day Care Programs

Exclude⁴ if **ANY** of the following symptoms² are present: Fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell, fatigue from unknown cause, muscle or body aches from unknown cause.

School health officials should exclude when suspicion of COVID is high due to other symptoms.

Testing is Strongly Recommended for ALL Persons with COVID-19-Like Symptoms, Regardless of Vaccination Status.

Status	Return to School Guidance (For recently vaccinated persons, see Post Vaccination Guidance)	Exclude Close Contacts?	Additional Guidance
A. COVID-19 diagnostic test Positive (confirmed with PCR test or probable with antigen test³) OR COVID-like symptoms without COVID-19 testing and exposed to confirmed case (probable case)	Schools are to exclude⁴ for at least ten ⁵ calendar days from onset of symptoms; Return after the ten calendar days AND for 24 hours with no fever (without fever-reducing medication) AND improvement of symptoms.	YES (see Row D)	The Local Health Department may supply dates as to when a student or staff member can return to school, otherwise schools should permit return consistent with this guidance. Letter from Local Health Department releasing the student or staff member from isolation or quarantine is not required.
B. Symptomatic individual with a negative COVID-19 diagnostic test (home test kits not allowed) <i>Negative COVID-19 diagnostic tests are valid only for the date on which they are collected; specimens collected 48 hours prior to symptom onset, after symptom onset, or while symptoms are present (within 48 hours) are acceptable for determining school exclusion status.</i>	Schools are to exclude² until symptoms have improved/resolved per return-to-school criteria for diagnosed condition, including fever free for 24 hours and until 48 hours after diarrhea and vomiting have ceased. Follow provider directions, recommended treatment & return to school guidance as per school policies and IDPH Communicable Diseases in Schools .	NO	If staff/student is a close contact to a confirmed case, the school is experiencing an outbreak, or the LHD is requiring validation due to community transmission levels, documentation of a negative laboratory-based confirmatory SARS-CoV-2 NAAT result is needed (see CDC Testing Algorithm) to return. In other situations, a negative RT-PCR, rapid molecular (rapid PCR) or negative antigen test is acceptable.
C. Symptomatic individual without diagnostic testing who is not a known close contact to a confirmed case.	Schools are to exclude² for at least ten ⁵ calendar days from onset of symptoms; Return after the ten calendar days AND for 24 hours with no fever (without fever-reducing medication), vomiting and diarrhea have ceased, AND improvement of symptoms.	Unvaccinated Household Members in the School System	If the ill individual is not tested within 24 hours of first notification of symptoms, household members should be sent home. See FAQ for additional instructions.
D. Asymptomatic individual who is a close contact^{6,7} to a confirmed or probable COVID-19 case	Unless fully vaccinated, schools must exclude for 14 days or as recommended by the local health department for 7-14 calendar days ^{8,9, 10} after last exposure to the COVID-19 case or according to test-to-stay protocols ¹¹ . <i>If COVID-19 illness develops, exclude per Row A. Testing is recommended.</i>		The Local Health Department may supply dates as to when a student or staff member can return to school, otherwise schools should permit return consistent with this guidance. Letter from Local Health Department releasing the student or staff member from isolation or quarantine is not required.

1 Based on available data and science, schools must make local decisions informed by local context in consultation with their local public health department. This chart should be used in conjunction with the [Centers for Disease Control and Prevention Guidance for COVID-19 Prevention in K-12 Schools](#).

2 New onset of a symptom not attributed to allergies or a pre-existing condition.

3 In most situations, a positive antigen in symptomatic person does not require a confirmatory test, should be considered a probable case (follow Row A and D) and will not be discounted or deemed a false positive with a negative PCR.

4 Pursuant to [Communicable Disease Code, 77 Ill. Admin. Code 690.631](#) and [EO 2021-25](#)

5 Severely immunocompromised or severely ill may need to be excluded for 20 days as per guidance from the individual's infectious disease physician.

6 If the individual has been identified by local health department or school as a close contact, or knows they are a close contact to a case, the individual should be excluded.

7 CDC defines a [close contact](#) as an individual not fully vaccinated against COVID-19 who was within 6 feet of an infected

person for a cumulative total of 15 minutes or more over a 24-hour period. For students in the classroom setting, contacts who were within 3 to 6 feet of an infected student do not require exclusion as long as both the case and the contact were consistently masked. Contacts who are asymptomatic and fully vaccinated or who have tested positive for COVID-19 within prior 90 days do not need to be excluded but should be tested 3 to 5 days after the exposure to a suspect, probable or confirmed case of COVID-19.

8 Contacts to close contacts of a case do not need to be excluded unless the close contact becomes a confirmed or probable case.

9 Exclusion: Complete a. 14 days, OR b. 10 days with no symptoms, OR 7 days with no symptoms and a negative SARS-CoV-2 RT-PCR test. Specimen for testing must obtained within 48 hours of Day 8. Last exposure date = Day 0.

10 Molecular testing (PCR) is recommended for individuals ending quarantine at Day 10 after exposure; may be required by LHD.

11 Test-to-stay requires negative tests at Day 1, 3, 5 and 7 post exposure to avoid quarantine (see [FAQ](#) for more details).

Box A. Assessment of Symptomatic Persons

Consider the following when assessing symptomatic students/staff:

Are symptoms new to the student/staff person or are they a change in baseline for that individual?

Does the symptomatic individual have any of the following potential exposure risks?

Did the student/staff have an exposure to a suspected or confirmed COVID-19 case in the past 14 days?

Is there a household or other close contact with similar symptoms who has not been yet classified as a confirmed or probable case?

Is there a household member or other close contact with high-exposure risk occupation or activities (e.g., HCW, correctional worker, other congregate living setting worker or visitor)?

Did the student/staff member have potential exposure due to out-of-school activities (private parties, playing with friend groups, etc.) or have poor compliance with mask wearing and social distancing?

Do they live in an area of substantial or high community transmission?

Do they have a history of travel to an area of high transmission in previous 14 days?

Is there an outbreak in the school or has there been another known case of COVID-19 in the school building in the last 14 days or are there other students or staff in the classroom or cohort currently out with COVID-19 symptoms?

Box B. Clinical Evaluation for Children with Symptoms of COVID-19

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>)

Consider the individual's risk of exposure. See Box A.

No Exposure Risk Identified & resides in Community with Low Transmission¹

If no known close contact to COVID-19 case and no other exposure risks, testing and exclusion for COVID-19 may be considered based on level of clinical suspicion and testing availability.

Has Exposure Risk and/or Clinical Suspicion for COVID-19

Isolation
COVID-19 Testing Recommended

TESTING

PCR or antigen (Ag) testing is acceptable.

-If an Ag detection test is negative and there is a high clinical suspicion of COVID-19, confirm with lab-based NAAT (see [CDC Testing Algorithm](#)), ideally within 2 days of the initial Ag test.

-If lab-based confirmatory NAAT testing is not available, clinical discretion can be used to recommend isolation.

Test result is only valid for the day of specimen collection.

Resources:

- COVID-19 Testing Overview <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>
- Isolation and Quarantine: CDC <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>