RETURN TO PLAY AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS

(11/19/2020)

Athlete with history of COVID-19 infection AND asymptomatic for > 10 days

Asymptomatic or mild symptoms (no fever, <3 days of symptoms)

Moderate symptoms (prolonged fevers and bed rest, no hospitalization, no abnormal cardiac testing)

Severe symptoms (hospitalized, abnormal cardiac testing, multi-system inflammatory syndrome in children (MIS-C))

Age <12 years

ECG prior to participation

Normal ECG

Clear for participation AND slow return to play

Age >12 years, high intensity competitive sports participation or physical activity*

Recreational sport participation

High intensity competitive sports participation or physical activity >2 times per week

ECG Changes include: Diffuse ST elevation, ST depression, T wave inversion, pathologic Q waves and PR depression

Concern for myocarditis

Follow myocarditis return to play guidelines†

1. Testing: ECG, echocardiogram, 24 hour Holter monitor, exercise stress test, +/- cardiac MRI
2. Exercise restriction for 3-6 months

Evaluate by pediatric cardiologist and testing as dictated by the abnormal ECG

Clear for participation AND slow return to play

Recreational sport participation

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Age <12 years

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ECG Changes include: Diffuse ST elevation, ST depression, T wave inversion, pathologic Q waves and PR depression

Concern for myocarditis

*Cardiac symptoms include: shortness of breath, shortness of breath with activity, chest pain, palpitations, fatigue, decreased exercise performance or tolerance

Dean et al. Return to Play After Coronavirus Infection- Pediatric Cardiologists’ Perspective - American College of Cardiology July 14 2020