



Return to Play After COVID-19 Infection Without Major Symptoms

When you get a viral infection, the muscles in your body can become inflamed and sore. Your heart, which is also a muscle, can similarly become inflamed or swollen. This is called myocarditis. While many cases of myocarditis are mild, in some cases the heart may become weak and is prone to electrical changes that can lead to sudden death.

There is new evidence that the SARS-CoV-2 virus, which causes COVID-19, may affect the heart more than other viruses and has the potential to cause myocarditis. However, we do not know how often SARS-CoV-2 affects the heart, especially in those people who have no or minimal symptoms of COVID-19.

One way to test for myocarditis is with a cardiac MRI. While there is some new information that shows evidence of myocarditis on the MRIs of college athletes who had minimal symptoms of COVID-19, we do not know what this means in terms of actual risk of sudden death. While this risk in those who have had asymptomatic or mildly symptomatic COVID-19 infection is not zero, we think it is likely very low compared to those who have severe COVID-19 infection or those who develop symptoms when returning to play.

We consider an athlete symptomatic with COVID-19 if they were ever hospitalized for COVID-19 or have had the following symptoms:

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**Fever of 100.4°F for more than 3 days
And 1 or more of the following:**

- Shortness of breath
- General discomfort, exhaustion, or feeling unwell
- Rash
- Deep muscle pain or muscle aches
- Chills/shivering during fever

While we offer a cardiac MRI and/or telehealth visit for further discussion regarding this decision if the family of provider desires, at this time there is not enough evidence to recommend that all asymptomatic athletes need to have this study before return to play. Given all these uncertainties, we believe that it is reasonable to have a **gradual, supervised, return to play** after having a satisfactory examination by your primary care physician. For any child symptomatic with COVID-19, Nationwide Children's recommends waiting at least 10 days from the date of the positive test and a minimum of 24 hours symptom free off-fever reducing medications prior to considering return to play. For those without any symptoms of COVID-19, we recommend waiting at least 10 days from the positive test or confirmed exposure prior to considering **gradual, supervised, return to play**.

Regardless of any testing, the only life-saving treatment for an athlete with myocarditis who has a sudden event is an automated external defibrillator (AED).

During the gradual return to play and following full return, parents should speak with their child's athletic trainer, coach, and team doctor to confirm that:

- an AED (automated external defibrillator) and staff trained in its use are present during sports participation; and
- the coach, athletic trainer, team doctor and parent will watch their athlete/child for any of the following symptoms

At rest or worsens with physical activity:

- fainting, near-fainting or dizziness
- chest pain or tightness, especially with exertion
- heart racing out of proportion to activity (palpitations), feeling abnormal heart rhythms or "skipped beats" (arrhythmias)
- shortness of breath, trouble breathing or fast breathing

General symptoms:

- fluid retention/extremity swelling (arms, legs, hands, fingers feet)
- dizziness at rest
- chest pain at rest
- trouble breathing or fast breathing at rest
- feeling tired
- fever over 100.4

If your child has any of these symptoms they should be removed from play and their doctor should be contacted immediately.



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