



MNCYN & LHSC COVID-19
Weekly Paediatric Regional
Teleconference Update
Minutes



Date: April 29, 2020
1600-1630 hrs.

Moderators: Leanne McArthur, Kristine Fraser

Present: L. McArthur, K. Fraser, G. Peterek, A. Gunz, T. Lynch, A. Stevenson, S. Taheri, K. Koufie, J. Ouellette, C. Ford, J. Patton-Audette, A. McPherson, A. Tilstra, D. Howes, C. Edwards, J. Kooger, J. Warkentin, B. Giles, T. Bruni, K. Forbes, S. Dineen, J. Jagger, K. Turner, T. Lacroix, J. Schitka, G. Slack, J. Wilmott, I. Johnston, M. Greer-King, L. Bos, J. Piazza, D. Mayea-Parent, L. Morgan, A. Howe-Poisson, C. Proctor, K. Blaine, K. Bartnik, K. Hannon, Sherri Stratford, Janet?(Physio), Dr. D'Souza (Chatham), N. Nashid, C. Proctor, T. Antic

Item #1: Welcome/Regional Updates, COVID-19 Cases (Leanne McArthur)

Discussion: COVID-19 Case Update

- London: 393 cases, 9 new, 212 resolved, 181 active, 32 admitted to hospital, 36 deaths
- Ontario: 15,728 cases, 9,612 resolved, 996 deaths, 977 hospitalized, 235 ICU, 186 vents
- Windsor: 586 cases, 149 deaths
- Chatham-Kent: 82 cases, 1 death
- Sarnia: 181 cases, 14 deaths
- HPHA: 45 cases, 4 deaths
- Elgin/Oxford: 60 cases, 4 deaths
- Detroit: 8,811 cases, 988 deaths
- Michigan: 39,262 cases, 3567 deaths
- People are following and looking forward to opening of the economy – One question I have: How is your organization going to ramp up services and what will that look like?
- **Service Delivery Model:** I have spoken with most of our partner organizations across the region and which model they fit in, will be doing a second call hosted either Friday or Monday and we will be requesting organizations invite their OBs/Paeds/Physician leads within the program.

Action Items: None



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Item #2: Children's Hospital, LHSC Updates

Discussion:

LHSC: Alison Stevenson: There hasn't been too many changes in past week, still no positive cases in the paediatric world here.

Dr. Anna Gunz, Paediatric Critical Care Unit (PCCU):

- Transport Update: Same update I gave during the perinatal T-Con, but given the conversations we had before, our team will still transport with High-Flow and non-invasive
- If ORNGE transports, they will transport on High-Flow and non-invasive, but not invasive (intubated) because of the type of ventilator they have & if they need to fly, therefore might want to send patient while on non-invasive
- **RE: Cytokine Storm:** Would seem that information in the news and what we have heard from our UK colleagues with several postings of multi-organ dysfunction, but there really is not a lot of information out there.
- We recently had a patient come from an outlying hospital with multi-organ failure with a strikingly elevated CK and wondered if this is the same syndrome. In fact, I have never seen a myositis like this in an infant before, maybe the same type of syndrome
- Too early to say maybe – we are not seeing this commonly with COVID-19 patients at large, which is what is being seen in adult population
- Microcirculatory dysfunction in children (“COVID-toes”) might be seen which is something to be aware of & who we may want to test for COVID, but to be honest, most of these kids are already being tested, but just something to see
- As things evolve with COVID-19, may see more of this inflammatory process and Cytokine storm
- We saw a huge surge of people with “COVID-toes” during H1N1 and we thought it was related to it, but we will just have to see about this – evolution of what we are seeing.

Dr. Tim Lynch, Paediatric Emergency Department:

- Nothing specific to report, our ED volumes are at about 30% for April, looks like that is going to be consistent
- Seeing delayed presentations for testicular torsion, stroke, hyperbilirubinemia which typically might come in earlier, but are now staying home and coming in quite late, which is a disturbing trend
- Tonight there is a Town-Hall on CAEP.ca website with Dr. Bonnie Henry from BC speaking on Stroke & COVID-19 - large vessel stroke in young people
- Leanne: We can circulate this information out as well



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Action Items: CAEP website information posted on MNCYN website

Item #3: MNCYN Updates (Leanne/Kristine)

Discussion: Kristine Fraser

1. **Paediatric COVID-19 Outbreak reported at SickKids in Toronto:** 1 patient, + father and 1 healthcare worker, therefore calling it an outbreak (no other details at this time)
2. **Immunize Canada, April 27, 2020**
 - Immunize Canada strongly supports the continuation of immunization during the COVID-19 pandemic to reduce the risk of morbidity and mortality associated with the potential re-emergence of vaccine preventable diseases in infants, pregnant women, older adults, people with one or more comorbidity, and people with medical conditions that require the use of therapies that suppress or compromise their immune system.
[https://immunize.ca/sites/default/files/Resource%20and%20Product%20Uploads%20\(PDFs\)/Media%20and%20News%20Releases/2020/ic_smt_maintaining_imm_covid_e.pdf](https://immunize.ca/sites/default/files/Resource%20and%20Product%20Uploads%20(PDFs)/Media%20and%20News%20Releases/2020/ic_smt_maintaining_imm_covid_e.pdf)
3. **Canadian Paediatric Surveillance Program (CPSP) is warning physicians about skin changes on children's hands and primarily their feet (sometimes referred to as COVID-toes)**
 - a. Potentially a post-infectious vascular phenomenon or a thrombotic event
 - b. 20% of children have skin changes such as acrocyanosis, pernio changes & acral ischemia or "COVID-toes"
 - c. All skin changes on extremities should lead to investigation of COVID-19
 - d. Really great webinar today by Dr. Kevin Chan from CPS on Acute Management of Paediatric COVID-19 Patients which was presented by Children's Healthcare Canada. All webinars are archived for further viewing:
 - e. Article on CTV News <https://www.ctvnews.ca/health/coronavirus/pediatricians-warned-about-covid-toes-in-children-infected-with-covid-19-1.4913770> and CBC News <https://www.cbc.ca/news/health/covid-toes-pediatric-1.5548525>
4. **Exaggerated Inflammatory Response:** Has been seen in the UK, inflammatory response similar to Kawasaki Disease, but has not been seen in North America yet.
<https://www.itv.com/news/2020-04-27/coronavirus-related-syndrome-among-children-may-be-emerging-alert-suggests/>
5. **Children's Healthcare Canada Upcoming Events:**
 - a. April 30th (12-1pm) Challenges & Solutions for delivering homecare & respite services during COVID-19



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- b. May 14th (1-2pm) Supporting Families of Medically Complex Children During COVID-19
- c. Mar 20th (11-12pm) COVID-19, PPE and Safety: Evidence, Decision-making and Action

[https://mcusercontent.com/a34911d22f75af15c621abd3b/files/198ca60d-99a5-4dd2-9291-0af39f193186/Upcoming_events_in_child_youth_health_4 .pdf](https://mcusercontent.com/a34911d22f75af15c621abd3b/files/198ca60d-99a5-4dd2-9291-0af39f193186/Upcoming_events_in_child_youth_health_4.pdf)

- 6. **LHSC Prevention of Skin Damage** – posted to our website
- 7. **LHSC – De-Escalation/Precaution Discontinuation Protocol** – posted on MNCYN website
- 8. The government recently released new [guidance for COVID-19 screening](#), and LHSC have adjusted their perimeter screening questions for both staff and visitors accordingly. A few new symptoms have been added to the screening list (vomiting, diarrhea, loss of smell/taste, unexplained muscle aches) and symptoms will now also be identified as either “primary” or “secondary”. Screeners will continue to ask the primary questions individually, but group the secondary symptom questions into one to expedite the screening process. We can post this on our website.
- 9. **FAQ & Resource Document:** Gwen and I continue to add to this and update/post weekly to MNCYN website

Action Items: Post Immunize Canada article, CTV news article, ITV article and the CHC Upcoming Events on MNCYN website (Anita Bunnie)

Item #4: Regional Q&A, Open Discussion

Bluewater Health Update, Dr. Tom Lacroix:

- Big overview: there is a lot of data you can tap into in terms of where paed cases are in province on the Ontario Ministry of Health website – you can find the database that is downloadable to find the cases
- For Paeds – they have lumped them into under 20 years of age
- For our region:
 - Huron-Perth: 1
 - Sarnia: 5
 - Middlesex-London: 7
 - Southwestern Public Health: 2
 - Windsor: 8
 - Grey Bruce: 3
- For outside our region:



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- Wellington: 5
- Waterloo: 8
- Brant: 7
- In SWOMEN counties, we have 26 cases, 40% from contact of known patient, 33% pending, 21% appear to be community acquired (not travel or community), 6% from travel
- 25 cases in Niagara, huge cluster which is interesting, I am mining data for this
- In our specific region, I have reached out to most public health units – from our cases, they range from 3 months of age to 14 years of age
- 3-month old had non-specific symptoms: runny nose, looking miserable, not eating well, while the older the kids, more typical the symptoms have been
- With our first paediatric patient, about 7 days post diagnosis, came down with appendicitis, requiring an appendectomy
- I will summarize and send to Kristine to be circulated to the group
- **Leanne:** Any of these types of updates are very helpful for us – have not had much discussion because most kids do not have major symptoms & have not been admitted
- **Dr. Teresa Bruni:** Thunder Bay has 69 positive cases, but no paediatric cases <16 years (TB has 7 cases of <20 years of age), 51 resolved, 1 presently admitted, 1 death
- There is an outbreak in mine & in one of our first nation communities, no issues in long term care
- If we have a LTC outbreak, our hospital has been mandated to second our staff to help
- **Leanne:** Fortunately, in acute care, we are not seeing the surge like Italy and China etc., New York

Regional Questions:

Dr. Nancy Nashid (ID physician at LHSC): Dr. Lacroix, is it possible for you to share the epidemiology based information? I have not heard of the community paediatric cases. This breakdown is so enlightening.

- **Tom Lacroix:** Yes, I will send you my information via email.
- Dataset on the www.data.ontario.ca/dataset, go to confirm positive cases on COVID-19 in Ontario, broken down by <20, as well as contact, travel or neither or if it is pending.
- **Teresa Bruni:** Would be great if they would break it down by age group as we would learn so much more
- **Leanne:** I will elevate this conversation to have it broken down to broader age group
- **Dr. Sepi Taheri:** Today CPS released statement of acute management of CV in children in both outpatient and inpatient settings – nothing earth-shatteringly new, but it is good to have something. I encourage people to have a look at it



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- **Kristine:** I will post this on the paediatric section of the MNCYN website - this is what the webinar today from Dr. K. Chan was about (see above)
- **Leanne:** As you know, our PM has been talking a bit about re-opening the economy. Have there been any conversations within your organizations as to what ramping up services might look like?
- **Jocelyn Patton-Audette (Owen Sound):** We starting re-opening the breastfeeding clinic - our LC also does bili draws, but she was being re-deployed to work frontline, but now we have put her back to BF clinic
- **Sepi:** We are hoping to increased activity in PMDU in the next couple of weeks, but nothing has been decided yet
- **Leanne:** Good to see numbers plateauing slightly and hopefully getting back to a new normal.
- We will be moving to WebEx platform next week – you will get an updated invite for WebEx and can join via video or via TCON
- If you have any other questions, please email Kristine or myself and we will get back to you as soon as possible

Action Items: Post the CPS updated Acute Management of Children

Adjournment: 1630 hrs.