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

Date: May 6, 2020
1600-1630 hrs.

Moderators: Leanne McArthur, Kristine Fraser

Present: L. McArthur, K. Fraser, G. Peterek, A. Gunz, T. Lynch, T. Bruni, T. Lacroix, T. Antic (MOH), A. Bunnie, R. Singh, J. Ouellette, C. Ford, J. Patton-Audette, A. McPherson, A. Tilstra, J. Schitka, G. Slack, J, Wilmott, I. Johnston, M. Greer-King, L. Bos, J. Piazza, D. Mayea-Parent, L. Morgan, A. Howe-Poisson, M. Rae, K. Bartnik

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

- London: 431 cases, 7 new, 274 resolved, 42 deaths
- Ontario: 18,722 cases, 13,222 resolved, 1,429 deaths, 1,032 hospitalized, 219 ICU, 174 ventilated
- Windsor: 665 cases, 229 resolved, 57 deaths
- Chatham-Kent: 89 cases, 34 resolved, 1 death
- Sarnia: 192 cases, 122 resolved, 16 deaths
- HPHA: 49 cases, 34 resolved, 4 deaths
- Elgin/Oxford: 60 cases, 43 resolved, 4 deaths
- Detroit: 9,424 cases, 1,108 deaths
- Michigan: 44,397 cases, 4,179 deaths
- We will hear from Dr. Tom Lacroix from Sarnia about cases across ON
- Tim Lynch will speak about a new program being put in place in Paeds ED re: virtual visits and Dr. Anna Gunz will present on the inflammatory syndrome we are seeing in children
- Children's Hospital, LHSC is exploring adding COVID-toes as a screening question
- I had a T-Con with the CEO's of the Children's Hospitals across ON – much of the conversation was in respect to ramp-up plans, these are ongoing and I will share more with you once things are more solidified
- Ronald McDonald is looking at their repopulation plan to ensure physical and social distancing are still supported – more to come on this

Action Items: None

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

Item #2: Children's Hospital, LHSC Updates
Discussion:

Dr. Anna Gunz: Systemic Inflammatory Response Syndrome Temporarily Associated with COVID-19 (https://www.rcpch.ac.uk/resources/guidance-paediatric-multisystem-inflammatory-syndrome-temporally-associated-covid-19)

- This inflammatory syndrome has come up based on UK & US reports, but last week when I spoke about this, we knew very little about at the time, but since then I have been sent some slides and more information, thought there is still a lot that needs to be looked at
- Etiology is not clear, a large proportion of these patients, though some may be positive for COVID-19, a lot of them are actually COVID-19 negative, but the majority of them have antibodies for COVID-19 and started to see this emerge about a month after there was a peak in the population of COVID positivity, but it not clear what mediates it – 3 theories of what it may be: a) immune complexes that activate inflammation, b) antibodies that enhance the disease to facilitate viral entry into tissue like in Dengue Fever or c) antibodies directly damage the tissue more so like an autoimmune response
- Patients that present with an inflammatory response and can have single or multi-organ dysfunction, may or may not have cardiac dysfunction or they can present like a Kawasaki Disease
- T-Cell mediated response is suspected where the body fails to switch off macrophage response
- Case Definition for Royal College of Paediatricians and Child Health: Child presenting with persistent fever (38^{5}), neutropenia with associated with a lymphopenia, elevated CRP, evidence of a single or multi-organ dysfunction which can be shock, cardiac, respiratory, renal, GI or neurological disorders *need to exclude any microbial cause including bacterial, sepsis, staph, strep, etc.
- There is no clean cut definition, but most important thing to take away is if you have a patient presenting with a shock syndrome or Kawasaki type syndrome, you need early consult with multidisciplinary team – need to link with databases to acquire a registry
- Not all of these patients were admitted to ICU
- We have to see in our region how many patients will fit within this, but we need to keep it on our radars

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

Dr. Tim Lynch: Children's Hospital, LHSC: Virtual Paediatric Emergency Department Telemedicine Program

- **Launches MAY 11, 2020, operational between 5:00PM to 9:00PM, 7 days a week**
- Idea is not to make a diagnosis or to prescribe therapy to this anonymous group of patients, but to merely reach out to community to try & direct in terms of triaging children to the ED on an ED basis or whether they could wait to be seen by family doctor
- We may morph this into telemedicine potential consult within the region (i.e.) a regional hospital calls about a child they are worried about, we could work with the physician, patient and family to make some decisions in real time
- This wasn't quite the functionally of the program, but this would form the basis of that same process eventually so we aren't really sure what the market will be
- What is driving it: We believe there are a lot of children that are staying home waiting & delaying presentation to hospital, so we are trying to advocate for that group initially
- **Q: Tom Lacroix**: Is this similar to what to Ottawa launched yesterday?
- **A: Tim**: We are about a week behind the Ottawa group, so I think it is similar. I don't know the specific in/outs of the Ottawa group.
- Initially ours is more about triaging families as to whether they should come in to be seen or if they can wait and be seen by their primary care provider
- **Leanne:** Will be interesting to see how we function as a new norm and this may be an example of what might it look like in the very near future
- MNCYN will be partnering with your program to disseminate the information across the region

Action Items: Add RCPCH article to MNCYN website (Anita Bunnie)

Item #3: MNCYN Updates (Leanne/Kristine)
Discussion: Kristine Fraser

1. **LHSC Screening Questions**: LHSC has added conjunctivitis as a new screening question and soon hope to add a question about COVID-toes – though this is currently going to IPAC for approval, but once approved will be added to the screening questions as well

2. **Children's Healthcare Canada Upcoming Webinars:**
    - Supporting Families of Children with Medical Complexity During COVID-19, May 14, 1-2PM
    - COVID-19 and PPE: Evidence, decision making, and action, May 20, 11-12PM

- Of note, the CPS: Acute Management of Children with COVID-19 has been archived and we have posted it on our MNCYN website under the paediatric section

3. **More and more articles and information are emerging about children and COVID-19**
   - CTV News published an article on May 4th, after an Australian study suggested children may not be "super-spreaders" of the COVID-19 virus https://www.ctvnews.ca/health/coronavirus/children-may-not-be-coronavirus-super-spreaders-australian-study-1.4923748
   - Chief Public Health Officer of Canada Dr. Theresa Tam said Friday that her team is reviewing the Australian study, while several research initiatives are underway in Canada to explore COVID-19 and children.
   - Dr. Tam said it's generally clear that children aren't severely affected by the virus, but more needs to be learned about children's role in viral transmission, which from preliminary studies, it looks like the role might be low
   - Dr. Tam also echoed other public health authorities, saying the decisions around reopening schools must balance the public health risk with the education, social, and psychological impacts of not sending kids to school.

4. **FAQ & Resource Document:** Gwen and I continue to add to this and update/post weekly to MNCYN website

Action Items: Add CTV News article to MNCYN website (Anita Bunnie)

Item #4: Regional Q&A, Open Discussion
Bluewater Health Update, Dr. Tom Lacroix: Ontario Paediatric COVID-19 Patients

- Ontario-Provincial data for paediatrics, there is almost nowhere where paediatric data is presented in real time, everything I am seeing is either on mass in a number, but not really broken down further into the days or in the curves or whether we are actually flattening the curves
- Tried to pick some of data to make it more meaningful
- Noticed the data in this database is that it is always changing as they go in and retrospectively change the data – so make sure you look at the most recent data
- Highest number of cases was on April 15th when we had 18 cases reported, but more recently we have seen things trailing off
- Originally when we were seeing the daily percentage increases, just like with the adult population, it was in the 18 -20% day/range, but now we have fallen from a 9% on April 1st to just over a 1% (today 1.4% increase)
- Can split it out by health region, majority of cases are in the centre of Ontario

- Toronto does not have the majority of cases, it is more in the Mississauga, Oakville areas where the bulk of cases are, other cases are fairly distributed throughout province
- Break-down by PHU: Middlesex-London has very few cases when compared to other comparable centres with Children's Hospitals; Simcoe, Windsor-Essex, Lambton – have more cases
- Hearing from colleagues in London is how hard it is to get tests for kids, really is very strict to get the testing, however in other areas, for example, every child I have wanted tested, I haven't had any trouble getting tested.
- What I would say is to put pressure on PHU to do more testing, some cases may be out there are not being picked up
- In kids, we actually started with a quicker rise than the adult population, but we then closed down schools – this was a good strategy for paediatric population, as we flattened out our curve much quicker than the adult population
- Early on kids making up greater proportion of cases ~ 25%, but trailed out to ~ 2.5% now
- What is interesting is comparing this 2.5% - the rest of Canada is at about 5% - ON strategy has been to really gang buster for LTC facilities, but also we have been more stingy in testing kids, where the other provinces are almost testing twice as many percentage wise cases as we are
- Majority are close contact or have in info pending – the bigger the health units is the more problems we are having getting data
- A lot of cases were travel related - early on only ~6% travel related
- Seeing everything from stuffy nose to poor feeding to the more typical symptoms
- Had 12 case described in lit. where developed symptoms, tested positive for COVID-19, but then at 4 days later had abdominal pain and had appendectomy – reported in different places now
- As we start to test more, we will find more atypical presentations
- Testing criteria has been so rigid, kids may be getting short end of stick as we are not getting the atypical presentation kids come in with (i.e.) GI symptoms, COVID-toes, atypical Kawasaki,
- **Leanne:** Thank you Tom, this is excellent information and is helpful to understand the trajectory of paediatric cases across ON, especially as we start opening up the schools
- **No questions voiced**

Action Items: Slide presentation from Dr. Lacroix posted on the MNCYN website under Paeds
Adjournment: 1630 hrs.