



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



**Date: May 13, 2020  
1600-1630 hrs.**

**Moderators:** Leanne McArthur, Kristine Fraser

**Present:** L. McArthur, K. Fraser, G. Peterek, A. Gunz, T. Lynch, W. Edwards, B. Giles, T. Antic (MOH), K. Blaine, K. Turner, K. Bartnik

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

**Discussion: COVID-19 Case Update**

- London: 461 cases, 3 new, 306 resolved, 46 deaths
- Ontario: 21,236 cases, 15,845 resolved, 1765 deaths, 1018 hospitalized, 189 ICU, 144 vented
- Windsor: 745 cases, 380 resolved, 62 deaths
- Chatham-Kent: 90 cases, 83 resolved, 1 death
- Sarnia: 204 cases, 146 resolved, 17 deaths
- HPHA: 49 cases, 41 resolved, 5 deaths
- Owen Sound: 90 cases, 72 resolved, 0 deaths
- Elgin/Oxford: 63 cases, 52 resolved, 7 deaths
- Detroit: 9,897 cases, 1,123 deaths
- Michigan: 48,021 cases, 4,674 deaths
- **Leanne:** I was speaking with Dr. Wendy Edwards from Chatham just now, about the new document Ontario Health sent out today re: update of definition of COVID-19, which now includes the multisystem inflammatory illness - symptoms are persistent fever, GI symptoms and rash – we will upload the link to our web site
- **Update re: LHSC Ronald McDonald House:**
  - Now accepting up to 5 families
  - Doing this in 4 phases with first phase being to allow families into trailers on site where 2 care providers are allowed to stay within the trailer
  - Once they are in the trailer, they stay for 2 weeks or longer
  - Once isolated for 2 weeks, they then can move into R. McD. house proper and then the trailer would be fully cleaned and available for another family
- **Service Delivery Model** – almost completed and I will circulate out to regional partners – will present to CNE table across region to mobilize it across region – and use in each hospital's pandemic plan
- Upcoming webinars – Kristine to update on



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- Great PP presentation re: mental health for HCP & how to manage during these unprecedented times – not only with delivering of healthcare, but how to manage with other personal priorities
- Highly encourage you to share with your team members – great tips for supporting healthcare providers

**Action Items: Post mental health resource onto MNCYN website (Done)**

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

**Discussion:**

**Dr. Tim Lynch: Paediatric Virtual Emergency Department Clinic**

- We have been up and running since Monday night
- 12 calls on first night and 10 last night
- 60% sent to ED, 10% admitted, 3 referred in this AM that needed to be seen
- Most were not emergent, but still needed to be seen, so we are still finding our way
- Again, the idea is to advise families as to whether to go to ED because our fear is parents are staying home because of risk of entering hospital due to pandemic
- Anyone can call in and our advice would be to go to local ED if they are from out of the region or too far from the Children's Emergency Department

**Leanne McArthur:**

- We need to share info with public as to what is happening in hospitals to prevent spread of COVID-19, so they understand what we are doing to protect them (i.e.) screening at doors, wearing masks, etc.
- We are doing some work through PCMCH – new knowledge translation group working to formulate public information with a focus on maternal/child, but I may open up some discussion with the child and youth committee to explore a similar approach for paediatric population so families have that information

**Action Items: None**

**Item #3: MNCYN Updates (Leanne/Kristine)**

**Discussion: Kristine Fraser**

**CPS: Posted a Public Health Alert from the Canadian Paediatric Surveillance Program**

- The Canadian Paediatric Surveillance Program COVID-19 surveillance case definition has been modified to capture cases of this acute hyper-inflammatory syndrome which has



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temporally been associated with COVID-19 in a small number of children worldwide, this includes cases without microbiological confirmation of COVID-19

- Clinical presentations include persistent fever & features suggestive of Kawasaki disease (complete or incomplete), toxic shock-like syndrome, euvolemic shock & severe GI illness, severe myocardial dysfunction & multiple organ failure have also been reported
- While rare, clinicians should be aware of this potential syndrome & maintain a high index of suspicion to identify cases

#### **Paediatric Virtual ED Update:**

- Launched on Monday, May 11<sup>th</sup>
- Available 7 days a week, from 5-9pm
- This virtual service does not replace in-person visits to Emergency; rather, it provides a way for families to reach out for care if they may be hesitant to visit the hospital because of COVID-19
- Our goal is to ensure our community is continuing to access urgent and emergency care for children during this challenging time
- Question today about the catchment area for this program, so I reached out to Dr. Rod Lim - he stated "though we aren't trying to grab outside of SW ON, we are happy to consult with any families that wish to call in for advice from a paediatric emergency physician"

#### **Expanded Masking at LHSC & Children's Hospital**

- Beginning Thursday, May 14<sup>th</sup>, all staff, physicians & affiliates across all areas of the hospital premises will be required to wear a Level 1 or 2 mask at all times including within hallways, elevators, common spaces & shared offices, etc.
- Staff providing direct patient care will obtain a Level 2 (blue) mask & all other staff will obtain a Level 1 (yellow) mask upon entering the hospital

#### **Children's Healthcare Canada Upcoming Webinars**

- **May 14 | 1pm ET:** Supporting Families of Children with Medical Complexity During COVID -19
- **May 20 | 11am ET:** COVID-19, PPE, & Safety: Evidence, decision making, action
- **May 21 | 12pm ET:** COVID-19 and Kids: What we know and don't know
- Archived as well for those who are not able to listen to the webinars live



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

**Action Items: None**

**Item #4: Regional Q&A, Open Discussion**

**Regional Questions:**

Brandon Giles, Windsor (WRH):

- 2y old with intermittent fevers for 6 days
- Developed rash on cheek 3 weeks ago, progressed to patches & spread to extremities a week ago
- ER on Sunday, virtual follow up yesterday (Tuesday), mom stated child worse
- Admitted Tuesday & treated as a Kawasaki diagnosis
- Swabbed on Sunday, negative result on Tuesday
- Swabbed again today (Wednesday) for COVID-19 & viral panel as well

**Q:** What are other institutions doing with children that had a negative swab a few days prior and then are admitted? Swabbing them again or not? Have there been any cases in London of paediatric patients with COVID-19 + Kawasaki presentation?

**A: Tim Lynch:**

- I think repeating the swab would be a definite & Anna mentioned measuring antibodies even, but I think that trend of seeing Kawasaki symptoms is the big issue - is this a post-infectious Kawasaki phenomenon which many people have thought for many years?
- I would defer to Anna (Dr. Gunz) on how often kids with Kawasaki get myocarditis for example & end up in the PCCU, because it sounds like this spectrum they are describing involves hypotension, myocardial dysfunction, which is very unusual for Kawasaki presentation that I have seen over 20+ years
- Anna, if you could expand on the acuity of the typical Kawasaki presentation, because this sounds like a much sicker version of patients that are being affected

**A: Anna Gunz:**

- Very rare to see a Kawasaki in ICU, I've maybe seen 1 child in 10 years
- It sounds like from the unpublished data from UK & US, there are a handful of children with this Kawasaki-like presentation, a handful that come to the ICU because of it and a handful that are non-Kawasaki like, but still presenting in severe shock
- Not all the children that presented were antibody positive, but a large proportion were



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- Antibody test: I think respective labs have the capacity to do it, but it hasn't been validated and there is no policy about it yet, but hopefully it will be available for clinical use soon. I will ask the Paeds ID team about this as well
- The Paeds ID team at LHSC is tracking these cases within the region

**Q: Anna Gunz:** Are people having difficulty getting PPE due to back log from suppliers?

**Kirsten Blaine, Stratford:** No

**Wendy Edwards, Chatham:** We are doing so many of our visits virtually right now, that we have lots of PPE in offices

**Leanne:** Have connected with Family Practice groups across region – some have had challenges but no update for last 2 weeks

**Action Items: Anna will follow-up with Paediatric ID regarding antibody testing**

**Adjournment: 1647 hrs.**