



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



**Date: May 20, 2020**  
**1600-1630 hrs.**

**Moderators:** Leanne McArthur, Kristine Fraser

**Present:** L. McArthur, K. Fraser, G. Peterek, A. Bunnie, T. Lynch, P. Lipcsik, K. Hannon, L. Paton, K. Wheeler, K. Bartnik, T. Antic (MOH), J. Patton-Audette, additional callers

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

**Discussion: COVID-19 Case Update**

- London: 487 cases, 3 new, 341 resolved, 48 deaths
- Ontario: 23,774 cases, 18,190 resolved, 1,962 deaths (8.3% death rate), 991 hospitalized, 160 ICU, 120 vented, Paeds 668 cases
- Windsor: 805 cases, 455 resolved, 63 deaths
- Chatham-Kent: 137 cases, 88 resolved, 1 death
- Sarnia: 230 cases, 167 resolved, 19 deaths
- HPHA: 49 cases, 44 resolved, 5 deaths
- Owen Sound: 91 cases, 78 resolved, 0 deaths
- St. Thomas: 65 cases, 56 resolved, 4 deaths
- Detroit: 10,417 cases, 1,276 deaths
- Michigan: 52,350 cases, 5,017 deaths
- Had paed virtual meeting today across region & Dr. Tom Lacroix did an incredible presentation on the paediatric aspect of COVID; currently, there are 668 COVID-19 positive paediatric cases in Ontario, though very few require hospitalization
- Kristine will update on how children are presenting & differences between adults & paediatrics
- We are 9 weeks into these calls – started out hosting 3 perinatal & 2 paediatric calls a week – now currently hosting 2 perinatal and 1 paediatric call per week
- Want to do quick poll to find out if calls are helpful & secondarily the frequency of calls – weekly or bi-weekly – POLL popped up onto WebEx screen – click off your responses submit by end of meeting we can give quick update
- Article from New York – 14-year old who presented with a variety of symptoms – really important that perhaps children are being misdiagnosed and/or not seen as potential COVID case because of the way they are presenting – really important to continue to advocate for our children – they are not little adults & may present with much different symptoms so we need to take their symptoms seriously – parents are the experts on their children and we need to listen to parents about their symptoms



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**Action Items: NONE**

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

**Discussion:**

**Dr. Tim Lynch: Paediatric Virtual ED Clinic**

- Opened 10 days ago, open between 5–9PM
- Intent is to assist families in making decision if should go to ED in real time or seek follow up with primary physicians in the next 48H or whether they even need to be seen – generally parents & patients are appreciative & looking for reassurance that it is safe to go into hospitals, as there is a big fear people will catch COVID just by going to EDs
- We are seeing some prolific delayed presentations of relatively common paediatric emergencies that are now extending into critical care management of things that rarely progress to that state – still an under-presentation out there
- Volumes are starting to creep up – April had only 30% - in May went up to 41% - seeing about 50 pts./ day compared to 110 -120 pts. per day before
- Virtual clinic– most of us are seeing between 8-12 patients in a 4H block with the bulk calling in between 5-7PM, of those patients, 50% are referring to ED in real time & 5% getting admitted to hospital (fairly high) - still a lot of people at home looking for permission to go to ED
- Plan to continue with the virtual clinic for time being, may evolve into something more

**Leanne:**

- This highlights the need to continue on with public awareness with respect to attendance to hospital to access care
- We have done work on poster on perinatal side - perhaps need to look at poster for paediatric side & get it out to public through PHU campaign

**Action Items: Leanne will reach out to MLHU to speak about paediatric poster for public awareness about safe ED visits**

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

**Discussion: Kristine Fraser**

**Paediatric Grand Rounds on COVID-19 & Inflammatory Syndromes Take Home Messages**

**Dr. Tom Lacroix, Dr. Roberta Berard & Dr. Michelle Barton-Forbes (May 20, 2020)**

- While the Multisystem Inflammatory Syndrome is rare, clinicians should be aware of it & maintain a high-index of suspicion to identify cases



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- The link between Multisystem Inflammatory Syndrome & COVID-19 is neither established nor well-understood
- Wide-spectrum of presentation including KD, KD-like, organ dysfunction & shock
- Classic KD should be treated as such; may see more cases in region in coming weeks-months
- Children with KD-like symptoms (rash, conjunctivitis) with unusual features suggestive of any of cardiac inflammation, toxic shock & severe abdominal pain need serial clinical & lab assessments with multi-disciplinary team involvement
- **Question:** Has antibody testing begun on paediatric patients in London yet?
- **Answer: Dr. Barton-Forbes:** Microbiology lab has not released it for clinical use as they are still undergoing validation studies. They are also concerned about resource availability and once it is available, more concerned it will be over-ordered, resulting in the same thing that happened with the viral swabs at the beginning of the pandemic. We will want judicious use, initially even requiring ID-micro approval for use.

**Dr. Anna Gunz: Presented by Kristine Fraser**

- Main message is to please consult Paediatric ID in London for any cases of suspected Kawasaki Disease (KD) or inflammatory syndrome & COVID-19 positive cases, even if you are not going to transfer the patient to London, would like to know about these
- Paeds ID team are collecting regional data so they can learn from this & are part of larger registries that will help understand the disease
- Dr. Barton-Forbes (Paeds ID) was quite pleased she received 5 consults last week after the I sent out the email about this, so please keep sending consults

**Article in New York Times: 'Straight-Up Fire' in His Veins: Teen Battles New COVID Syndrome**

<https://www.nytimes.com/2020/05/17/health/coronavirus-multisystem-inflammatory-syndrome-children-teenagers.html>

- Previously healthy 14Y old male from Queens, NY describes his experience with COVID-19 & Multisystem Inflammatory Syndrome
- Symptoms started as a red rash on his hands & within 10 days, he was in heart failure, cardiogenic shock, admitted to the ICU, ventilated & on inotropic support
- 7-days after hand-rash & stomachache began, he developed fever & sore throat, taken to paediatrician, started on antibiotic for possible bacterial infection
- Felt the same for several days, but then other symptoms rapidly emerged: tennis ball sized lymph node on neck, febrile (104°F), tachycardia & severely hypotensive
- Taken to ED, given IV fluids & thought to have mononucleosis as no obvious COVID-19 symptoms present & test results were negative from paediatrician's visit



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- Plan was to discharge home for monitoring, but his mother pushed for child to be re-swabbed for COVID-19 and for another physical exam as eyes were very reddened - hospital conducted its own coronavirus test - it was positive.
- 10 days later, discharged home
- **Tim Lynch:** We need to be more vigilant especially for kids with fever for >3 days
- KD was typically 5 days of fever plus clinical findings, but in today's paediatric virtual grand rounds, the ID team was messaging that at the 3-day mark, we should be screening these patients with inflammatory markers
- I've always thought of KD as coming in Winter/Spring when the viral load is the highest and that is something they talked about today – it is KD season to begin with, so whether coronavirus is temporally association or not, there are a bunch of these inflammatory case reports with people who are quite hypotensive, poorly perfused, which is not typical of KD, which has caught everyone's attention, so it is important to be vigilant, especially with that persistent fever beyond 3 days
- **Kristine to Tim:** How often are you having to do COVID testing?
- **Tim:** We have liberalized it internally at CH – so everything that comes in is on the table – earlier had rigid indications with some supply issues, but now knowing the diversity of presentations we are now doing more testing (ticking the other box on screening form) – depends on individual physician, but testing many more now than 1-4 weeks ago

### Children's Healthcare Canada

- Fall Conference will now be virtual, now November 16-20, 2020
- **Upcoming Webinars Include:**
- **May 21 | 12pm ET:** COVID-19 and Kids: What we know and don't know
- **June 3 | 11am ET:** Mobilizing to virtual care: Experience of SickKids Chronic Pain Clinic
- **June 11 | 1pm ET:** Family engagement and communications during COVID-19
- Archived as well for those who are not able to listen to the webinars live

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

- Leanne: We have requested the presentations from Dr. Berard & Dr. Barton-Forbes
- We have posted Dr. Tom Lacroix's presentation on the MNCYN website - if you haven't seen it, I would highly recommend to have a look as he's done an incredible overview of the cases in Ontario & across Canada, including the hotspots (Ontario, Alberta & Quebec)
- What we learned today is what we have been taking from adult work, we have found is not actually the case for paediatric



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- Majority of kids with COVID-19 cases do not have underlying disorders like the adult world do
- It is insightful that although we try to learn from the adult world, it doesn't always apply because children are not small adults

**Action Items: Request for PowerPoint presentations from Dr. Berard & Dr. Barton-Forbes**

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

**Regional Questions:**

- **Poll Results:** Meetings are still beneficial, 2 want weekly, 3 want biweekly, 5 did not respond – not everyone was able to answer polls because were only on phone –
- **Q: Leanne:** Has anyone seen any COVID positive paediatric patients?
- Sarnia has seen multiple
- **Kerri (HPHA):** No cases
- **Jocelyn (Owen Sound):** Nothing has turned out to be actually COVID - Swabs done in hospital
- **Katie/Penny (STEGH):** Have had some suspected cases, but all turned out to be negative, have done inpatient swabbing based on criteria, but none were positive
- **Leanne Paton (Woodstock) –** Not that I am aware of unless something came through ED or through Assessment centre
- **Leanne:** Interesting that we do know that there are only a couple of regions who do not actually have paediatric COVID cases – while they might not be in your organizations, they are out there

**Action Items: POLL results – continue with weekly calls**

**Adjournment: 1630 hrs.**