



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



**Date: May 27, 2020
1600-1630 hrs.**

Moderators: Leanne McArthur, Kristine Fraser

Present: Leanne McArthur, Kristine Fraser, Gwen Peterek, Tom Lacroix, Teresa Bruni, Jocelyn Patton-Audette, Kelly WRH, Umeshaa Pararajasingham, Wendy Edwards, caller4, 5, 6, 8,9Ian Johnston, Katie Wheeler, Tihana Antic,

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

Discussion: COVID-19 Case Update

- London: 509 cases, 4 new, 367 resolved, 52 deaths
- Ontario: 26,483 cases, 20,372 resolved, 2,155 deaths, 847 hospitalized, 150 ICU, 117 vented
- Windsor: 920 cases, 490 resolved, 63 deaths
- Lambton: 254 cases, 185 resolved, 21 deaths
- Chatham-Kent: 144 cases, 133 resolved, 2 death
- Sarnia: 230 cases, 167 resolved, 19 deaths
- HPHA: 51 cases, 44 resolved, 5 deaths
- Owen Sound: 91 cases, 84 resolved, 0 deaths
- St. Thomas: 73 cases, 60 resolved, 4 deaths
- Detroit: 10,847 cases, 1,329 deaths
- Michigan: 55,104 cases, 5,266 deaths
- We continue to see cases developing
- And as you may know yesterday the province did announce the 2nd directive of re-starting non-essential services and will have to follow the Operational Requirements: Health Sector Restart document
- LHSC will be looking at a gradual re-introduction of surgeries etc.
- People are anxious to move forward with this, but we do anticipate a potential 2nd wave of COVID-19 & want to mitigate COVID-19 as much as possible
- FYI: LHSC is currently 13 inpatient cases, 42 staff who have been confirmed positive

Action Items: NONE

Item #2: Children's Hospital, LHSC Updates

Discussion: Tim Lynch and Anna Gunz are not able to join the WebEx meeting due to prior engagements

Action Items: NONE



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Item #3: MNCYN Updates (Leanne/Kristine)

Discussion: Kristine Fraser

1. Unable to obtain permission for the PowerPoint presentations from last week's Paediatric Virtual Grand Rounds with the exception of Dr. Tom Lacroix's – his presentation is posted on our MNCYN website under the Paediatric Section

2. **CDC Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)**
 - **Fever:** Temp >38C or subjective fever for at least 24-hours
 - **Laboratory evidence of inflammation:** Elevated CRP, ESR, fibrinogen, pro-calcitonin, d-dimer, LDH, IL-6, neutrophils &/or reduced lymphocytes and low albumin
 - **Greater than two organs involved:** Cardiac, renal, respiratory, hematologic, GI, dermatologic &/or neurologic – **AND** -
 - **No alternative plausible diagnoses – AND –**
 - **Positive** for current or recent COVID-19 – **OR** – COVID-19 exposure within past 4-weeks prior to onset of symptoms
 - There is an interesting PEMBlog by Dr. Brad Sobolewski. He is an Associate Professor of Paediatric Emergency Medicine & Assistant Director for the Paediatric Residency Training Program at Cincinnati Children's Hospital Medical Center.
<http://pemcincinnati.com/blog/multisystem-inflammatory-syndrome-in-children-and-covid-19/> as well as a Podcast <http://www.pemcincinnati.com/podcasts/>

3. **Update from Hospital for Sick Children in Toronto:**
<https://www.ctvnews.ca/health/coronavirus/more-clusters-of-a-rare-condition-are-popping-up-in-children-across-canada-1.4956155>
 - HSC is the latest facility in Canada to report a cluster of cases of MSI-C
 - Over the past 2-3 weeks, approximately 20 children have presented with a combination of high fever & signs of inflammation, affecting 1 or more organs as per Dr. Jeremy Friedman, Associate paediatrician-in-chief at the HSC
 - What makes many of these cases puzzling is that the children often test negative for COVID-19, but later show antibodies to the virus.
 - "I think that's the million-dollar question," Friedman said. "I would have to say that all 20 cases we've seen have all tested negative for COVID-19 on the nasal swab. What has been found internationally -- certainly in Europe and now in the United States -- is that many of these children who are tested for antibodies will test positive, which suggests that they were infected, maybe weeks before they presented at SickKids."



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- Friedman said doctors have taken blood samples from each of their patients and plan to test the samples for antibodies once there is a test that they deem reliable.
- Of these 20 children, 1 child required ICU care
- Many of the children are testing negative for COVID-19, but until we
- According to Kawasaki Disease Canada, an estimated 30 children out of 100,000 fall ill with the disease & as many as 80% of cases involve children under five years of age

4. **Article on CPS website:** <https://www.cps.ca/en/blog-blogue/a-kawasaki-like-illness-associated-with-covid-19-what-parents-need-to-know>

- Earliest symptom is usually a persistent fever that lasts at least 3 days
- Children may also appear lethargic, have pink eyes, rash, swollen hands & feet, or red, swollen & cracked lips
- Also some reports of children complaining of severe abdominal pain & diarrhea

5. **Children's Healthcare Canada Webinars:**

- **June 3 | 11am:** Mobilizing to virtual care: Experience of SickKids Chronic Pain Clinic - *In partnership with Solutions for Kids in Pain*
- **June 5 | 11am:** Living with COVID 19: Building pandemic informed approaches to support child & youth mental health
- **June 11 | 11am:** Family engagement and communications during COVID-19

Action Items: Post links onto the MNCYN Paediatric COVID-19 Resource Page

Dr. Tom Lacroix: Update on Paediatric COVID-19 Cases in Ontario

- Still seeing a slow rise in the paediatric numbers which show no signs of flattening, 889 paed cases in ON
- Over the last 10 days, there has been a 22% increasing cases in ON
 - Most of the new cases are coming from TO or GTA, 86% of the increased cases (140 cases) while the rest of the province saw 22 new cases
 - Look at the rates of growth, TO has shown a 250% increase over the last 3 weeks, where the southwestern region has only shown a 60% increase
 - A lot of it follows Mother's Day, we don't know if it is temporally associated with this, but really seems to have accelerated after Mother's Day
 - Will be interesting to see what happens after May 24 weekend and even the past weekend at Trinity Bellwood & relaxing the lockdown
- If you look at other centres around North America, the big cities where population density is highest, they are having the most problems coming out of lockdown (i.e.) LA struggled, TO is 4-5X denser than London, Windsor is denser as far as the population, maybe be easier for us to come out of it than those denser areas



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- Important to recognize as we come out of this, we may see a real surge in our paediatric cases
- Piece of learning in the last week, if we see large workplace outbreaks, can really impact our paediatric numbers (i.e.) meat-packing outbreaks in Alberta, saw a large number of paediatric cases come in as a result of all these workers becoming infected
- Every single province across the country is seeing a rise in the number of paediatric cases and they are outpacing their adult cases

Leanne: I will be on call tomorrow afternoon with all 4 children's hospitals across the province, will be interesting to hear their perspective

Item #4: Regional Q&A, Open Discussion

Regional Questions:

Wendy Edwards (CKHA): We have actually had 2 deaths, not 1 death as previously reported.

Tom Lacroix: Chatham had their first paediatric case reported too

- Quebec has close to 3500 paediatric cases, reported on some of the admission rates, head and shoulders above the rest of us as far of number of paediatric cases

Leanne:

- Several national conferences looking at offering program virtually
- Children's Healthcare Canada Fall Conference will now be virtual, November 16-20, 2020
- University of BC: 17th Annual Paediatric Emergency Medicine will also be virtual on June 25th (details posted on MNCYN website)
- Trying to decide what we will be doing with our Perinatal conference and will let people know
- Poll: will update everyone but likely a biweekly meeting

Action Items: Post Conferences to MNCYN website, send out update re: frequency of WebEx meetings

Adjournment: 1630 hrs.