MNCYN Regional Perinatal & Paediatric COVID-19 Update March 2, 2022

1500-1600
WebEx

Moderator: Kerri Hannon (MNCYN)

Present: (16) Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Dr. Wendy Edwards (Chatham), Gina Souliere (St. Thomas), Crystal Turner (Stratford), Crystal Edwards (Thunder Bay), Lindsey Rae (Thunder Bay), Cindy Smart (Woodstock), Carolina (Stratford), Karyn Calwell (LHSC), Leanne Paton (Woodstock), Jackie Mitchell (St. Thomas), Stacy Laureano Steele (LHSC), Anita Bunnie (MNCYN), Sheila Johnston.

Item #1: Welcome/Regional Updates, COVID-19 Cases (Kerri Hannon)
Kerri opened the meeting and welcomed everyone attending today. A month has passed since our last connect and we have a smaller group joining today. There are a few things we wanted to share with the group, including some new information on Covid updates and some news.

- **Update from MNCYN**: We are pleased to announce that Jocelyn Patton Audette is joining our Team as a part-time consultant, assisting our Nurse Consultants, Gwen and Kristine, with various projects and initiatives.

- **Steering committee**: This group will be re-convening this Friday. On the agenda will be a discussion about this particular forum and whether we wish to continue this meeting as is, or use the time for a wider regional update. In terms of the Strategic Plan, our focus will be to assist our units to get back to some kind of normalcy.

- **Ontario Health West (OHW)**: – Kerri reported that she has been facilitating some huddle calls for paediatrics and some NICU calls. The calls have been discontinued, but the dashboard is still active and still very useful for capacity statistics. There is still a lot of activity, but things seem stable, at this point in time.

Q: Kerri Hannon: Are you seeing more of an uptick in Covid cases? Are you seeing any other viruses?
A:

- Stacy Laureano Steele (LHSC) – seeing 5-6 cases/day and more indeterminate results. Recently, the number of indeterminate results seem to be decreasing. I'm not sure if we're seeing other viruses.
- Crystal Turner (HPHA) – We're seeing a few more COVID positive mothers
- Crystal Edwards (T-Bay) – We're seeing lots of children, parents and families and lots of Rhinovirus, RSV and COVID.

- Reminder of PCMCH webinar, on Mar 7 at noon, on the topic of safe oxytocin implementation

Item #2: LHSC Women's Care & Perinatal Updates
Stacy Laureano-Steele- We're rolling ahead with simulation, starting to do in-situ situations. Staffing is still an issue.

Q: Kerri Hannon: Regarding staffing challenge strategies, has the organization changed any models, or changed staffing with levels of sick calls?

A: Stacy Laureano-Steele– We're proactively trying to up-staff the shifts. Overtime is rampant and staff have figured out how to take advantage of holding out for 3rd weekend stipends.

Crystal Edwards (T-Bay) – We've developed a tool for all units, where we went through and did a document of team nursing and responsibilities for a fully trained nurse; also, less trained nurses and then non-nursing staff. This gives other units greater flexibility for nurses when they are pulled to other units. It helps with difficult conversation and decreases tension and anxiety.

Jackie Mitchell (St. Thomas) – just came from a HR meeting talking about staffing and brainstorming and one thing I can report is that we've just gotten the green light to hire casual nurses. There are some skilled nurses who retired or left and we're now revisiting allowing them to return as casual.

Karyn Calwell (LHSC) - NICU at LHSC is doing the same with 6-month contracts. Potentially we're anticipating 10 retiring from NICU in the next 6 months.

Leanne Paton (Woodstock) – We haven't really put anything in place. Our issues include combinations of staff, as only 3 are labour trained and others can only work on the floor. This presents difficulties when trading trained staff for night shifts and that's a concern. We have been allowed to rehire back a retired RN. There have been 4 new hires in Woodstock. One is FT at LHSC and working casual in Woodstock.

Q: Kerri Hannon (MNCYN) are there issues regionally with having a novice workforce?
A:

- Stacy Laureano Steele (LHSC) have to work within the union guidelines
- Crystal Turner (Stratford) We're the same, developing workforce planning. We are anticipating 8-9 maternity leaves and 1-2 retirements. We're plipping Night/Day and Day/Night shifts and skill sets because we have a 5 unit area, with some staff not cross trained. We're finding cross training to be very helpful.

Kerri Hannon: I encourage everyone to please reach out and ask if you have any questions, or if you have developed a tool or a strategy please share, so we are not all having to reinvent the wheel.
Action: Crystal Edwards will follow up and share Thunder Bay's Nursing Responsibility tool (if permitted)

Item #3: MNCYN Perinatal Updates (Gwen Peterek):

CBC News: Why an Omicron infection alone might not offer the immune boost you'd expect

- CBC News reported findings from researchers at the Gladstone Institute of Virology, University of California, San Francisco suggesting high Omicron infection rates won't necessarily translate into widespread protection against re-infections of COVID down the line — unless Omicron exposure is layered onto the broader immunity provided by vaccines.
- The research team analyzed human samples from Omicron and Delta breakthrough cases in vaccinated individuals, and found that both variants appeared to offer an immune boost to protect against getting re-infected with the other variant.
- Results indicate that although having an Omicron infection "enhances pre-existing immunity elicited by vaccines, it might not induce broad immunity in unvaccinated individuals
- In unvaccinated people, the response to Omicron might not have the anticipated result of broad herd immunity for protection against future variants.
- Vaccines, however, do offer a great background for immunity if there is a breakthrough infection

CBC News:Why an Omicron infection alone might not offer the immune boost you'd expect 03.02.2022

Ontario Ministry of Health:

New Directions for COVID-19 Rapid Test

- Ontario science table warned that a single negative rapid test cannot reliably rule out infection. A regular nasal sample, especially those taken in the first one or two days after infection, are less sensitive to the Omicron variant compared to the Delta strain. A nasal sample alone is about 68 % effective in detecting Omicron while a combined nasal and throat sample is about 82%.

- Swab the inside cheeks, between the cheek and gums while rotating the swab for five sec.
- Then swab the arch at the back of the mouth for another five sec. n a circular fashion. A gag reflex is normal but the process should not be painful.
- Finally, insert the swab about two cm. into the nares and gently wipe around the inside of each nostril about three to four times.
- The same swab should be used for the cheek, throat and nose.
- You still should not rely on a single negative test. Repeat tests and have two tests, perhaps 48 hours or more apart. A positive result using a rapid test can be considered accurate.

CTV News Toronto: Rapid tests less sensitive to Omicron variant, but Ontario science table says new swab method can help. 10.02.2022

Is COVID causing Canada's birth rate to fall?

The Agenda with Steve Paikin

- Following years of slow, steady decline, Canada's fertility rate is now at an all-time low and COVID-19 is partially to blame.
- In 2020, as the pandemic began, the country went from a near 4 % drop in births and the lowest number of births in nearly 15 years.

- Many Canadians indicate they are delaying or choosing to not have children at all
- The discussion with Steve Paikin on the Agenda, explores why this is happening and what larger effects it could have on the Canadian economy and society.

SOGC:

Preeclampsia-Like Syndrome in a Pregnant Patient With Coronavirus Disease 2019 (COVID-19)

Amir Naeh, Alexandra Berezowsky, Mark H. Yudin, Irfan A. Dhalla, Howard Berger

- Hypertension, proteinuria, and hepatic dysfunction are manifestations of coronavirus disease 2019 (COVID-19) and are generally accepted as poor prognostic factors. However, these same findings can also occur in pregnant women with preeclampsia, thus creating a diagnostic challenge.
- Placenta growth factor testing can be used to differentiate preeclampsia from COVID-19 and facilitate appropriate management.

Health Canada:

- On Feb. 24th Health Canada authorized Medicago's Covifenz COVID-19 vaccine for use in adults 18 to 64 years of age.
- This is the first authorized COVID-19 vaccine developed by a Canadian-based company, and the first that uses a plant-based protein technology.
- It is authorized as a two-dose regimen to be administered 21 days apart.
- The vaccine was found to be 71% effective against symptomatic infection and 100% effective against severe disease caused by COVID-19.
- Data suggest efficacy against multiple variants
- Preliminary and exploratory data shows that Covifenz also produces neutralizing antibodies against the Omicron variant

- Canada has also approved the use of Novavax, a protein-based vaccine with vaccine with 90 % effectiveness protection from symptomatic COVID-19, and 100% effectiveness in preventing severe disease.
- For use in people ≥18 years of age
- Two doses of the vaccine be given 21 days apart is recommended
- Not currently recommended as a booster dose
- Developed by company in Maryland but will be produced in Montreal
- Will be available in March 2022
- It offers a COVID-19 vaccine option for those who have been hesitant or unable to receive an mRNA COVID-19 vaccine due to contraindications
- There is currently no data on the efficacy or effectiveness of the vaccine against the Delta or Omicron variants, which emerged following the clinical trials.

Item #4: & MNCYN Paediatric Updates (Kristine Fraser)

I just did a quick scan of the inpatient units at CH – there are a few kids admitted with respiratory issues, but not too many, a few kids with gastros. There is one infant in the PCCU admitted with COVID.

1. **Public Health Data: Ontario** https://covid-19.ontario.ca/data **(Feb 21st last updated)**

5-11Y: Partially Vax: 54.6%; **Fully Vax:** 28.1%
12-17Y: Partially Vax: 90.7%; **Fully Vax:** 89.5%

- Children 5-11 years old should receive the paediatric Pfizer (10 mcg) dose. Children in this age group are not yet eligible for a booster dose.
- Youth 12-17 years old are eligible to receive a COVID-19 vaccine primary series (two doses of 30 mcg) & a booster dose, which must be at least 168 days (6 months) after completing the primary series.
- Children & youth who are moderately or severely immunocompromised should receive a three dose primary series.

Item # 5: Wrap Up

We'll be reevaluating this forum with the Steering Committee and then a decision will be made regarding whether to move forward with a different focus (strategizing/problem solving) to make the best use of time and resources and to provide support.

Adjourned: 1529 hrs.