

**MNCYN Regional Perinatal & Paediatric
COVID-19 Update
November 25, 2020**

1500-1600
WebEx

Moderator: Leanne McArthur (MNCYN)

Present: Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Anita Bunnie (MNCYN), Sheila Johnston, Wendy Edwards (CKHA), Penny Lipcsik (STEGH), Katie Forbes (Thunder Bay), Colleen Ford (GBHS), Tihana Antic (MOH), Stacy Laureano (LHSC), Pamela Murray (HPHA), Amanda Williams (LHSC), Teresa Bruni (Thunder Bay), Donna Phillips-Grande (AMGH), Alissa Howe-Poisson, Henry Roukema (LHSC), Kirsten Blaine (HPHA), Karina Teterycz (LHSC), Amanda Sonnenberg (NGH), Lynanne Mason, (LHSC), Kelly Barzsa (Cambridge), Jackie Mitchell (STEGH), 1 call-in user. (22 in attendance)

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

Welcome to everyone attending today. It's been a month since our last connect and there have been lots happening in that month. Our Covid-19 numbers now include the differences since our last meeting.

Discussion: Update of Current COVID-19 Cases Within the Region

LOCATION	TOTAL CASES	RECOVERED	DEATHS	Differences since Oct 14, 2020	OTHER STATS
LONDON-MIDDLESEX	1,512	1309	64	507 New Cases 7 New Deaths	New Cases: 18
WINDSOR-ESSEX	3,423	3,005	77	680 New Cases 1 New Deaths	
CHATHAM-KENT	484	452	3	111 New Cases 0 New Deaths	
ST. THOMAS ELGIN-OXFORD	479	447	6	228 New Cases 1 New Deaths	
LAMBTON	404	362	25	54 New Cases 0 New Deaths	
HURON-PERTH	283	237	16	143 New Cases 11 New Deaths	*Currently following ON Gov. guidelines: reporting only total cases, active cases & number of active long term care home outbreaks (may not be up-to-date)
GREY-BRUCE	286*	224*	0*	130 New Cases* 0 New Deaths*	*Stats from Nov 24
MICHIGAN	320,506*		8,688*	182,804 New Cases 1,760 New Deaths	*Stats from Nov 24
DETROIT	14,791		1,546	46,470 New Cases 537 New Deaths	
ONTARIO	107,883	91,550	3,554	46,470 New Cases 537 New Deaths	523in Hospital, 159in ICU,

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Continuing to support the practices, protocols and guidelines that have been in place Prenatal task force (PCMCH) had produced new guidelines for providing care. A webinar will be hosted December 8th on the COVID Guidelines for Low-Risk Pregnancies, and we encourage anyone providing prenatal care to participate and ask questions. We have sent out the information about this already and have posted it at the bottom of the Perinatal Tab on our COVID website.

An additional webinar will be hosted December 15th on COVID care during high-risk pregnancies. Information on these webinars will also be posted on the PCMCH website.

Action Item:

MNCYN to post information re: Dec. 15th webinar on COVID website and distribute to region when it becomes available.

Item #2: LHSC Women’s Care & Perinatal Updates (Stacy Laureano)

Stacy Laureano: We have seen our first case of Covid. She was well on the way to recovery in day 13 of her quarantine and was asymptomatic, but she was treated as if she was positive. There were some areas that will require a refresh and re-education for staff (especially regarding babe). OB Triage was a “Hot zone” but the regular process for visitors is again in place so visitors are welcome to accompany for visits.

Henry Roukema: in the case mentioned above, the midwife didn’t think the baby needed to be screened and the Health Unit doesn’t have a policy to screen. There has been an ongoing discrepancy between the Hospital and Health Unit in this regard, so that any option not to isolate would be an informed choice by the parents. Once they are discharged from hospital there is no option to screen because the health unit will not screen.

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

Update re: Ministry of Health COVID-19 Pregnancy Care Guidance & General (Intrapartum) Guidance

Two separate documents were released end of October. The **Pregnancy Care Guidelines** is a large document divided into several sections with 67 recommendations. During the process of creating the document several health equity issues arose. The last section of the guideline briefly acknowledges the disproportionate burden of illness in vulnerable populations that may have a negative impact on birth outcomes for 2020-21. The Task Force has recently drafted a Pregnancy Care Advocacy Letter to address these issues – eg. issues around access to health care and resources for indigenous people and other vulnerable populations. It has not yet been published.

Revisions made to the **General COVID-19 Guidelines:**

- Maternal Fever During Labour:
 - “COVID-19 should be suspected in all pregnant women manifesting with an **unexplained**, persistent (on two occasions, 30 minutes apart) fever (>37.8) and testing for SARS-CoV2 should be performed. While testing should be considered for any febrile women in labour, if community prevalence remains low and an alternate cause of fever is clear it is reasonable not to test.”

- Use of Nitrous Oxide: The Task Force heard our regional voice on this issue. “There is a lack of comprehensive and definitive evidence on the risk of nitrous oxide use and COVID-19. Therefore, precautionary principles suggest that a biomedical filter should be applied along with adequate sanitization of equipment if nitrous oxide is used during labour and delivery.”
- A question has been raised from the region as to what filter should be used. Pam Murray (Stratford) will send a picture of the filter they are using to share with region.

BORN ONTARIO provided a Webinar on Nov. 4, 2020 regarding what they have learned from the data provided up to Sept. 30th re: COVID-19

- It was recorded and is now posted on the [BORN website](#)
- **CBC Report:** Canada has updated its guidelines on how COVID-19 spreads to include the risk of aerosol transmission for the first time, long after other countries and international health organizations acknowledged the airborne threat of the coronavirus.
Read in CBC News: <https://apple.news/A3i6ohzWoTZegGliNWBKy8Q>
 - Gwen attended SOON meeting Nov. 17th – Dr. Jerome Leis, General internal medicine and infectious diseases, Sunnybrook Hospital, was speaking to this.
 - At the beginning of the pandemic, researchers were saying that droplets were the primary mode of transmission. It is becoming clearer that aerosols are also involved. With aerosols you don’t need to be in close contact, a person can walk into a room of a previous occupant and become infected.
 - From a small number of studies, it appears that aerosol can play a role in transmission, but it’s not the primary mode of transmission. Aerosol transmissions have occurred in community settings (e.g., restaurants poorly ventilated, or in situation of people crowded in a space where no public measures were in place). It’s not a simple dichotomy, it’s more a gradient between droplets and aerosols. You are not going to never see transmission beyond 2 metres, but for the number of people infected by aerosols worldwide, it is an exception and not a rule.
- **U of Toronto Dept. of OBS / GYN has developed a Pandemic Pregnancy Guide**
 - The Pandemic Pregnancy Guide is a project that was created by U of T ObGyn's Dept. together with family medicine physicians
 - Intended as a venue for pregnant women to ask questions about COVID-19's effects on themselves and their babies through social media platforms like Instagram and Twitter.
 - The goal is to offer reliable, current information about pregnancy in the context of COVID-19, particularly because the usual avenues for acquiring information are not accessible, such as prenatal classes, mom’s groups, longer counselling appointments with providers.
 - So far, it has gained over 3,500 followers on their Instagram account.
 - The link has been posted on the MNCYN COVID webpage under patient Information tab

Item #4: Regional Perinatal Q & A and Open Discussion

Leanne: we wanted to reach out to organizations who have had any covid-19 positive patients and if so, were there any opportunities for dissemination or refreshing of knowledge.

- HPHA - Kerri Hannan had previously reported that things went well. Pam Murray

expanded on that to say that they had 2 patients – one did well and the other was discharged home undelivered at 35 weeks. This patient had been asymptomatic, but generally not feeling well. On screening it was noted that everyone in the home was sick as well, so we must be cognizant of asking those questions. Staff at HPHA had applied appropriate PPE.

- Leanne – is there anyone else in the region with positive patients? No one responded
- Leanne – there have been multiple cases in the GTA, though not highly complex. We have been very fortunate. If you have looked after any COVID positive, or presumptive patients, any lesson learnings would be very useful for sharing.
- Kristine – Janice Tijssen has done a lot of mock codes to test communication scenarios between the rooms using various devices (phones, speaker phones, baby monitors)
- Thunder Bay – some baby monitors had been donated and were found to have good range.
 - Henry Roukema – There were reports that baby monitors didn't work well in terms of range, but when tested they worked just fine.

Action Item:

Pam Murray (HPHA) will forward the information on the nitrous oxide filters being used in their facilities.

Item #5: Children's Hospital Updates (Lynanne Mason)

Leanne introduced Lynanne Mason, who has recently stepped into the Interim Director role for Paeds Inpatients, Outpatients and Regional Health Integration.

Lynanne - I'm happy to be here and will provide as many updates as possible. Children's Hospital have no Covid positive patients currently. Two visitors per patient are allowed for inpatients. For Outpatient visits, the 2nd parent or visitor is being asked to wait outside.

- Hot and cold zones were identified for LHSC as we are now deep into wave 2. A pandemic planning committee is starting tomorrow specific to Children's Hospital, as it was determined that we need our own team to ensure that we have everything we and our children need. The committee will be responsible for checking policies and procedures and updating as needed.
- After Hours - Children being seen after hours will be assessed in PMDU by nursing staff and the Emerg MD from Children's Emerg.
- Protected Code Pink – ED staff are well versed in the protected Code Pink protocols, but will take this back to Allison [Stevenson] (Interim Director for Children's ED) to ensure things are in place.
- Previously reported that there had been 1 paediatric patient in Wave 1

Wendy Edwards (Chatham) - reported a case of a 5-month old with multiple symptoms and the father was Covid positive. The child was admitted to CKHA and kept in isolation. He swabbed negative for Covid, influenza and RSV, but did respond beautifully to Ventolin, so was presumed to have an URTI vs. Covid-19.

Lynanne –it's important that we continue to follow procedures because we sometimes see negative swabs.

Leanne – we have heard similar cases where a child has a negative swab and was clearly exposed

and then ends up testing positive. Are there potential issues, for example, not getting enough for a sample? Not sure if anyone has the answer to that.

Item #6: & MNCYN Paediatric Updates (Kristine Fraser)

1. **Paediatric Cases in Ontario as of November 22** (<https://data.ontario.ca/dataset/confirmed-positive-cases-of-covid-19-in-ontario/resource/455fd63b-603d-4608-8216-7d8647f43350>)
 - **<20-Years of Age:** 12,382 total cases, 1,988 not resolved, 1 death (as of Nov. 22)
 - **Paediatric Cases in Ontario Schools as of November 25** (<https://www.ontario.ca/page/covid-19-cases-schools-and-child-care-centres>):
 - a. **Total # of School-Related Cases in Past 14 Days:** 1,193 (162 reported today)
 - b. **Total # of Schools with Reported Case(s):** 688 (14.25%)
 - c. **Total # of School Closures:** 4 (Windsor being the closest in this region)
 - d. **Total # of Cases in Child Care Centres in Past 14 Days:** 192 (23 reported today)
 - e. **Total # of Day Care Centres with Reported Case(s):** 143
 - f. **Total # of Day Care Closures:** 21

2. **Windsor Public School COVID-19 Outbreak, November 23rd**
(<https://windsorstar.com/news/local-news/begley-has-largest-covid-outbreak-in-ontario-with-26-confirmed-cases>)
 - Public school has largest outbreak in Ontario to date with at least 39 students, began with 3 staff testing positive
 - Over weekend, public school board announced new cases of COVID-19 at 2 other schools
 - Since Nov. 12, COVID-19 has been reported at 9 different schools under Greater Essex County School Board. The Catholic School board also reported an outbreak with 4 confirmed cases
 - The second highest outbreak on record is Pickering High School in Ajax, with 18 cases

3. **Article written by Epidemiologist from Western Australia: Children may transmit Coronavirus at the same rate as adults: What we know about schools & COVID-19 (Nov. 23)**
(<https://theconversation.com/children-may-transmit-coronavirus-at-the-same-rate-as-adults-what-we-now-know-about-schools-and-covid-19-150523>)
 - We've known for a while that children have around the same amount of viral genetic material found in their nose & throat as adults, latest research shows infections in children frequently go undetected & children are just as susceptible as adults to infection & likely transmit virus at similar rate to adults
 - New study by US Centers for Disease Control & Prevention (CDC) found children & adults were similarly likely to transmit the virus to their household contacts
 - While children are much less likely than adults to get seriously ill, the same isn't true for adults caring for them - evidence suggests schools have been a driver of the second wave in Europe & elsewhere, meaning school safety could require urgent rethinking
 - Interesting article about the unknowns of the role children play in spreading virus & schools

4. 2020 PALS Updated Guidelines & AGMP

- Heart & Stroke Foundation has released 2020 PALS Updated Guidelines.
- Dr. Janice Tijssen presented updates on November 20th, which many of our regional partners were able to join (PowerPoint and notes were emailed to region & posted on MNCYN website)
 - CPR considered AGMP
 - Chest compressions not likely to be aerosolizing, but bagging (BMV) is
 - Defibrillation is AGMP & compressions (alone) that follow defibrillation is likely AGMP
 - For all intents & purposes, CPR in children is AGMP because BMV is key to CPR
- Good time for leadership to review intubation inventory for children in EDs to ensure enough cuffed tubes in a variety of paediatric sizes are available
- Intubate early is a big difference if COVID status is not known *first pass success is key
- At Children's, all Code Pinks are considered Protected Code Pinks, even if COVID status is known

Item #7: Paediatric Regional Q & A and Open Discussion

Wendy Edward (CKHA) - attended a PP session where the data reported was opposite to the information presented in the article. The one she attended included world-wide data of a study, not just a journal article. Schools are not efficient transmitters and this shows that the statistics vary. The number of teachers and students (903) and if you look at the comparison to the total number of teachers and students in Ontario, the percentages are very low.

Kristine – almost 1,200 cases in the past 14 days in ON schools, it is the <20-year-olds that has close to 2000 unresolved cases

This just goes to show there is conflicting opinions and data about children still out there

Wendy – a child was reported to have died with Covid but unknown if “of Covid”

Leanne – it's necessary to have context for these statistics

Henry – support for intubating early is good, but numbers of infants who required intubation is low. Best to avoid intubation and may do better by keeping them on high flow. Risk is tied to numbers in our region which are relatively low and this skews the risk numbers.

Kristine – Intubation early is in reference to Updated 2020 PALS Guidelines and children requiring resuscitation

Will meet in another month, unless there is a need to meet sooner in order to disseminate updates based on new updates.

Adjourned: 1544 hrs.