



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



**Date: September 2, 2020
1600-1630 hrs.**

Moderators: Kristine Fraser

Present: Kristine Fraser, Gwen Peterek, Anita Bunnie, Penny Lipcsik, Colleen Ford, Tihana Antic (MOH), Ian Johnston, Wendy Edwards

Item #1: Welcome/Regional Updates, COVID-19 Cases (Kristine Fraser)

Discussion: COVID-19 Case Update

- Leanne is unable to join us, so I will be facilitating the call today
- London: 732 cases, 664 resolved, 57 deaths, 2 new case
- Windsor: 2,537 cases, 2,371 resolved, 73 deaths
- Lambton: 339 cases, 311 resolved, 25 deaths
- Chatham-Kent: 363 cases, 354 resolved, 2 death
- HPHA: 120 cases, 119 resolved, 5 deaths
- Grey Bruce: 128 cases, 127 resolved, 0 deaths
- St. Thomas: 254 cases, 242 resolved, 5 deaths
- ON: 42,554 cases, 38,506 resolved, 2,812 deaths, 60 hospitalized, 13 ICU, 9 vented
- Detroit: 13,714 cases, 1,513 deaths
- Michigan: 103,186 cases, 6,495 deaths

Action Items: NONE

Item #2: MNCYN Updates (Kristine Fraser)

1. Ontario reveals COVID-19 school outbreak plan
(<https://www.cbc.ca/news/canada/toronto/covid-19-coronavirus-ontario-august-26-school-outbreaks-1.5700360>)
 - a. **When someone shows symptoms at school:**
 - i. If symptoms develop during school day, principal contacts parents to pick-up child ASAP – child is isolated, staff caring for child wear full PPE, space & materials cleaned, rest of school monitored for symptoms
 - ii. Parents encouraged to get child tested & cannot return to school while waiting for results, but can attend virtually if well enough – if negative, child cannot return to school until 24-H after symptoms resolved
 - b. **When someone tests positive:**



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- i. PHU handling positive case will notify school, school then responsible for reporting any confirmed or probable cases to local PHU & Ministry of Education
 - ii. Close contacts of confirmed case (while infectious) are directly informed
 - c. **Contacts of confirmed cases:**
 - i. PHU determines risk students & staff have according to level of contact with positive case - to allow for tracing, school required to provide PHU with class lists, attendance records & parental contact details
 - ii. Anyone in same classroom will generally be considered high risk & parents of those children notified immediately
 - iii. High-risk of exposures will be directed to self-isolate & encouraged to be tested & even if they test negative, they are still to self-isolate x14 days from last contact with confirmed case
 - d. **When multiple students or staff have COVID-19:**
 - i. If 2+ COVID-19 cases among students and/or staff in a school within a 14-day period, PH must declare an outbreak, provided cases appear to have "an epidemiological link," - same class, same after-school care group or same bus
 - ii. PHU decides which cohorts in school should self-isolate
 - e. **When school closures happen:**
 - i. As a result of an outbreak, school may be closed, but not always - no firm threshold for a number of cases to trigger a closure – PHU judgment call
 - ii. If a school is closed, PHU may recommend testing for everyone from school
 - iii. School may reopen even if outbreak not fully over
 - f. **When can you return to school after testing positive:**
 - i. Anyone who tests positive must remain in isolation for at least 14 days & should not return to school until they cleared by PHU or healthcare provider
 - g. **What if a parent or sibling tests positive?**
 - i. Parents who are positive encouraged to tell child's school, but not a legal requirement. However, the province advises everyone living in household with a person who tests positive should self-isolate & children should not come to school, for 14 days
- 2. **CTV News Article: Reassuring study finds children have small risk of death & severe illness from coronavirus.** <https://www.ctvnews.ca/health/coronavirus/reassuring-study-finds-children-have-small-risk-of-death-and-severe-illness-from-coronavirus-1.5083201>
 - a. Most common symptoms of young patients are fever, cough, nausea, vomiting & SOB, with approx. 11% meeting criteria for multisystem inflammatory syndrome (MIS-C) – these children were 5x more likely to be admitted to critical care



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3. **CNN News Article: Children can carry Coronavirus in noses & throats for weeks even if asymptomatic** <https://www.cnn.com/2020/08/28/health/kids-covid-19-nose-throat-wellness/index.html>
 - a. Study found genetic material from virus was detectable in children for a mean of 17.6 days overall & even in children with no symptoms, virus detectable for 14 days on average – may also be possible virus remained in children even longer
 - b. May be how silent COVID-19 transmission is happening in communities
4. **[Children's Healthcare Canada Conference](#)**: Registration has now opened for the virtual CHC conference, November 16-20th. To view the preliminary agenda, you can visit their website.

Action Items: Articles will be posted online when MNCYN website is back up and running.

Item #3: LHSC Updates

Kristine: Nebulized Medication Administration Update

- On April 1, 2020, a Drugs & Therapeutics Committee (DTC) Alert was circulated to communicate practice changes for patients requiring nebulized medication administration as a precautionary measure early in local COVID-19 response
- The DTC in consultation with IPAC have reviewed the current Aerosol Generating Medical Procedures (AGMP) guidelines for Ontario & considered the current LHSC COVID-19 status/clinical state & effective immediately, rescinds the DTC Alert restricting the use of nebulized medications
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Item #4: Regional Questions/Discussion

Kristine: I had a question from Simcoe regarding opening a COVID-19 assessment at Norfolk General Hospital. They are wondering if we have any information to help support our of pediatric patients that present to the clinic? Are you aware of any pediatric testing centres?

- **Deborah Wiseman email reply:** To date in Ontario, there are no Paediatric specific assessment centres, but rather children/youth arrive to the general assessment centres. We are actively working towards providing a paediatric specific guidance document that will support Assessment Centre activity & will be happy to share when it is available (likely 4 weeks)
- **Penny Lipschik:** I am interested in seeing document from LHSC for Paeds. testing as well as we have been looking at testing centres based on number of children going back to school – would be nice to have a standard document for everyone
- We need to be prepared because more kids will be coming to these assessment centers



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- Kristine will pass this on to Deborah Wiseman that region is interested
- **Wendy Edwards:** Heard that the Ministry of Education and MOH will be putting something out soon regarding testing of children at COVID centres
- **Kristine:** Ontario has put out COVID School Outbreak protocol, but I haven't heard of anything else at this time
- **Wendy:** Here in Chatham, the emergency physicians were proposing the pediatricians will be following these kids, however I said no this isn't feasible
- PHU is following everyone who is positive
- If a test is positive & child has any serious respiratory symptoms, they'll be followed up by paed's anyway
- The newest thing that came out is if there is another reason for having a fever, suggested not testing the child, but in Chatham, we had a case like that – a 6-month old with a fever & UTI, but the child also tested positive for COVID
- So she had reason for the fever from the UTI, no respiratory symptoms, but also +COVID
- **Kristine:** If they are febrile, children need to be tested, with or without COVID-like symptoms – We may pick up some kids that are asymptomatic respiratory wise, but isn't it good to pick up potential CV cases to prevent the child spreads it to other family members
- Kids can carry it in nose and throats for weeks and are not always symptomatic - it sits dormant in their airways (see article above)
- Will be interesting to see what happens when school starts
- Will there be an influx of kids to the COVID assessment centres?
- **Wendy:** In U.S., some kids who are not even febrile are testing positive
- If more masks are worn, we should have less rhino and flu infections. Not sure how we will avoid this though in the early grades

Adjourned: 1620

Next Meeting: October 7, 4:00-4:30PM