

**MNCYN Regional Perinatal & Paediatric
COVID-19 Update
December 16, 2020**

1500-1600 hrs
WebEx

Moderator: Leanne McArthur (MNCYN)

Present: Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Anita Bunnie (MNCYN), Sheila Johnston (MNCYN), Stacey Laureano (LHSC), Alexandra Tilstra (Woodstock), Colleen Ford (Owen Sound), Jocelyn Patton-Audette (Owen Sound), Meghan Reid, (?), Tihana Antic (MOH), Dr. Nancy Nashid (LHSC), Penny Lipszik (St. Thomas), Dr. Henry Roukema (LHSC-NICU), Amanda Williams (LHSC), Karina Teterczyk (LHSC), Teresa Bruni (Thunder Bay), Kerri Hannon (Stratford), Dr. Wendy Edwards (Chatham), 4 unidentified call-in users.

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

Welcome to everyone attending today. It's been a month since our last call and there has 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	Other Stats Dec. 16, 2020	Difference since Last Update Meeting Nov. 25, 2020
LONDON-MIDDLESEX	2,200	1,826	81	New cases in 24H: 26	688 New Cases 17 New deaths
WINDSOR-ESSEX	5,012	4,031	91		1589 New Cases 17 New deaths
CHATHAM-KENT	557	523	3		186 New Cases 0 New deaths
ST. THOMAS ELGIN-OXFORD	766	615	9	As at Dec. 14	487 New Cases 3 New deaths
LAMBTON	460	406	27		56 New Cases 2 New deaths
HURON-PERTH	470	395	20		187 New Cases 4 New deaths
GREY-BRUCE	404	353		As at Dec 15	118 New Cases 0 New deaths
MICHIGAN	442,715		10,935	As at Dec 15	122,209 New Cases 2,247 New Deaths
DETROIT	23,654		1,645		8863 New Cases 99 New deaths

ONTARIO Last updated Dec 16, 2020	146,535	125,416	4,035	932 in hospital 256 ICU 157 Vented	38,652 New Cases 481 New deaths
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- Our activity has ramped up – there has been a lot of COVID activity in London with an Outbreak at University Hospital and now also at Victoria Hospital.

Blood work for eFTS

We have recently been informed that some pregnant people are instructed they must have their enhanced First Trimester Screening (eFTS) blood sample collected on the same day as the nuchal translucency ultrasound.

While same day blood sampling is ideal and preferred, it is not essential. Blood samples can be accepted until the crown rump length is 84 mm (approximately 13 weeks and 3 days), without affecting the accuracy of the screening.

It is important that patients are provided with the maximum opportunity to access this screening.

Please take note of the following information with regards to eFTS:

1. eFTS is a screen for: trisomy 21 (Down syndrome) and trisomy 18.
2. eFTS must be done within a certain time window in pregnancy: 11 weeks 2 days to 13 weeks 3 days gestation. The nuchal translucency ultrasound and blood test must be performed within this time window.
3. The nuchal translucency ultrasound must be done first, before the blood test.
4. The blood test can be performed on the same day as the nuchal translucency ultrasound if possible, but this is NOT required. The blood test can be done any time after the ultrasound up until 13 weeks 3 days gestation.

If you have questions or concerns regarding the above information, please do not hesitate to contact Prenatal Screening Ontario at 1-833-351-6490 or psso@bornontario.ca.

Action Items:

1. **MNCYN will circulate this information out to the region.**

Item #2: LHSC Women's Care & Perinatal Updates (Stacey Laureano)

- All patients admitted to the Birthing Unit or Antenatal, as well as all readmitted Postpartum patients, will require a COVID-19 swab on admission, unless they have been swabbed within the past 72 hours and pass their admission ARI screening. An MRP order is required.
- All surgical patients are to be swabbed no greater than 5 days prior to their planned surgery. If a patient has not been swabbed, the surgeon, anesthetist, and surgical adjudicator will assess if surgery can proceed.
- We did pick up an asymptomatic COVID positive case and had to back-trace that person to determine risk of staff exposure. Low-risk and staff were able to maintain their regular work schedule. The unit has been able to manage LOAs from resulting exposures.

LHSC NICU: Henry Roukema: There have not been many changes and no impact to NICU recently.

Leanne McArthur: LHSC Update: In the case of sending or transferring patients, should anyone be required to attend LHSC, they will be required to wear a hospital grade mask. Anyone refusing this must wear a LHSC mask over their cloth mask.

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

Update re: Nitrous Oxide Biomedical filters

Owen Sound: Jocelyn Patton-Audette provided images of the filter used in Owen Sound

- Inter-Therm HMEF with Luer Port REF 1341000S
- Made by Intersurgical Complete Respiratory Systems, Crane House, Molly Millars Lane, Workingham, RG41 2RZ Berkshire UK
- <https://www.intersurgical.com/products/airway-management/intertherm-range-sterile>
- According to their respiratory department, it is a bacterial/viral filter with over 99.9% percent filtration.
- This particular filter goes above what is needed for nitrous, but it is the most abundant and easiest to access. It goes between the mask and the valve – so no unfiltered air is ever touching the valve that opens when the patient creates negative pressure. It is the same filter used on an adult vent at GBHS.

Stratford: Kerri Hannon shared that their hospital has also re-introduced nitrous oxide. They are covering the tubing with a plastic cover, then attaching the filter and the mask for use (both are disposable). The plastic sleeves they used to cover with are ultrasound probe covers that are used in the OR. They are trying to use all other pain options first when they have a suspect or confirmed COVID-19.

Information from Owen Sound and Stratford has been posted on COVID website under the heading: ***“Equipment”***

PCMCH COVID Guideline Webinars:

- PCMCH hosted a webinar Dec. 8 regarding management of COVID in low-risk pregnancies. The information has been posted on the PCMCH website and we have also posted the link on our website under the “Perinatal” tab

Public Health Agency of Canada presented COVID-19 Vaccine Foundations for Health Care Providers Webinar on Mon. Dec. 14th

- The Ontario government has developed a three-phase implementation plan to receive, store and administer COVID-19 vaccines.
- Phase One began yesterday (Tuesday, December 15, 2020) with a pilot project in Toronto and Ottawa to include the vaccination of over 2,500 health care workers
- When an increased stockpile of vaccines becomes available to Ontario, the province will shift to Phase Two of its vaccination implementation plan, which is expected to begin later in the winter of 2021.
- During Phase Two, vaccinations will be administered to health care workers, as well as to residents in long-term care homes and retirement homes, to home care patients with chronic conditions and to additional First Nation communities and urban Indigenous populations, including Métis and Inuit adults.
- Ontario will enter Phase Three when vaccines are available for everyone in Ontario who

wishes to be immunized. While vaccines will not be mandated, during Phase Three, people will be strongly encouraged to get vaccinated.

- Strong evidence that the vaccine is safe with only a few minor side effects
- Long term effects will continue to be monitored
- Highly effective across age, sex and ethnicity
- Pregnant women, breastfeeding mothers and those under age 16, were not included in the trials for the Pfizer vaccine so it's not advised for these groups – unless there is a very high risk of exposure to COVID or considerable risk of greater illness with COVID due to underlying medical disease
- Also not advised for immunosuppressed people or those with autoimmune diseases
- Vaccine may be offered to some individuals in these groups in some circumstances on a case-by-case basis with a risk-benefit analysis, and with transparency about the insufficiency of evidence. These recommendations may change as more evidence becomes available.
- Vaccine may also be offered to individuals in the authorized age group without contraindications to the vaccine who have had previously PCR-confirmed SARS-CoV-2 infection.
- 4 vaccines are currently available: Pfizer, Moderna, AstraZeneca and Janssen
- The 2 vaccines Canada will be using first are Pfizer and Moderna. Both are mRNA vaccines – first wide-spread vaccine using this technology
- The mRNA vaccines do not have the ability to alter cell DNA as has been the concern some have expressed
- These are 2 dose vaccines – doses being 21 – 28 days apart depending on the vaccine used
- It will likely be a yearly vaccination
- All presentations and recordings will be available in an open access format on the Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada) website (www.ammi.ca) on the AMMI Canada Education Webinars page (<https://www.ammi.ca/?ID=183>)
- MNCYN will post the link on our COVID-19 resources webpage
- A new tab on the MNCYN COVID-19 webpage will be created for “Vaccination Information”
- We will also be posting a News Release from the MOH re: COVID vaccinations and “**An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI) Recommendations on the use of COVID-19 Vaccine(s)**” from the National Advisory Committee on Immunization (NACI) which provides an excellent summary of information on the COVID vaccine with a section on pregnancy & BF and children & adolescents. https://www.ammi.ca/Content/NACI%20Recommendations%20on%20COVID-19%20Vaccine_Advanced%20Copy%2011Dec2020.pdf
- Under PPE tab we have posted several **resources from LHSC**
 - How to Mask Patient Resource Poster
 - Patient masking Resource for Staff
 - Universal Mask Chart
- Under Perinatal Tab:
 - Proactive Alert re: COVID testing for Antenatal / OBCU / Postpartum

Action Item:

1. **MNCYN will create a new section on our website under Covid-19 resources for information sharing specifically related to vaccinations.**
2. **All vaccination documents discussed will be posted.**

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

Q: Leanne McArthur: Wondering across the region if there have been any challenges to services, specifically well baby visits?

Discussion: Stratford reported no issues there. In Owen Sound, a lactation consultant has been seeing patients throughout. There have been reports regarding some babies with failure to thrive that were not followed as closely as they should have been. Some required readmission.

Q: Leanne McArthur: Is there a strategy in place that each newborn will have a follow-up visit?

Discussion: In Owen Sound, Colleen Ford noted that there is a shortage of family doctors in this area, so the issues are not strictly COVID related. Their aim to follow all babies is not always happening. Anyone with an Owen Sound address will have babies picked up by Owen Sound Family Health Group if they don't have a family physician.

Leanne McArthur recalled that there was a midwifery initiative to contact to pick up well baby checks. She will look into whether this is happening and report back next meeting.

In Thunder Bay, Katie Forbes noted that with regards to ages and stages at the beginning of COVID, they started a process of follow up appointments, so they had moms book that follow-up visit prior to discharge. If they did not have that option, they were then connected with the midwifery group. Following a review of the process, it was noted that the number of people taking advantage of the service was quite low, as few people required this initiative. Many of the local Family Physicians who already had mom in care also took on baby, but there were many FP offices who had to shut their doors due to lack of PPE, however, the situation stabilized eventually with PPE availability and some FP offices are now operating at full capacity. The majority of FP practices are aware there needs to be hands-on assessment and are building this into their practice, so that initiative was canceled in July. During the review it was found that some moms were not being truthful and seemed to be shopping around for FPs. Newborn follow-up had always been a need prior to COVID, so now it is imbedded into post discharge teaching.

Leanne remarked that it is important to find out what other parts of the region are dealing with.

Q: Leanne McArthur: Have there been COVID positive cases that you have been managing from perinatal perspective at your hospitals? As a general reminder to all, should you be caring for a COVID positive mother, be sure that you are providing that information to BORN Ontario, as they are tracking this data to determine outcomes. Reach out to Leanne if you're not currently doing this and are not sure who to contact.

Discussion: In St. Thomas, Penny Lipschik noted that they have seen a number of COVID positive moms, with approximately 1-2 per week for the past while. They have been swabbing all patients routinely for the past few weeks and are treating cases as suspected positive until proven negative, which is a protocol similar to LHSC. She noted that staff are feeling positive and well prepared and have been following Ontario guidelines. She did note that there was a bit of a challenge recently with a COVID positive mom whose baby needed only a bit of CPAP, but this exercise helped to tighten up the processes that were already in place. Kerri Hannon (Stratford) also reported that they have been swabbing all inpatient for the past few weeks and treating as suspect unless proven otherwise. She noted that, sometimes, results come back after mom has been discharged. All mothers are put in private rooms until COVID results return negative.

Q: Gwen Peterek: (on behalf of Nicole Fragassi-Arbique (Strathroy)) Nicole wondered if anyone has any reference to, or information regarding, whether using Nitrous oxide is considered an AGMP and if staff need to be use N95's/ AGMP etc.? The provincial guidelines did not address this.

Discussion: Kerri Hannon (Stratford) noted that she had shared their procedure with Strathroy about that. According to Infection guidelines Nitrous Oxide is not included as an AGMP. Dr. Henry Roukema (LHSC-NICU) agreed with that, but noted that some of the documents are contradictory, though most consider that it is not an AGMP.

Q: Jocelyn Patton-Audette (Owen Sound): If you are treating patients as suspect until test results are known, are you also asking mom to keep 2 metres away for breastfeeding.

Discussion: Thunder Bay and St. Thomas both responded that, yes, they were asking moms to maintain the 2 metre perimeter. Dr. Henry Roukema noted LHSC had a COVID-positive mother who was discharged home with baby. There are ongoing concerns regarding discrepancies in the guidelines used by LHSC vs. those used by Public Health regarding swabbing infants and isolating mom and baby in order to limit interference with breastfeeding.

Q: Nancy Nashid (LHSC): Is anyone following up on confirmed moms after discharge? We have been providing COVID follow up through referrals. Dr. Nashid cited a case in which a concern about a symptomatic infant not being swabbed at testing centre & was sent to emerg for testing.

Leanne Mc.: We would be happy to reach out to our PHU contact (Heather Lokko) to seek clarity. Wondering if there have been similar experiences in the region.

Henry Roukema: Yes, they are following up. PHU states a swab is not required.

St. Thomas (Penny Lipschik): With COVID positive moms, we do promote skin to skin and try to keep 2 metres away, practice hand hygiene and masking. If a baby has symptoms, it would be good to follow up with Public Health on a regional basis and needs to have another conversation. I am happy to reach out to their public health contact as well.

Action Items:

1. **Leanne McArthur to check into agreement with midwives re: newborn follow up and get back to Colleen Ford (Owen Sound)**

2. Leanne McArthur to follow up with MLHU (Heather Lokko) re: policy on swabbing infants and will get back to Nancy Nashid and region.
3. Penny Lipschik to follow up with the SW PHU regarding infant swabbing.

Follow Up re: Newborn COVID Testing:

Response from Heather Lokko, (Chief Nursing Officer & Director, Healthy Start, MLHU)

“Dr. Summers is not aware of this situation arising in our region – if this has occurred, he has not been in the loop with this. I have also not heard of any cases with clients served by the Healthy Start division, and have not had communication with any other community partners about this up to this point.” However, Dr. Summers has clarified that, if this situation were to arise, public health would:

- Encourage testing of the infant (ideally at the Children’s Hospital).
- Manage the infant as a probable COVID-19 case, and would isolate the infant with the mother.
- Recommend that, if/when the infant is seen clinically, droplet and contact precautions be used. Given that the child is in quarantine as a result of being born to a COVID-19 positive mother, this would not change the precautions required.

While there are not any age restrictions in place at the Assessment Centres, it is our perspective that because newborn nasal canals are so tiny – and if they are having respiratory symptoms, they could easily experience respiratory distress – we would not advise parents to take a newborn to the Assessment Centre, but would direct them to Paeds emergency.

Response from Dr. Michelle Barton-Forbes (Chief, Division of Infectious Diseases, Children’s Hospital, LHSC):

“I was able to confirm that no one on the Diagnostic Testing council is aware of age restrictions to testing at the CoVID test centres so that would mean that all symptomatic infants who show up get tested. So, it appears that infants in community who need testing have that availability. ... We have not yet heard of newborns showing up at testing centres; I am thinking that is because parents are going directly to ER.

I also think that neonates who are symptomatic should be carefully evaluated as the differential for fever in a neonate includes sepsis and that such symptomatic infants would best be evaluated at ER where they can get their testing done as well as be examined.”

Item #5: & MNCYN Paediatric Updates (Kristine Fraser)

LHSC Update: “Due to the recent rise in the community spread of COVID-19 cases, as of December 15th, LHSC will require all patients, families & visitors to wear a hospital supplied mask unless exempt as per [Public Health guidance](#). All individuals entering LHSC’s buildings will be given a mask upon arrival & if they insist on wearing their own face covering, the LHSC issued mask must be placed on the outside of their face covering and worn properly”

Ronald McDonald House: total occupancy has been capped at 21 rooms – 60% of capacity which could potentially impact families coming from out in the region

Critical Care Services Ontario Report from December 15, 2020:

1. Children in paediatric critical care setting due to COVID related critical illness: 2 (Toronto region)
2. Patients admitted in NICU setting due to COVID related critical illness: 1 (Toronto region)

3. Paediatric Cases in Ontario Schools as of December 16 @1030

<https://www.ontario.ca/page/covid-19-cases-schools-and-child-care-centres>:

- a. Total # of School-Related Cases in Past 14 Days: 1,771 (223 reported today) *increase of 578 compared to November 25th (3 weeks ago)
- b. Total # of Schools with Reported Case(s): 933 (19.32%) * increase of 5% or 245 schools since November 25th
- c. Total # of School Closures: 20 (increase from 4 on Nov 25th)
- d. Total # of Cases in Child Care Centres in Past 14 Days: 347 (35 reported today) *increase of 155 cases since Nov 25th
- e. Total # of Day Care Centres with Reported Case(s): 235 (up 92)
- f. Total # of Day Care Closures: 52 (up from 21 closures)

4. Children's Hospital Paediatric Emergency Virtual Clinic

- In mid-late January, Paeds ED virtual clinic hours are expanding to run from 1200-2000

5. Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI): Recommendations on use of COVID-19 Vaccines, December 14, 2020

https://www.ammi.ca/Content/NACI%20Recommendations%20on%20COVID-19%20Vaccine_Advanced%20Copy%2011Dec2020.pdf

- Pzifer vaccine is authorized for use in Canada for individuals 16-years & older
- NACI strongly recommends individuals not within age group (16-years & older) should not be offered Pzifer vaccine, however, a complete series of the vaccine may be offered to individuals **12-15 years of age** on a case-by-case basis.

Criteria includes:

- Very high risk of severe outcomes from COVID-19 (e.g. pre-existing medical condition known to be associated with increased risk of hospitalization or mortality) **AND** increased risk of exposure (e.g. living in congregate care facility)

Discussion:

Q: Dr. Wendy Edwards (Chatham): We had an infant with persistent fever, who swabbed negative for COVID-19. He was admitted 10 days later due to persistent fever and was swabbed a second time and, this time, tested positive. We wondered if the swab lacked sufficient sample material.

Discussion: In response to a follow up question from Dr. Nancy Nashid (LHSC), Dr. Edwards noted further that there was no concern re: Kawasaki. They did not do blood work the first time he was admitted, and it was uncertain whether bloodwork was done the second time. He is doing well now.

Q: Leanne McArthur: Nancy [Nashid], are you aware of any studies on children who are positive and any future co-morbidities?

Dr. Nancy Nashid (LHSC): There is a CPS Surveillance group (CPS Data) and a Canadian Perinatal surveillance program and that have been following the data. There was something published not long ago. CPS has weekly COVID surveillance asking members to fill in surveys about pts. to gather information across Canada. They published an interim report in September 2020 with the

data they had to that point. Not sure if non-CPS members are getting this information, but it's extremely valuable. Infectious Diseases is also following patients, but are only following ones we hear about, at 1 week, 1 month, 3 months, and 6 months. Not sure about long term. At LHSC we have had a paediatric virtual clinic in London that has been operating since early summer. It would be valuable to hear from the community as well. From the cohort we have followed virtually they have all been mild cases of COVID. We had one case in August and one in November. There have been no admissions since May for COVID positive children.

Kristine Fraser: (On behalf of Lynanne Mason (Director of Childrens LHSC) who was unable to join today's discussion): No new updates. As we watching closely the climbing numbers in both LHSC and the community spread, we are proactively starting some new processes, such as parent masking of all admitted patients at all times, including within the patient's room when staff or physician enter their space. We are working closely with IPAC to ensure all hot/cold areas are identified and our surge plans are up to date and ready to go if needed. The visitor policy remains the same for now, however we are watching that closely, relative to community spread. There are no COVID positive patients within Children's Hospital.

Action Items:

1. **Nancy Nashid will forward CPS data report to Kristine who will distribute to Paeds across region and we will post on our COVID resources webpage.**

Leanne McArthur: Best wishes for holiday season. This is a time to reflect on all the hope in the new year with vaccinations and what that will look like. We will be available up to the next call so please direct questions to Leanne, Kristine or Gwen. We will meet in another month, unless there is a need to meet sooner in order to disseminate guidance based on new updates.

Adjourned: 3:55 hrs.