

**MNCYN Regional Perinatal & Paediatric  
COVID-19 Update  
November 10, 2021**

1500-1600  
WebEx

**Moderator:** Gwen Peterek (MNCYN)

**Present:** (24) Kristine Fraser (MNCYN), Kerri Hannon (Stratford), Tihana Antic (MOH), Katie Forbes (Thunder Bay), Keescha Wherry (Woodstock), Leigh McKenzie (Strathroy), Lindsey Rae (Thunder Bay), Lynanne Mason (LHSC), Carolina Lavin (??), Megan Reid (LHSC-Paeds ER), Penny Lipcsik (St. Thomas), Dr. Lenna Morgan (Windsor), Dr. Kirsten Blaine (Stratford), Sharon Johnson (Walkerton), Andrea McPherson (Woodstock ER), Cailin McMeekin (Owen Sound), Kelly Barzsa (Cambridge), Dr. Nancy Nashid (LHSC), Alison Stevenson (LHSC), Michelle Scime-Summers (Hanover), Karyn Calwell (LHSC), (Anita Bunnie (MNCYN), Sheila Johnston.

**Item #1: Welcome/Regional Updates, COVID-19 Cases (Gwen Peterek)**

**Leanne McArthur's Retirement:**

- Regional partners were recently informed that Leanne is retiring at the end of November and we are currently recruiting for another interim Executive Director.
- Last Thurs. marked her last working day and she is now on vacation until end of month
- Therefore, while we await our new ED, G. Peterek and K. Fraser will be co-facilitating the regional meetings.

**Discussion: Update of Current COVID-19 Cases within the Region**

- COVID numbers across the MNCYN region are generally fairly low except in Elgin / Oxford counties where we have recently seen an increase
- Evidence also suggests somewhat higher numbers in the < 20 and 30-40 year old demographic in Chatham Kent and < 20 year olds in Lambton county
- Ontario Science Table announced recently that the COVID case counts across the province have been steadily increasing over the past several days
- Sudbury has recently moved back into Level 3 restrictions despite an 87% double vaccination rate
- This is a reminder to all of us to remain vigilant with our COVID measures as we move into the colder weather and people are indoors more

Tihana Antic (MOH) was present on the call and Gwen asked if there was anything to note from a Ministry perspective. Tihana indicated there was nothing to add from the Ministry end and any updates would be disseminated regionally via PCMCH.

**MOH Announcement:**

- Last week Premier Ford announced that vaccination is not mandatory for hospital workers, allowing unvaccinated workers to be tested citing concerns regarding further exacerbating the existing hospital human resource crisis. Hospitals, though, will be able to

remain autonomous in making their respective COVID-19 vaccination policies. The HHR crisis exists at all levels across the province

- MNCYN has been involved directly with Ontario Health West, as well as the MOH, to discuss the HHR crisis implications for our region and both MOH And OHW are currently working on an HR strategy
- In an article late last week the Globe & Mail indicated that they had contacted more than three dozen hospitals in the wake of Ford's decision and found all institutions except one have created their own mandatory vaccine rules to sanction or terminate employees who don't comply.
- Only a handful of staff at each institution were not in compliance with the vaccine requirements. Many hospitals stated that staff departures is not impacting patient care.  
[Globe & Mail: Many Ontario hospitals instituting COVID-19 vaccine requirements in absence of Ford provincial mandate 06.11.2021 \(PDF\)](#)
- LHSC, like many other hospitals in our region, has decided to continue to enforce the current vaccination requirement, asserting that this decision is well aligned with the recommendations by the Ontario Science Table and numerous professional and medical associations including the OHA, OMA, CMA, CNA and RAO.

#### **Item #2: LHSC Women's Care & Perinatal Updates**

- No one was present to provide update from Womens' Care or NICU

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

[CBC News: Why doctors are so worried about pregnant people getting COVID-19 04.11.2021 \(PDF\)](#)

- Evidence suggests that pregnant women are 4 X greater risk of requiring hospitalization due to COVID-19 but have lower COVID-19 vaccination rates
- In Ontario inly ~ 60 % of pregnant people are fully vaccinated, compared to ~80 % of the eligible population
- International evidence is showing substantially higher rates of hospitalization, ICU admission and higher rates of pre-term birth among pregnant women in Canada who aren't vaccinated.
- Antibodies against the COVID-19 virus cross the placenta when the mother is vaccinated, suggesting that immunity benefits likely extend to the baby.
- Antibodies from the vaccine have also been found in breast milk.
- A recent article from B.C. reported that an unvaccinated mother with COVID-19 was the 1st in Canada to deliver her baby on ECMO life support. Two weeks after admission she gave birth by CS approx. 3 months preterm while in a medically-induced coma.
- Recent data is also suggesting that there are areas of southwestern Ontario where there is a very low rate of COVID vaccination, particularly among women considering pregnancy, those who are pregnant and those who are breastfeeding.
- Therefore, MNCYN is attempting to assist the public health units in our region to promote COVID-19 vaccination among the perinatal population and among parents of children for whom we anticipate a vaccine will also soon be made available.

- It is recognized that with some religious and cultural groups it is very difficult to overcome vaccine hesitancy unless you can influence their formal and informal leaders.
- We are attempting to obtain data as to who and where the vaccine hesitant populations are and to learn more about the strategies that health units are using to tackle this
- One of the strategies suggested to encourage vaccination is to use testimonials from unvaccinated patients who became ill with COVID and / or their family members.
- MNCYN has reached out to our regional partners to ask if physicians would ask these patients if they would agree to provide a testimonial encouraging vaccination to those who are hesitant and contact us so that our PHUs can connect with them.

### **Articles and Resources to address Vaccine Hesitancy**

- According to the WHO, vaccine hesitancy is among the top threats to global health
- There are several articles and resources now available to address vaccine hesitancy which we will include on our COVID web page

#### [The Conversation: The 9 psychological barriers that lead to COVID-19 vaccine hesitancy and refusal 29.09.2021 \(PDF\)](#)

Building vaccine confidence begins with understanding concerns related to vaccines. This article provides information on the psychological barriers people may have and is intended to support COVID-19 vaccine counselling.

#### [Government of Canada: Addressing vaccine hesitancy in the context of COVID-19: A primer for health care providers 07.05.2021 \(PDF\)](#)

- Health Canada provides this resource as a means to support health care providers in better understanding and addressing COVID-19 vaccine hesitancy in their practices.
- It provides practical, evidence-informed strategies that include communication techniques and concrete actions that can be used to foster a supportive vaccine work environment for staff, patients and visitors.

#### [Ontario Ministry of Health: COVID-19 vaccines for women who are pregnant, breastfeeding or planning a pregnancy 25.10.2021 \(PDF\)](#)

- This information sheet was published Oct. 25, 2021, and addresses:
  - Safety of COVID-19 vaccines if you are, or plan to become, pregnant or are breastfeeding
  - Risks related to COVID-19 in pregnancy
  - COVID-19 vaccines and fertility
  - Vaccine side effects
  - Emphasizes that the vaccine cannot give you COVID-19
  - Information about the possibility of contracting COVID-19 after getting vaccinated
  - Encourages people to get the vaccine if they've already had COVID-19 and recovered

#### [NCBI: Motivational interviewing: A powerful tool to address vaccine hesitancy 02.04.2020 \(PDF\)](#)

- This article discusses the method of motivational interviewing to reduce vaccine hesitancy.
- Motivational interviewing aims to support decision making by eliciting and strengthening a person's motivation to change their behaviour based on their own arguments for change.
- Numerous studies in Canada, including multicentre randomized controlled trials, have proven the effectiveness of the motivational interviewing approach.

#### [MotHERS Program COVID-19 in Pregnancy](#)

The MoTHERS program (Mothers' Health Education, Research & Screening) offers this patient facing resource which provides a summary of articles outlining the evidence related to COVID-19 and its vaccines in pregnancy.

### **Additional articles on COVID -19 in Pregnancy**

[Science Table COVID-19 Advisory for Ontario: The Incidence, Severity, and Management of COVID-19 in Critically Ill Pregnant Individuals 13.09.2021 \(PDF\)](#)

This article provides a summary of the findings regarding COVID-19 in pregnancy.

### **PCMCH: Updated Patient Brochure “I am pregnant or breastfeeding. Should I get the COVID-19 Vaccine?” (Oct. 25, 2021)**

Discusses:

- Risks of getting COVID 19 during pregnancy
- Risks and benefits of getting COVID vaccine in pregnancy or when breastfeeding?
- Key points about the mRNA vaccines
- What the experts recommend
- What to do if you get pregnant after getting the vaccine.
- What to do if you are planning a pregnancy.

Also available on the PCMCH website and on our MNCYN COVID website

### **NCAI:**

[National Advisory Committee on Immunization \(NACI\) An Advisory Committee Statement \(ACS\) - Interim guidance on booster COVID-19 vaccine doses in Canada 29.10.2021 \(PDF\)](#)

[Summary of National Advisory Committee on Immunization \(NACI\) Statement Of October 29, 2021 \(Pdf\)](#)

- Evidence from clinical trials suggests that booster doses of mRNA vaccines given six months after the primary series elicited a robust immune response against variants of Concern (VoC), with titres often higher after the booster dose than after the primary series.
- The intent of a booster dose is to restore protection that may have decreased over time
- NACI has recommended that moderately to severely immunocompromised individuals in the authorized age groups should be immunized with a primary series of three doses of an authorized mRNA vaccine.
- Over 80% of Canadians aged 12 years and older have completed a primary COVID-19 vaccine series.
- Moderna vaccine appears to offer more durable protection against severe disease and asymptomatic infection. This is followed by Pfizer. Both mRNA vaccines induce a higher antibody titre than the viral vector vaccines
- A longer interval between the first and second doses also results in higher titres which appears to be associated with longer duration of protection against symptomatic infection, including against VoC.

### **Recommendations:**

- NACI recommends a booster dose of an mRNA COVID-19 vaccine at least 6 months after completing the primary series of 2 doses for:
  - Adults living in long-term care or other congregate settings that provide care for seniors (as recommended by NACI on September 28, 2021)
  - Adults 80 years of age and older
  - Adults 70 to 79 years of age;
  - People who received two doses of the AstraZeneca Vaxzevria/COVISHIELD vaccine or one dose of the Janssen vaccine;
  - Adults in or from First Nations, Inuit and Métis communities; and
  - Adults who are frontline healthcare workers who have direct in-person contact

- with patients and who were vaccinated with a very short interval.
  - immunocompromised people
  - Adults who are frontline healthcare workers who have direct in-person contact with patients and who were vaccinated with a very short interval.
- For other populations not included in the above recommendations for a booster dose, NACI will continue to closely monitor the evidence and will make additional recommendations if there is evidence of the need for, and benefit of, a booster dose.
- ***Posted under the MNCYN COVID-19 webpage under Vaccination tab***

**SOGC: Contraception and VTE risk in the context of COVID-19 illness 1.10.2021 (PDF)**

- SOGC published a statement last month regarding contraception use and VTE in the context of COVID - 19 illness ...
  - **Women who are COVID pos. can continue any form of contraception that has already been initiated, including combined hormonal contraceptives, regardless of illness severity.**
    - Non-hormonal contraceptives) are not associated with an increased risk of VTE
    - The rate of VTE in pregnant women with COVID-19 is not established yet, with only a handful of case reports so far.
    - Although there is increased risk of VTE in pts. using Combined Hormone Contraceptive therapy (pill, patch or ring), the risk of VTE associated with pregnancy and postpartum is greater especially when pregnancy is complicated by COVID-19. Therefore, continued use of CHCs in women with moderate to severe COVID-19 illness requiring hospitalization is recommended as it represents a balanced harm reduction approach.
  - COVID pos. women who have already initiated CHCs as their chosen form of contraception may continue instead of stopping and re-starting them but women who are choosing to initiate contraception at the time of moderate to severe COVID-19 illness requiring hospitalization should consider non-hormonal or progesterone-only methods first and then transition to CHCs (pill, patch, ring) only at time of discharge if they wish.
  - This is because the risk of VTE associated with moderate to severe COVID-19 illness requiring hospitalization returns to baseline at discharge from hospital once the prophylactic anticoagulants have been discontinued
  - **Women who are positive for COVID-19 infection can use any form of emergency contraception, regardless of illness severity.**

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

No questions or comments

**Action Item:**

Resources will be posted to our MNCYN Covid-19 Resources page

**Item #5: Children's Hospital Updates**

**Paediatric Inpatient Update** (Lynanne Mason)- There is not really too much to update. We are seeing our usual respiratory season surge, both in critical care and paed units. Our biggest surge currently is in children's mental health. We are not seeing RSV cases in any significant numbers, but we have started the RSV clinic a few weeks earlier than usual and following up with at risk babies/children to ensure they are booked asap.

While not Covid specific, with the surge in children's mental health cases, funding for the eating disorders for children/adolescents has been received, so this will be rolled out soon and will hopefully make an impact on admissions.

Children's Emerg has seen an increase in the number of cases seen - 157 where 100 might be a normal day. This has led to obvious spacing challenges to meet IPAC guidelines.

The NP led virtual Covid outpatient clinic and assessment centres are seeing their numbers climbing. This clinic was developed to try to divert patients out of the ER.

There has not been significant staffing issues due to the HR terminations of non-vaccinated staff.

Q: Kristine Fraser (MNCYN): have there been any changes to the visitor's policy for Children's?

A: Lynanne Mason - LHSC did move to access for non-essential caregivers/visitors. Children's is different, however. We still allow up to 4 at the bedside at a time, but this must be approved by leadership. Visitors must be vaccinated. Baseline is 2 inpatient at bedside and 1 in ER at bedside.

### **Children's Care Update (Alison Stevenson)**

Alison reported that she had just attended a pre-surge call and noted that both Hamilton and Ottawa children's units are in trouble, so the PCCU's are hopping provincially. LHSC Children's is nearing the surge limits. (1 bed available). The NICU's are experiencing a bit of a lull at this time. Children's ER is still quite busy and are consistently seeing >130 patients per day, which has necessitated expanding into some flex space to accommodate IPAC guidelines.

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

#### **1. Epidemiology: COVID-19 in Schools & Child Care Centres in ON:**

<https://www.ontario.ca/page/covid-19-cases-schools> & <https://www.cp24.com/news/more-than-5-000-cases-of-covid-19-have-now-been-reported-by-ontario-school-boards-two-gtha-schools-closed-1.5656725> (Nov 8, 2021)

- Data as of November 10 at 1030
- **School related cases:** 119 reported cases in the past 24H,
- There are now 918 active cases linked to Ontario's public schools, down from 973 at this time last week & 1,159 two weeks ago.
- Ontario's publicly-funded school boards have now reported more than 5,000 cases of COVID-19 since beginning of academic year, hitting ominous milestone about 3 weeks earlier than in 2020.
- There have now been 5,068 confirmed infections associated with schools since classes resumed in early September, last year it took until December 2 to reach that number.
- It should be noted that while total number of school-related cases of COVID-19 is higher than at this point in 2020, number of active infections associated with public school system continues to decline for now.
- **Total number of schools with cases:** 497 of 4,844 (10.3%) schools in ON
- **School closures:** 2 – these numbers are lower than they were 2 weeks ago
- However, in the Greater Toronto and Hamilton Area, active cases have increased week-over week and now stand at 555 compared to 495 last Monday.

- Cases are also rising in the broader community, which could soon lead to a jump in infections among school-aged children & educational staff.
  - Ontario's rolling seven-day rolling average of new infections has climbed 31.5 per cent over the last week and now stands 476.
  - Of the 162 outbreaks in ON, 86 (53%) are in education & child-care centres
- 2. Public Health Ontario Data:** <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=ageSex>  
As of October 27, 2021, at 1030: (last reported numbers 2 weeks previous)
- 0-4 years of age: 273 (down from 419 cases), 7 hospitalizations
  - 5-11 years of age: 847 (down from 1,186 cases), 2 hospitalizations
  - 12-19 years of age: 493 (down from 717 cases), 5 hospitalizations
- 3. CHEO sees record number of RSV cases in October**  
<https://www.cbc.ca/news/canada/ottawa/cheo-record-number-rsv-cases-october-1.6241201>
- Dr. Pascal Lavoie, a pediatrician & clinician scientist at B.C. Children's, said less exposure means people started to lose antibodies to certain viruses, including RSV.
  - Dr. Lavoie said RSV affects children more than adults because they have had less exposure in their shorter life spans. The concern is even greater for infants if their mothers have had less exposure & didn't pass on antibodies during childbirth, Lavoie said.
  - CHEO has seen a spike in RSV patients which are mostly infants & toddlers who have contracted virus from older siblings at daycare or a friend's house.
  - Hospitals in B.C. & Quebec have seen RSV patient spikes similar to CHEO.
  - Lavoie said it remains to be seen if more cases could occur during the winter when RSV usually spreads, or if the spike early in the season could limit the number of cases as the population regains immunity.
- 4. New resource to help answer questions about the COVID-19 vaccine and children:**  
<https://www.cbc.ca/news/canada/ottawa/covid19-vaccine-5-to-11-year-olds-1.6219055>
- With Health Canada expected to approve a COVID-19 vaccine for kids in the coming weeks, two Ottawa doctors answer questions on vaccine for 5 to 11 year olds.
  - Dr. Vera Etches is Ottawa's medical officer of health and Dr. Nisha Thampi is a pediatric infectious disease physician & medical director of infection prevention & control at CHEO
  - This resource has been posted on our MNCYN website under Vaccines

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

**Andrea McPherson (Woodstock ED):** Reported that Woodstock has been seeing a prevalence of croup, fever and respiratory symptoms

**Dr. N. Nashid (ID LHSC) –** Nothing to report

**Q: Kerri Hannon (Stratford) – question about the surge and if /how this might affect level II hospitals.**

**A: Alison Stevenson.** - London is currently sending 1 patient to Kitchener, but at present, we are the centre with the most beds. She did not have a sense of Level II patients at other sites. We

have exhausted our Level II surge plans.

**Item #8: Wrap Up (Gwen Peterek)**

- LHSC decided to discontinue their Regional Paediatric Town Hall meetings when they last met on Oct. 29<sup>th</sup>
- Since we are seeing the COVID numbers generally decreasing in our region we had decided last time to host these meetings monthly – Is everyone still OK with that?
- Next combined Perinatal and Paeds meeting will be mid Dec., so we will be sending out the WebEx meeting invitation soon. In the meantime, feel free to reach out to either Kristine or myself if you have any questions.

**Adjourned: 3:25 hrs.**