

An H1N1 Update from the Pediatric Chairs of Canada – November 3, 2009

A short survey was sent to all Chair/Chiefs of Departments of Pediatrics who are members of the Pediatric Chairs of Canada (PCC) on Friday October 30th, 2009. The purpose of the survey was threefold:

1. To determine whether most pediatric academic health science centres (PAHSCs) have seen a major increase in Emergency Department (ED) attendance associated with the H1N1 pandemic;
2. To establish policies and procedures with respect to Tamiflu prophylaxis and treatment of health care professionals in these institutions; and
3. To document staffing responses of the PAHSCs to the changes in ED volumes.

The following is a summary of October 30, 2009 survey data:

- i. Emergency Department attendance has increased by 50-100% in virtually all of the PAHSCs in the past week following the death of 2 children in Ontario. The vast majority of the increased numbers present with what are called ILIs (Influenza-like Illnesses) or FRIs (Febrile Respiratory Illnesses). This upswing has not slowed down in any of the PAHSCs by the end of the weekend although the numbers appear to have been steady for a number of days. In addition, the vast majority of these children have relatively mild disease with a small minority requiring hospitalization, and a very small number needing Pediatric Intensive Care Unit level treatment with intubation and ventilation. We are unaware of any further deaths as of November 1, 2009 at 10 p.m.
- ii. Tamiflu prophylaxis is only being offered to front-line health care workers at one PAHSC. However, Tamiflu treatment is being offered to those who become symptomatic. The threshold for Tamiflu treatment appears to be similar in all institutions, namely for those health care professionals with significant symptoms. Vaccination is being stressed for all health care professionals.
- iii. Medical and nursing staffing has been significantly increased in all of the PAHSCs with two important additions: (a) nurse practitioner run clinics are being offered in some centres, and (b) some centres are redeploying non-pediatric emergency medicine physicians at peak times to assist with the ED or flu-clinic flow.

The PCC intends to update this survey on a weekly (or more frequent) basis in order to share experiences and encourage best practice across the country. Please feel free to disseminate these updates throughout your respective healthcare organizations.

**Submitted on behalf of the Paediatric Chairs of Canada by:
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November 3rd, 2009.**