

PCC Bulletin #2 on H1N1 November 16th, 2009

A survey of members of the Pediatric Chairs of Canada conducted the week ending November 13th, 2009 received responses from 11 of the seventeen Academic Health Sciences Centres in Canada. The following is a summary of the survey data:

1. Most of the Emergency Departments in the Pediatric Academic Health Science Centres have been seeing a 50-100% increase in patient numbers since the current pandemic started around October 25th. Almost all of the additional patients being seen have Influenza-like illnesses (ILI's) or Febrile Respiratory Illnesses (FRI's) depending on the local nomenclature. Patient numbers as high as 300-400/day were seen at the peak in Montreal and Toronto, although these seem to be decreasing in the past few days. In some areas numbers may be back to normal.
2. In each PICU there have been 0-7 cases on any given day with many on ventilators. No deaths have been reported in the past week.
3. Most institutions have had contingencies in place in order to see patients with ILI's/FRI's more expeditiously thereby taking some of the pressure off the ED. These include Flu Clinics, Fast Track or Urgent Care facilities.
4. There has been a demand in all centres for increased physician, nursing, other health professionals and support staff hours in the ED: this has been achieved and resourced in different ways at each institution, including increased hours per ED faculty, increased attendance of general pediatricians or subspecialty faculty in the ED or Urgent Care facility.
5. A significant number of staff in some centres have contracted ILI's and have been off work placing additional pressure on remaining staff.
6. There has been some disruption to elective surgical lists and out-patient services, but this has been limited to a small number of centres.
7. All centres provide vaccine to front line staff and highest risk children, a few to family members of these children as well.

The PCC intends to update this survey on a weekly 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.

Bulletins #1 and #2 have been posted on the following websites:

<http://www.caphc.org/>
<http://www.paediatricchairs.ca/>

**Submitted on behalf of the Paediatric Chairs of Canada by:
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November 16th, 2009**