20/20 reVISION

YEAR IN REVIEW

Canadian Paediatric Society

COVID-19 has clouded our community and personal lives since early 2020, yet the unsparing, inspiring care of CPS members for children and youth remains a silver lining. No effort in recent memory has involved a larger concentration of members, and virtually every working group within the CPS was engaged in some way. Those deserving acknowledgement and thanks are too many to name, but their COVID responses during 2020 rolled out in three distinct waves.

A first wave of clinical work focused on the disease. Members of the Acute Care and Infectious Diseases and Immunization committees wrote on epidemiology, case management, and acute conditions such as inflammatory multisystem syndrome (PIMS/MIS-C). Experts from the Allergy and Respiratory Health Sections evaluated chronic risk factors for infection such as asthma and allergy, while the Fetus and Newborn Committee delivered pieces on perinatal precautions, NICU care, and safe breastfeeding practices.

In a second, 'surveillance' wave, the Canadian Paediatric Surveillance Program (CPSP) was mobilized to provide real time data on how (and how many) kids were being severely affected by COVID-19. Their public health alert in May advised physicians to watch for cases of acute hyperinflammatory illness in children, possibly following COVID-19, and study parameters expanded to capture such cases. Another study component assessed non-hospitalized children with chronic co-morbid conditions for higher infection risk. Before school start last September, the CPSP's interim findings were confirming that paediatric hospitalizations for acute COVID-19 are both rare and mild compared with adults. They continued to monitor cases and trends through the fall to inform public health decision-making.

A third wave swept parent information and professional education to the fore. Members rushed to help with practical COVID information, basic precautions, and guidance for parenting and communicating with kids. Six short videos reassured parents struggling with new realities, with members offering empathetic, practical guidance on schoolwork, screen time, resilience, and revising expectations. There were warnings for parents also, such as not to delay routine vaccines or seeking medical attention for early signs of type 1 diabetes. Other alerts included more severe COVID infection related to vaping, smoking, and other substance misuse, and a few reminders, such as essential hand hygiene and precautions for keeping home a safe place in uncertain times.

With support from the Public Health Agency of Canada, development of a new online course got underway to give health professionals in any practice setting the information and skills they need to convince families of the safety and efficacy of COVID vaccines.

> *Schools are more than places of learning. They provide important mental health supports, nutritious food and—for some children—a refuge.*
>
> — Dr. Karen Leis, Chair, Action Committee for Children and Teens

COVID conditions have focused attention on one CPS strategic priority—child and youth mental health—as never before. The Mental Health Task Force immediately turned their focus on the emerging and developmentally crucial needs of young

Without the evidence necessary to safely vaccinate those under 16 years of age, families, schools and communities will not be able to fully move towards a world where they can hug friends, visit relatives, sit with classmates, or simply be together again.

— Dr. Sam Wong, Past President, writing to Minister of Health Patty Hajdu

people and families in pandemic times. They helped with strategies to support youth whose depression or anxiety disorder is being intensified by physical distancing and self-isolation. A short video acknowledged that children and youth are grieving the loss of pre-COVID routines and activities, and suggests practical ways for families to cope and transition together. Newly vetted screening tools and rating scales are now online to help clinicians assess conditions that the pandemic is exacerbating, including anxiety, depression, eating disorders, and substance use.

Re-open schools for in-person learning. For reasons of child and youth mental health and well-being, the CPS has advocated throughout 2020—and beyond—to keep schools and daycares open and safe. In response to early closures, members urged government ministers of education to help schools recognize and celebrate students graduating to and from junior high and high school. Later they detailed the principles and practices needed to ensure a safe return to schools and daycares, a stance reinforced by CPSP results confirming that children's risk for severe COVID infection is extremely low.

As weeks of closure turned into months and the effects of isolation on young people began to surface, advocacy culminated in a September statement calling on all levels of government to keep schools open. Along with the myriad benefits of in-person learning and socializing, millions of children and youth in Canada rely on their schools for physical and mental health services, nutritious food, safety, security, and support.

Being called upon to assist with the care of an ill newborn can be one of the most challenging and stressful experiences for a health care provider.

— Dr. Jill E. Boulton, Editor, *ACoRN: Acute Care of at-Risk Newborns*

ACoRN is reborn! A new ACoRN textbook is here, and with it, a revitalized teaching program. This thoroughly revised and updated second edition of *ACoRN: Acute Care of at-Risk Newborns*, published by Oxford University Press, is the centre-piece of a well-established Canadian program for stabilizing at-risk or unwell infants in their first hours and days of life.

For editors Drs. Jill Boulton, Kevin Coughlin, Alfonso Solimano, and Debra O'Flaherty, RN, this book has been a true labour of love. Revision was first conceived in 2015, when the program was transferred to the CPS, and gestation since has involved two dedicated ACoRN subcommittees, whose members reviewed and contributed to multiple manuscript drafts, and more than 60 expert reviewers—physicians and nurses within and outside the CPS—who freely shared their knowledge and insights at every stage of development.

Completely new in this book are chapters on neonatal transition and jaundice, a series of 'Consolidated core steps' to conduct alongside initial assessment, a tool for evaluating infant 'Level of risk' in each of 8 systems, and a section on pre-surgical care for neural tube defects. 'Alerting signs' of problems and 'Sequence' flow and structure have evolved significantly since 2012, and users now work through a sequence before a clinical case shows how it applies in practice. The neurology chapter was expanded to include infants at risk for hypoxic ischemic encephalopathy and indications for thermoregulatory management, and the chapter on fluid and glucose aligns with recent Fetus and Newborn Committee guidance on screening and managing infants with low blood glucose. Newborns undergoing therapeutic hypothermia are included in the thermoregulation sequence, and an extensively revised chapter on infection includes a new sepsis scoring tool and sequence.

The ACoRN text is a springboard for future learning components: sample examination questions, a companion guide of ACoRN 'essentials', a practice point highlighting key clinical changes between editions, and webinars and online labs to advance ACoRN provider education for years to come.

A significant proportion of kids have experienced increased depression, anxiety, irritability, and they're just less able to buffer the day-to-day frustration, compared to their pre-pandemic self.

— Dr. Daphne Korczak, Chair, Mental Health Task Force

It's never too soon to raise a reader. Despite COVID and thanks to Dr. Alyson Shaw's creative input—and with timely, expert guidance from the Early Years Task Force—a new 'Read Speak Sing' statement launched on Family Literacy Day, 2021. It arrived in great company: with an online course developed collaboratively with the Canadian Children's Literacy Foundation, a poster and tool featuring "conversation starters" to aid counselling with parents, a video, and an updated list of physician resources. Together this suite of 'Read, Speak, Sing' information helps health care professionals promote'pro-literacy' skills in any practice setting.

The new statement focuses on early language development and interaction-rich home environments as essential precursors of emergent literacy. 'Serve and return', storytelling, and song, as well as traditional book sharing, predict verbal proficiency (even in multiple languages) and other pre-literacy skills. Two pivotal reviews by the First Nations, Inuit, and Métis Health Committee provided a critical lens and a refocus on oral storytelling and cultural connection as key steps in developing literacy. There is greater focus also on how early book sharing strengthens attachment, relational warmth, and healthy family routines.

Parents have been reading to children for generations, but now basic science backs up what Mother Goose and Dr. Seuss already knew. Early brain development happens through relationships.

— Dr. Alyson Shaw, Early Years Task Force

Escape the vape. The Adolescent Health Committee was revising our statement on e-cigarettes well before COVID hit, but the increasing isolation and substance use among youth that followed has given their work new urgency. Vape products and delivery systems have proliferated since the first statement was published in 2015, and surveys conducted by the CPSP have found significant numbers of severe vaping-related illness and injury cases occurring in children and youth. A recent, expanded CPSP study is looking for common risk factors, patterns of illness and injury, and vaping product characteristics associated with injuries. New data may also shed light on whether vaping and risk for COVID-19 infection are connected.

We're at risk of losing the progress made in reducing rates of teen smoking and seeing a new generation of youth addicted to nicotine.

— Dr. Nicolas Chadi

The new statement, co-written by Drs. Nicolas Chadi, Ellie Vyver, and Richard Bélanger, describes the multiple and serious hazards of vaping, which is potentially psychoactive, addictive, and harmful for the developing brain. It makes practical recommendations for health professionals counselling children and youth, both to discourage starting and encourage cessation. Behavioural and pharmacological strategies that have proven effective against tobacco smoking are the focus of a clinical tool, a short video, and a webinar.

CPS advocacy to government during 2019-20 is already giving the statement's recommendations real traction. Our calls for child-proof containers, packaging with standardized warnings, and to protect young brains by prohibiting direct marketing of vaping products to young adults age 18 to 25, all became law early this year. Also, repeated calls for a ban on flavoured vaping products have become reality in some jurisdictions.

There is much work still to do, however. The online promotion of unregulated 'grey market' products is rampant and often uses 'youth-attracting' strategies. Vaping is also misleadingly represented as a smoking cessation 'aid' or as a safer, 'more natural' alternative to tobacco, when it is far more likely to be a gateway to nicotine dependency. The CPS is calling for a strict 20 mg/mL nicotine concentration limit in all vaping products, to align with provinces such as British Columbia and Nova Scotia, and international jurisdictions such as the EU, who have already imposed this limit.

To ensure that decades of progress in reducing tobacco use among youth is not undone by the rise in vaping, the full implementation of CPS recommendations, along with meaningful enforcement mechanisms, is essential.

The Canadian population has accepted that cannabis be legalized only if it is not detrimental to its children and adolescents. Let us make certain that this promise is kept.

— Drs. Christina Grant, McMaster University, and Richard Bélanger, Université Laval

Kids before cannabis. Drs. Christina Grant and Richard Bélanger have been protecting Canada's children and youth from the harms of recreational cannabis since writing their first CPS statement in 2017. As co-leads of a 4-year CPSP study, they also tracked serious adverse medical events involving recreational cannabis before and after legalization. They've spoken on behalf of the CPS before the House of Commons and the Senate, chaired the Cannabis Project Advisory Group, and were joint guest editors of a special theme issue of *Paediatrics & Child Health* on 'Cannabis, children and youth'. Most recently, with financial support from Health Canada, they've made sure that health professionals have the basic information and skills they need to counsel youth and families on recreational cannabis use and risks.

Their new practice point is a 'primer' for starting conversations with children, youth, and families about cannabis use and harms in an effective, developmentally appropriate way. The '8 As', a smoking cessation tool adapted to reduce cannabis use in adolescents, helps to focus in-office discussion on risks, symptoms, dependency, and treatment options.

The physical and mental health effects of regular cannabinoid exposure on the developing brain are increasingly recognized, and the hazards of legalized cannabis persist. Last year's interim CPSP results confirmed that inadvertent or inappropriate ingestion remains the most frequent cause of cannabis-related adverse events in Canada. Almost all reported cases required hospitalization, and a third—caused by edibles resembling 'treats' or improperly stored—were in children under 12. When youth ingest cannabis in food, beverages, or capsules, they are at much higher risk for overdose, combining psychoactive substances, driving under the influence, or experiencing hyperemesis syndrome.

Thanks to Drs. Grant and Bélanger, cannabis counselling is now a defining element of quality adolescent care. A podcast and online clinical tools to aid counselling were developed from their practice point, along with Pedagogy's new online course familiarizing health professionals with counselling information and strategies.

Black Lives Matter and a blueprint for change. The death of George Floyd marked 2020 as indelibly as COVID-19, and like the pandemic, it posed questions and demanded responses from thinking people and organizations.

At first, our members simply raised their voices. In a series of spontaneous short videos, they spoke out against race-based injustice, and for the young people and colleagues that systemic racism hurts most. The Adolescent Health Committee and Section issued a statement protesting racism as a social determinant of health, and a CPS survey soon confirmed that many members experience racist attitudes, both from colleagues and patients, in their workplaces. Respondents cited culturally incompetent care, health care provider attitudes, and bias in leadership, education, and policy as the most pressing race-related problems in paediatrics. As evidence of racist encounters in Canada's health care system—anti-Indigenous, anti-Black, and other forms of racism—mounted throughout the year, the need for a focused, organizational initiative, with real change to follow, became clear.

The CPS initiative began with an internal, self-reflective conversation inspired and led by Dr. Kassia Johnson, a developmental paediatrician and Early Years Task Force member, and Past President Dr. Sam Wong. They encouraged critical introspection and difficult conversations as the next, best steps in beginning to solve problems, and challenged members to listen to one another, share experiences, and reflect on change. Their invitation to help advance anti-racism drew a huge response, and two virtual meetings were held to engage members on specific aspects of the initiative, including policy development, advocacy, and medical education. The CPS has made a 3-part organizational commitment to listen, educate, and advocate for change from within, and a core working group is tasked with developing a principles-based policy document to inform future governance, leadership development, and practice guideline development.

The CPS anti-racism initiative is finding its feet but is the work of years. For health care providers who want to learn more, an annotated list of resources on racism in health care and medicine has been posted online.

An antiracism policy needs to underpin everything we do. We've got to cast our minds and have this in our every conversation, in our every thought—for ourselves, for our colleagues, and for our patients and families.

— Dr. Kassia Johnson, Physician Lead, Antiracism Strategy

100–2305 St. Laurent Blvd., Ottawa, Ontario K1G 4J8
www.cps.ca • www.caringforkids.cps.ca

Canadian Paediatric Society