Project aims to close knowledge gaps related to non-medical cannabis use

A multidisciplinary group of experts has been working on several initiatives to help health professionals counsel youth and families about non-medical cannabis use.

The project responds to a knowledge gap among CPS members, identified in a 2018 survey. Approximately 25% of respondents said they were uncomfortable starting conversations about cannabis use with parents or patients because of a lack of knowledge or resources.

An advisory group co-chaired by Dr. Richard Bélanger and Dr. Christina Grant—who have led the CPS response on non-medical cannabis use—identified several strategies to help clinicians incorporate cannabis counselling into practice.

New resources for health professionals

The foundational resource is a practice point, *Counselling adolescents and parents about cannabis: A primer for health professionals*, which provides evidence-based strategies, tools and resources to help health professionals address non-medical cannabis use and its related risks.

Drs. Bélanger and Grant also served as guest editors—along with Dr. Richard Stanwick—of a *Paediatrics & Child Health* journal supplement on non-medical cannabis. Along with the practice point, the issue features articles on vaping cannabis, breastfeeding, driving, as well as clinical cases on cannabis hyperemesis syndrome, unintentional overdose and cannabis-related psychosis, and how to manage patient or parent requests for therapeutic cannabis.

Also being launched are two new clinical tools to help guide daily practice, as well as information for parents.

The Cannabis Project Advisory Group is also working on a podcast based on the practice point, which will be available in English and French through PedsCases later this year.

*continued on page 2*
#SeeTheChangeForKids

Just as the COVID-19 pandemic has brought out kindness and generosity, it has also exposed inequities that leave some people even more vulnerable than before. As frontline providers to families, many of you have spent years advocating for measures to reduce health and social inequities. What if this crisis helped us to finally bring about changes that have been long overdue?

This experience has the potential to be transformative. We don’t have to go “back to normal”. Instead, we can create a better future. So let’s imagine what that might look like.

We want to know: What is one change you would like to see when this pandemic is over? It could be in your own practice, in your institution, within your community, or on a larger scale.

Perhaps you (or your colleagues, or your hospital) are doing something differently to adapt to the pandemic, and it’s working well. Or maybe you have identified a service gap in your community that needs to be filled. Is there a public policy improvement that would have made it easier for the families you serve to cope during this difficult time?

No idea is too small, and no idea is too ambitious.

We want to collect and share these ideas so that CPS members can learn from one another. We also want to see where the CPS—as advocates for children and youth across Canada—can be more effective in the months ahead.

Let’s see the change for Canada’s kids, and together make it happen.

Share your thoughts with us at info@cps.ca.
How CPS members helped health professionals and families through the pandemic

The early days and weeks of the COVID-19 pandemic were particularly unsettling. Information was evolving daily, sometimes hourly, and it was challenging for both health care professionals and families to keep up.

During this time, CPS staff and the Board of Directors were amazed and inspired by our members who, in addition to their clinical obligations, also managed to create practice points, parent handouts, blog posts, videos and engage in advocacy related to COVID-19. As evidence evolved, authors worked quickly and collaboratively to ensure CPS guidance was current.

We want to send out a heartfelt thanks to all members who have kept Canadians healthy and safe during the pandemic and continue to do so every day. We appreciate everything that you do.

Just as important as our thanks, however, is the obvious appreciation from health care professionals and Canadian families. As of mid-May, these COVID-19 resources have resulted in over 236,000 visits to our website. Content has also been shared widely on social media. 🌟

Visit www.cps.ca for all COVID-19 resources. Email feedback to info@cps.ca. Our thanks to everyone involved in developing these resources:

Elissa Abrams  Carolyn Beck  Richard Bélanger  Suzanne Beno  Nicholas Chadi  Edmond Chan  Kevin Chan  Laurel Chauvin-Kimoff  Jean Clinton  Eyal Cohen  Mike Dickinson  Catherine Diskin  Catherine Farrell  Tricia Feener  Andrea Feller  Sarah Gander


Thanks also to the many groups who read and commented on countless documents, including:

Adolescent Health Committee  Allergy Section  Community Paediatrics Committee  Drug Therapy & Hazardous Substances Committee  Fetus and Newborn Committee  Infectious Diseases and Immunization Committee  Neonatal Perinatal Medicine Section  Respiratory Health Section  Social Paediatrics Section  Steering Committee, Canadian Paediatric Surveillance Program
Are children getting sick from COVID-19? A new study aims to find out

In April, the Canadian Paediatric Surveillance Program (CPSP) launched a study to learn how many children are becoming seriously ill from COVID-19.

The study, which collects weekly data from 2800 paediatricians across the country, will report “real-time” data to the Public Health Agency of Canada.

Participants in the CPSP are asked to report cases of COVID-19 among children (under 18 years old) requiring hospitalization, and all cases of COVID-19 among non-hospitalized children with underlying medical conditions.

This data is important because the spectrum of COVID-19 illness in children, and what groups of children may be at higher risk for severe disease, is not well described.

Initially, the majority of cases of severe COVID-19 were reported in adults over the age of 60 and with underlying co-morbidities. As the pandemic has progressed, it has become clear that the spectrum of illness is wider than originally described and that younger individuals can also have severe COVID-19 disease, including death.

“Little is known about how COVID-19 affects children, especially those with serious, pre-existing medical conditions, said Dr. Charlotte Moore Hepburn, Medical Director of the Canadian Paediatric Society and co-principal investigator of the study.

“This study will provide essential, time-sensitive information about which children are at greatest risk of serious complications and who may benefit most from novel therapies and possible prevention efforts. This critically important data will help us rapidly adjust best practices for paediatric care.”

This study will continue until public health officials declare that the COVID-19 pandemic in Canada has passed. For more information on this or other CPSP studies, visit www.cpsp.cps.ca/

Surveillance, public health, and communication during a pandemic

With information on COVID-19 changing rapidly, the Canadian Paediatric Surveillance Program has served not only to gather near real-time data on hospitalized and high-risk paediatric cases of the disease, but also to quickly communicate important emerging findings with the potential to affect diagnosis and management.

In April, the CPSP issued an alert to over 2800 members of the program informing them of skin changes present in some patients with COVID-19. This unusual presentation—involving purple-blue or reddish lesions on the feet, known as “COVID toes”—should prompt clinicians to consider testing and contact tracing for the virus.

In May, the program issued another alert after increasing case reports from Europe and the United States of a multi-system hyperinflammatory syndrome resembling Kawasaki disease, with possible links to coronavirus. While rare, clinicians should maintain a high degree of suspicion for this serious illness.

“We’re seeing how important it is for frontline providers to be engaged with public health programs like the CPSP,” said Dr. Charlotte Moore Hepburn, Medical Director of the CPSP. “It’s thanks to the relationships between the participants and the program that we are able to move quickly and efficiently.”
Helping paediatric residents provide better care to First Nations, Inuit and Métis children and youth

Improving health care professionals’ knowledge and understanding of Indigenous health is one of 94 Calls to Action in the Truth and Reconciliation Commission’s 2015 report. And in 2017, the Royal College voted to include Indigenous health in all residency programs, so that health professionals provide culturally safe care.

Paediatrics was one of the first specialties to develop training for its residents, thanks to Dr. Kent Saylor, a former chair of the Canadian Paediatric Society’s First Nations, Inuit and Métis Health Committee who is currently Director of McGill University’s Indigenous Health Professions Program.

Dr. Saylor, a member of the Mohawk Nation, was the lead author on a training program released by the CPS in 2011. Paediatricians with clinical experience in Indigenous health delivered the program to residents in training centres across the country.

Dr. Saylor and a team of physicians used feedback from instructors and learners to update and expand that seminal program, which now includes more resources featuring Indigenous voices.

Developed with the National Collaborating Centre for Indigenous Health, the curriculum is structured as four modules, each designed to be delivered in about one hour:

- Demographics, data, and federal government relations
- Common medical conditions
- History, colonization and social determinants of health
- Providing culturally safe care

Each module includes a slide deck, speaking notes, and list of additional resources and recommended readings. There is also a user guide with tips for presenters. All materials were reviewed by the CPS First Nations, Inuit and Métis Health Committee, which includes representatives from national Indigenous organizations.

The entire curriculum can be downloaded from the CPS website. Visit www.cps.ca/indigenoushealth for links.

Resources on Indigenous child and youth health

A comprehensive list of readings and resources for health professionals interested in Indigenous health has been added to the CPS website. Curated by Dr. Véronique Pelletier and Dr. Émilie Beaulieu, the resources cover clinical issues, as well as historical and cultural topics that affect health. There are links to materials for clinicians who have experience working with Indigenous communities, as well as those who are just starting out.

Also new on the website is a series of video clips on reconciliation aimed at health professionals. The videos are excerpts from a 2019 workshop delivered during the CPS Annual Conference by Dr. Margo Greenwood, academic lead of the National Collaborating Centre for Indigenous Health, and Dr. Radha Jetty, Chair of the CPS First Nations, Inuit and Métis Health Committee.

In their session, “Partners in Reconciliation: Health care leaders working together as allies in Indigenous health”, Dr. Greenwood and Dr. Jetty talked about how non-Indigenous health professionals need to challenge both their personal beliefs and the health care system, and commit to working alongside Indigenous partners in the spirit of reconciliation.

Visit www.cps.ca/indigenoushealth for more information.
‘Virtual’ conference planned for fall 2020

While the COVID-19 pandemic made it necessary to cancel this year’s CPS annual conference—for the first time since 1923—members will still have an opportunity to learn from the many speakers who had planned to present.

Abstracts selected for this year’s conference have been published and are available on the Paediatrics & Child Health website: academic.oup.com/pch/supplements.

Live online education sessions

Over a 12-week period this fall, the CPS will feature 12 educational sessions originally scheduled to take place at the Vancouver conference.

From September 8 until November 24, these accredited (MOC Section 1) sessions will be offered live every Tuesday at 12 p.m. Eastern time.

The first session in the series—available at no cost to everyone—will be a panel discussion called After Covid-19: Next steps.

Over the coming months, members will receive more details about the fall online sessions, including costs and information about how to register.

2021 Annual Conference

The 2021 Annual Conference will be held at the Hyatt Regency Vancouver from June 23-25, 2021.

Congratulations to 2020 award winners

CPS awards honour Canadians who have achieved excellence in paediatric practice, advocacy, research, education and teaching, and health promotion. Congratulations to all of this year’s winners. Visit our website for more information on the recipients.

Alan Ross Award
Dr. Michael Moffatt

Life Membership
Dr. Robert Moriartey
Dr. David Smith
Dr. Reg Sauve

Career Research Award
Dr. Patricia Parkin

Honorary Membership
Cindy Blackstock

Michel Weber Education Award
Dr. Adelle Atkinson

Early Career Award
Dr. Stacey Marjerrison

Noni MacDonald Award
Pain Pain Go Away: Improving the vaccination experience at school. Lead author: Anna Taddio

Danielle Grenier Member Recognition Award
Dr. Nicole LeSaux

Victor Marchessault Advocacy Award
Dr. Richard Bélanger and Dr. Christina Grant

Certificates of Merit
Dr. Charlotte Foulston
Dr. Suryakant Shah

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TB among Indigenous children and youth

Understanding the social factors that contribute to high rates of tuberculosis in some Indigenous communities is just as important as knowing about medical management. That’s the message in a recent commentary released by the Canadian Paediatric Society.

The commentary highlights that poor living conditions, health inequities, historical traumas, and stigma perpetuate the high rates of TB in some Indigenous communities, and offers guidance to clinicians on offering culturally safe care.

“We want health professionals to know that reducing stigma and discrimination around TB will ultimately help to improve both TB treatment and prevention,” said Dr. Radha Jetty, chair of the CPS First Nations, Inuit and Métis Health Committee, who wrote the document in collaboration with the Assembly of First Nations, Inuit Tapiriit Kanatami, and the Métis National Council.

“It is vital that everyone from policy-makers to frontline workers understand the conditions contributing to the exceedingly high rates of tuberculosis in Inuit communities,” said Natan Obed, President of Inuit Tapiriit Kanatami. “Recognizing that TB is directly linked to poverty, insufficient access to health care and overcrowded housing conditions is crucial as we continue to work together to eliminate this disease.”

Children are especially vulnerable, as they are more likely to develop active TB when they are infected with the bacteria and to experience life-threatening conditions such as TB meningitis.

Health care providers working with or in Indigenous communities are advised to:
• Familiarize themselves with the communities they serve.
• Incorporate Indigenous healing practices into care plans for families.
• Understand how historical traumas might affect the relationship between themselves and the people they serve.
• Co-develop family-centred TB care plans with patients.

The paper also encourages health professionals to work to improve social determinants of health for Indigenous people in Canada.

Visit www.cps.ca/en/documents for this and other CPS documents.

Campaign urges medical care for type 1 diabetes symptoms

One of the early consequences of the COVID-19 pandemic was a widespread drop in visits to hospital emergency departments. Public health directives to stay home, along with fears of contracting the virus, led to dramatic reductions in ED visits. And while changes in public behaviour may have explained some of the reduced volumes, many paediatricians worried about whether sick or injured children were simply not presenting.

That theory is especially worrying for conditions where a delayed diagnosis can have serious consequences, like type 1 diabetes. Anecdotally, some paediatric diabetes clinics reported significant decreases in the number of expected new diagnoses during the pandemic.

Dr. Beth Cummings, a paediatric endocrinologist at IWK Health Centre, told The Chronicle Herald newspaper that while the Halifax clinic typically sees six to eight new cases each month, there were none over a six-week period.

At the Children’s Hospital of Eastern Ontario in Ottawa, new diagnoses of type 1 diabetes were down 70% over a 30-day period at the start of the pandemic. In late April, Ottawa’s hospitals issued a joint public statement to encourage the public not to avoid emergency rooms if they needed care.

Diabetes organizations across Canada had similar concerns, and joined forces on a social media campaign to raise awareness of the symptoms of undiagnosed type 1.

Created by Beyond Type 1, a U.S.-based non-profit, the “warning signs” campaign has been endorsed by Canadian organizations like JDRF and Diabetes@School, which is a project of the Canadian Paediatric Society, the Canadian Pediatric Endocrine Group, and Diabetes Canada.

Visit Diabetes@School at www.diabetesatschool.ca. For information on Beyond Type 1’s international awareness campaign on DKA, visit www.beyondtype1.org.
Hats Off!

Congratulations to these CPS members who were recently appointed as Officers of the Order of Canada:

Dr. Shoo Lee of Toronto was honoured for his contributions to the field of neonatal medicine in Canada, which have helped to improve outcomes for ailing infants and their families.

Dr. Noni MacDonald of Halifax was celebrated for her contributions to the enhancement of clinical practices in maternal and child health, in Canada and around the world.

Dr. Cheryl Rockman-Greenberg of Winnipeg was recognized for her contributions as an academic clinician and physician in the field of genetics, notably in the treatment of genetic disorders overrepresented in unique populations.

Celebrating member contributions to the CPS

If you haven’t yet seen our Year in Review, 20in19, you can read it online. It includes twenty stories of amazing member accomplishments from 2019. Find it here: www.cps.ca/en/publications/annual-report

Have something to share? Send us member news or accomplishments by contacting cps@cps.ca

Event postponed

Fall 2020 Lifelong Learning in Paediatrics

The Fall 2020 Lifelong Learning in Paediatrics course has been postponed to protect the health and safety of all course participants and because conditions for learning through the summer and fall remain uncertain.

The event will now take place October 15–17, 2021 at the Algonquin Resort in St. Andrews by-the-Sea, New Brunswick. It will be presented in association with the Atlantic Pediatric Society.

Content areas will include:

- Acute care
- Developmental paediatrics
- Neurology
- Respirology


In Memoriam

The CPS offers its condolences to the families of the following members:

Dr. Debbi Andrews (1954-2020) Edmonton, Alberta
Dr. Rodney Bergh (1928-2020) Ottawa, Ontario
Dr. Charles Bester (1952-2020) Red Deer, Alberta
Dr. Bernard Doray (1929-2020) Montréal, Quebec
Dr. Robert Haslam (1936-2020) Okotoks, Alberta
Dr. Clifford Henderson (1926-2020) Kelowna, British Columbia
Dr. Michael Lester (1938-2020) Toronto, Ontario
Dr. Arne Ohlsson (1942-2019) Brighton, Ontario
Dr. Heather Onyett (1945-2020) Kingston, Ontario
Dr. Edith Peterkin (1922-2019) Belleville, Ontario
Dr. William Donald Reid (1939-2020) London, Ontario
Dr. Brian Wherrett (1933-2020) Kingston, Ontario

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