

Calls for masking in schools as respiratory infections overwhelm children's hospitals

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Surges in respiratory illnesses are overwhelming children's hospitals across Canada, prompting calls to reintroduce masking in schools.

"It's a pediatric health care crisis of a proportion that I don't think anybody has seen in their careers at this point," said Lennox Huang, chief medical officer and vice-president of medical and academic affairs at SickKids in Toronto.

Across Ontario, all pediatric intensive care units (ICUs) are operating at more than 100% capacity. The situation is affecting adult services, too, as hospitals are diverting pediatric patients to adult ICUs.

The province has instructed all hospitals to work at up to 150% of their usual operating capacity, up from 120% under normal surge plans.

SickKids is redeploying staff and cancelling scheduled surgeries to prioritize emergency procedures, Huang told *CMAJ*. "It's all hands on deck."

"We're seeing nurses, physicians and respiratory therapists working in areas they wouldn't have otherwise," he said. "Physicians are, in many cases, doubling up on the number of shifts, clinical work and calls that they're doing to meet the clinical demand."

The same crisis is unfolding across the country.

BC Children's Hospital has been over capacity for nearly two weeks, operating at 120% with wait times as long as 12 hours, according to some sources. The hospital has postponed some surgeries and diverted patients elsewhere.

Alberta Children's Hospital has reached at least 100% capacity, and the pediatric ICU is nearly full. The hospital's emergency department is seeing more than

300 visits daily, up from 180–220 before the surge. Patients are waiting four–six hours for triage and an additional 17–18 hours to see a doctor.

In Halifax, the IWK Health Centre's pediatric ICU has been operating at 100%–160% of capacity for nearly two weeks but has not yet cancelled non-urgent surgeries.

Triple threat: flu, RSV, medication shortages

Federal data show that seasonal levels of influenza and respiratory syncytial virus (RSV) infections are higher than usual and increasing.

Ongoing staffing problems are compounding the capacity challenges, as are shortages of antipyretic medications, particularly children's acetaminophen and ibuprofen.

"We've had a surgical wait list that has been growing steadily over time, and every time [infections surge], whether it's multiple waves of COVID or these waves of influenza and RSV, we've had to stop elective surgery," Huang said.

"We're only doing life-saving emergency surgery right now, so that wait list continues to grow every single day. The impact on the families of children who are waiting, in many cases for life-altering surgery... you can't underestimate that impact."

Mask mandates could ease pressure

Reinstating mask mandates in schools could reduce the spread of respiratory viruses, according to Anna Banerji, professor at the University of Toronto's Temerty Faculty of Medicine.

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Without these "mainstays to manage more mild illnesses at home," families have had to resort to emergency departments, Huang said.

The capacity crisis in children's hospitals has been building for months. Last summer, neonatologists warned in *CMAJ* that a resurgence of RSV would stretch resources in pediatric ICUs across Canada.

"For influenza and RSV, they're both spread through droplets," Banerji told *CMAJ*. "Masks work. We know they work because in the past few years with masks, they prevented a lot of RSV and influenza."

However, mixed messaging about the effectiveness of masks early in the pandemic, and increasing polarization

around public health measures, have undermined support for reinstating mandates.

Canada's chief public health officer said in a press conference that implementing mandates is ultimately "up to provincial authorities."

School boards and public health officials have also deferred to provincial leaders on the issue while continuing to recommend wearing masks in public indoor settings.

While some provincial governments have stressed the importance of masking, none have plans to reintroduce mandates.

According to Ontario, New Brunswick, and Manitoba's ministries of health, masking has become a matter of personal choice.

And in Alberta, premier Danielle Smith has reiterated that her government will never permit mask mandates in schools for any reason.

Some observers say the issue has become a question of political calculus rather than public health.

"Part of what's going on here, both at the level of the medical officers and of the premier, is an assessment of the political risk of requiring something that may be very unpopular," according to Peter Graefe, an associate professor of political science at McMaster University in Hamilton.

Thomas Piggott, CEO of Peterborough Public Health, told *The Current* he has no doubt that mask mandates would help address the "scary" situation in hospitals, "but ultimately, I think that's a political decision at this point."

"Masking is an intervention that comes with absolutely no known evidence of harm, and that's the reality. Unfortunately, through the past couple of years, there's been politicization of masking, so instead of a health prevention, it's seen as a symbol," Piggott said.

Diana Duong, *CMAJ*

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