

COVID-19 Facebook live update: October 21, 2020

>> Good afternoon.

I am Matthew Cameron and I will be your moderator for the COVID-19 update for Wednesday, October 21st.

It joined by in Yukon Premier Sandy Silver and the Chief Medical Officer of health, Dr Brendan Hanley.

Our sign language interpretation is being provided by Mary Tiessen and Andre Bourcier from French language services directorate will translate questions from French-speaking journalists.

Following our speakers we will go to the phone lines for questions from reporters.

We will call you by name in you will each have one question and a follow-up.

Before we begin with our speakers I would like to verify that everyone can hear us we?

If any reporters are having a problem, please e-mail alexis.miller@gov.yk.ca.

I will now handed over to Premier Silver.

>> Thank you, Doctor Cameron.

Thank everybody for joining us here in the traditional territory of the Kwanlin Dün First Nation and the Taa'an Kwächän Council.

This week, we announced two on new cases of COVID-19 in Yukon and this brings our total case count up to 17.

Well we are extremely fortunate that our case count is so low, we remain in the grips of this pandemic as a nation.

In the past few days there has been one new case and two presumptive cases announced in Northwest Territories.

New cases confirmed in Southeast Alaska, to the south NBC as well confirming it is expressing a second wave of COVID-19 while Alberta is seeing record high number of cases -- of active cases.

These developments are not surprising.

As we have said, we are not out of the woods yet.

My colleagues and I are still in regular contact with our counterparts and other jurisdictions.

Dr Hanley and his team are also in close contact with public health authorities in neighbouring jurisdictions including Alaska.

These conversations are extremely important so that we can continue to share new information and maintain a coordinated response to the pandemic.

I know cases in Skagway have caused some concern here in the territory but they have not increased the risk to Yukoners.

This week, the federal government announced that the nonessential travel restrictions with the United States have been extended until November 21st.

This means that individuals can only cross the border into Canada for essential purposes such as medical services.

Regardless of the reason for travel, however, individuals with COVID-19 symptoms are not permitted to enter the country.

We support the decision to keep these travel restrictions in place and to keep Canadians safe.

Here in Yukon, we are also following the recommendations of our public health professionals to keep Yukoners safe.

We remain in a state of emergency in response to the current pandemic.

The state of emergency will allow us to one force the safety measures we have made under the civil emergency measures act to protect Yukoners.

This requires self isolation requirement for people entering our territory from outside of BC into the other territories.

This week our enforcement team laid another charge under the civil emergency measures act for failure to self isolate as required.

This brings total charges up to 19.

I want to thank our enforcement team.

I want to thank them for their efforts to ensure that those entering the territory are informed of the restrictions that are in place.

One of them is the requirement to transit through the territory within 24 hours for those travelling to neighbouring jurisdictions.

We will continue to see individuals with licence plates from outside and most of them have a legitimate reason for being here.

I want to remind all Yukoners to please be kind and patient, and respectful of each other and also of visitors fodder entering into our territory.

I was very disappointed to hear of the American travellers who had the window of their vehicle smashed in at their hotel on route to Alaska this week.

This kind of behaviour is unacceptable.

I understand that people are anxious and want to keep their friends and family safe, absolutely.

It is also extremely stressful to have to travel long distances through different jurisdictions during the pandemic and as we move into winter, travel is becoming more challenging and it is also more important than ever that we are patient, kind and respectful.

We need to support each other through these challenging times.

If you have any concerns, however, -- however please contact enforcement teams.

Contact them at covid19enforcement@gov.yk.ca.

But is the e-mail address.

You could also call 1-877-374-0425 as well.

Yukon has a reputation of being a welcoming place, and it is extremely important that we uphold this reputation.

When it is safe to travel again, we look forward to welcoming visitors back to our territory to enjoy all that we have to offer.

This pandemic has been hard on all of us, including our tourism businesses.

Earlier this week, the Minister of tourism and culture announced nearly \$3 million in immediate relief for accommodations businesses to top up support provided through existing programs like for example league Yukon business relief program.

This relief is part of a larger funding package of up to \$15 million over the next three years for relief and recovery programs for Yukon's tourism industry.

Our government recognizes that tourism is a vital part of our economy in we are committed to supporting it through the pandemic and beyond.

Working in partnership with our tourism partners to support businesses will ensure that when it is safe to do so, Yukon will be open to the world again.

Like I said last week, we have done well as a territory and we have done well because we have worked together as a territory.

Thank you everyone.

Nothing is more important than protecting the health and well-being of all Yukoners and supporting each other through these extremely challenging times.

We all have a role to play in keeping the territory healthy and safe, again practising the Safe Six.

Washing your hands often, maintaining physical distance, staying home if you're sick, travelling responsibly and respectfully, self isolating as required, and also following the gathering guidelines

including limiting indoor social gatherings to ten people that are not in your bubble.

The actions that you take are not only to protect yourself but also to protect your family, friends, and neighbours.

Please stay vigilant, do your part to support the territory like you have been doing.

Again thank you very, very much for that.

I will pass it off now to Doctor Hanley.

>> Thank you, Premier Silver.

Good morning.

Led two individuals diagnosed last weekend give us pause again to be grateful for what we have in place a new form.

These were two individuals travelling outside the territory, including travel outside our BC territorial bubble.

They were therefore already in self isolation back home in Yukon after symptoms occurred.

Sorry, before their symptoms occurred.

And even though the symptoms were mild, they reached out for help, got tested, and took all the necessary precautions.

Fortunately they are continuing to recover at home.

Although we received notice last Sunday, by Monday morning, Yukon commendable disease control had done all the contact tracing work, concluding that there was no exposure risk for Yukoners.

The contact remain asymptomatic.

These two cases raise a few additional issues that I want to speak about briefly.

First, I was pleased at the level of public or media concern appeared to be low.

I am thankful that these two people have done well, and I am thankful for your trust in our public health system.

Although I wish COVID on no one, vocational cases like these are what we expect to see as Yukoners venture outside the territory whether inside or outside our bubble.

Cases like these are people, real Yukoners who do require care, contact tracing, and follow-up, but their illness does not pose a threat to the public.

So while the numbers of cases are notched up a little higher, the public risk of COVID has not changed and that is the measure we should be most interested in watching.

The mild symptoms that these cases experienced reminds us that most of the time, COVID is a mild infection.

But we know that every now and then, especially in people who are older or who have underlying health conditions, it can be severe or even fatal.

It is because of its ability to cause severe damage or to kill that we have to continue to take this threat seriously, and maintained our public health measures.

Part of these measures involve self isolating and getting tested when you have symptoms.

So here is a question for you.

What is your plan for when you get symptoms?

Are you ready to self isolate on short notice?

What is your plan to communicate with others?

Do you have all you need at home while you self isolate?

What support might you need?

Do you know who to call or where to go to get tested?

It is essential to take all the symptoms no matter how mild as an indicator that you need to stay home.

COVID-19 can present itself very mildly, and it is not something to overlook whether you find yourself with a slight cough or an unusual tickle in your throat.

If you notice any symptoms that are out of the ordinary, you need to stay home, undergo self isolation and arrange for testing.

The testing does not need to be immediate.

You can wait for the next booking or the next day unless you're ill and need medical help.

But the self isolation should begin as soon as you recognize the onset of new symptoms.

Having a plan in place if you suddenly need to self isolate offers peace of mind even with the mildest of symptoms, as it is critical to recognize and react as needed.

Meaning that immediate social isolation until you can get tested.

Don't try to push through by going to work to finish whatever you're working on or continuing to run your Aaron's.

Keep in mind the following symptoms that can occur with training.

Fever, chills, cough or shortness of breath or difficulty breathing, loss of taste and smell.

Remember, those are the red light symptoms on our traffic light model.

Otherwise, the list includes a runny nose, sore throat, headache, fatigue, loss of appetite, nausea, and vomiting.

Diarrhea, and muscle aches.

We will have posted, hopefully by the end of today, the traffic light model that we had previously prepared for school and daycare now also available for adults wanting to return to their activities.

Remember that when trying to determine whether to get tested, you can also use the traffic lights for those situations where you just have one or two mild symptoms.

Testing is always available when you have symptoms, no matter what, but if you have not troubled and if you're not a known contact of someone with COVID, and you just have a runny nose or something else that fits the yellow category, then use this tool as well.

If symptoms are not in the red category and improve within the timelines written in the guide, then you may be able to return to school, work, or play.

But any red light symptoms must be taken seriously.

In these cases, self isolate and either test or do the full ten days of self isolation.

More information about these and the guides are available on the COVID-19 Yukon.ca website.

That is the advice for what to do when symptoms occur.

For those who are planning to travel outside Yukon, continued to respect the rules of travel, and travel wisely.

I feel we have earned this privilege to travel to BC, to see friends or connect with family or just to take an air North special getaway.

But we have to keep earning this privilege.

Like a prized gift, use it well and wisely.

When travelling anywhere, you should take care to respect the public health travel advice of the province or territory you're in.

But also think of what you might be bringing back with you.

Wherever you're, keep tuned into what is in the local news about where COVID-19 activity is occurring.

When you return, even if you don't need to solve isolate, please lay low.

Again, avoid any gatherings that are not within the rules.

Ten people inside, 50 people outside for unorganized social gatherings.

Stay away from others and get tested if you get sick.

Use a mask for any setting where you're asked to, or a line spacing may not be adhered to.

Limiting your exposure and reducing your risk is vital to the well-being of all of us.

I am often asked whether the BC bubble should stay open, when all of our cases to date are linked to travel.

Well, our BC bubble opened up on July 1st, and we have not seen any Yukon cases that we can relate to acquisition in BC.

That I think is quite impressive, and speaks to the success of the arrangement we currently have in place.

The rising cases in BC are a call for added vigilance one-way travel to and from that province.

But we also know much more about where the risk lower.

Avoiding high risk settings and activities keeps the risk of acquiring COVID in BC to a minimum.

The rise in cases in BC is steady but as Doctor Henry states, is not exponential.

Areas of high COVID activity remained localized in not widespread.

The majority of cases can still be linked back to known cases or clusters.

All of these are reassuring facts as we continue to observe the situation in BC and continue to collaborate with our colleagues there.

As we look south from our fortunate situation in the north, we need to stay on track with our own safety measures.

The risk to Yukoners from COVID does not change with these occasional cases.

It is when a case inadvertently shows up at a gathering that we can get into trouble.

To stay free from COVID outbreaks, we must keep our social groups small.

No indoor dinner parties.

Please, apart from one's that are completely within your consistent social bubble.

When the thinking of your social bubble, remember the following.

No more than ten at the time indoors.

No more than a total of 15 in your social bubble.

It is essential to consider the gathering guidelines before participating in any gathering that hosts more than ten people at one time.

On Yukon.ca, you will find guidance on -- on either attending or hosting a gathering and what the difference is between an organized and social gathering in terms of setup and numbers attending.

Funerals are perhaps the most difficult of gatherings to adjust to COVID guidelines.

Most of us have no control over when we die, and who does not want to be part of a funeral or celebration of life for a loved one?

But tragically, worldwide experience has also taught us repeatedly that funerals or high risk for COVID spread.

In some cases, leading to other people getting seriously ill and dying.

The last thing you would want when attending a service for someone else.

Let's review why funerals are higher risk.

For one thing, it may be hard to keep numbers to a limit as that means turning away people at a time when we are used to welcoming mourners in.

Second, emotions are so high, so COVID safety measures may be forgotten or abandoned in the moment.

-- emotions are high.

Third, hugging, tears, singing and kissing are all natural parts of mourning a loved one but all of these are risk factors for COVID transmission.

Fourth, visitors from outside the region, even outside the territory or country may have flown in to say goodbye and join in the service which could also mean introducing COVID into the event.

So please remember, if a funeral or celebration of life or ceremony cannot reasonably be deferred, keep it small and respect the guidelines.

They are there so that we can all be protected, most especially our elders in our more vulnerable citizens.

If you need advice or help in planning as ceremony, please contact us and we will do our best to advise and support.

We all feel the importance of observing ritual and paying our respect to our loved ones, and we can help you do it safely.

As we approach flu season, I want to remind Yukoners that we have plenty of vaccine and there are plenty of opportunities to receive the flu shot this year.

The Whitehorse clinic at the convention Centre has been going well.

Wait times have not to be more than a few minutes, and over 900 people were seen in the first two days.

A flu shot is prioritized this week for higher risk individuals, but I have just heard they can squeeze other people in that want to get in this week.

Officially, the general public clinics start next Monday and run through to mid-december in Whitehorse.

You can also book a flu shot this year with your pharmacist.

Check the website for specific times at your rural health centre.

As for other communities, just like here, the vaccines have been made available for those at higher risk this week in then starting for the public next week.

With COVID-19, extra measures and precautions have been implemented to limit possible exposure to residents.

And adjustments have been made this year to meet the anticipated demand for the flu shot.

Flu shots will be available one of two ways.

Again, either through this drop in at the Yukon convention Centre or through the direct appointment -- appointment with your pharmacist.

Individuals who cannot attend the clinic, if they cannot leave their residents to receive a flu shot, they can be accommodated through homecare and homecare is also working with continuing care to provide flu shots to those who are residing in long-term care facilities.

Flu activity is practically nonexistent in Canada at the moment, and that is a good thing during this time of the COVID surge but we never know what may happen with influenza.

It is quite possible we will see it arrive, if not this month then later on in the winter or even in the spring.

As influenza in COVID have very similar presentations, we really would like to keep influenza out of Yukon as much as possible this year.

Remember, if you get any flulike symptoms, you will need to get tested for COVID.

If you need a test in you're in Whitehorse, the COVID treatment and assessment centre is going to be are most likely place to get tested.

They increased hours are part of the effort to boost our overall testing capacity.

If you're sick in need urgent health, of course the best places the emergency department or your local rural health centre.

If you have travelled and if you're a contact of someone with COVID, you may be directed to get tested at YCDC.

Either way, to reduce your likelihood of having to make a trip to get tested, getting a flu shot is one more preventative action you can take.

As COVID progresses in Canada during this second wave, we can watch from here with some comfort, but also I hope with vigilance and respect.

Let's continue to take all the precautions we need to.

While living with COVID risk and observing the Safe Six measures, we can still continue to thrive, to work, to play and to socialize from the right distance.

I wonder if you're like me, or even my children who report this.

Whenever I have been watching a movie recently and I see people gathering, say a crowd in a marketplace or a busy street, or a workplace, I can help say to myself, they are not keeping two metres apart!

It seems kind of sad in a way, but we know that with a few more months of continued patience, we can get back to that old way of being together.

For now, it is the Safe Six.

In our dreams, in our everyday lives, and even edited in at the movies in our minds.

Let's keep it that way for now.

That is all for my update.

Thank you, take care of each other.

Stay well.

>> Thank you, Dr Hanley and thank you, Premier Silver.

We will now go to reporters on the line.

I have John, CKRW, Claudiane, Radio-Canada, Kele, Yukon News, Kevin, Gabrielle, Whitehorse Star and Laura, CBC.

Is there anyone else on the line I have missed?

>> Reporter: Maryne, L'Aurore boréale.

>> I heard Maryne.

Who else did I hear there?

>> Reporter: Philip, CBC Yukon.

>> Merci.

John, CKRW?

>> Reporter: hi.

There have been some claims over social media that students in the territory have experienced some burns or irritation sensitivities to the increased use of hand sanitizer and sanitize Asian products in some of the schools.

I was wondering if anyone can comment on if that is being looked into at all.

>> Go ahead.

>> Yeah, I can say my bit, and then...

Frequent use of a drying agent like an alcohol-based agent, hand sanitizer can certainly lead to a rotation, especially in some kids who are more sensitive and often, using a moisturizing skin cream of course is a good way to prevent that from happening.

I have not heard of anything sort of from a collective or institutional level.

But perhaps the premier has something to say?

>> I can just add that in our morning conversations amongst the ministers, we had both Minister McPhee and Minister McLean for the workers health and safety Board looking into their departments to see if there is any specific issue with specific products.

But it is probably what Dr Hanley is speaking of, over use which is definitely irritating my hands for sure.

We are looking to make sure the products are safe and we have no reason to think otherwise at this point.

>> Thank you, John.

Follow-up?

>> Reporter: I do.

I was wondering if we could get some information-- we all know that more cases are probably going to arrive in the territory, and I'm wondering if there is either an amount of cases, or a circumstance regarding the cases that would put us back towards heavier restrictions.

I understand the plan that we would go back in the event of an outbreak or such to more restrictions.

I'm just wondering if there is a bit more clarity regarding what the threshold is.

>> I will start, you nailed it right away.

It is the path forward, that has the triggers that puts us forward or backwards including the ability for the medical system to not be overwhelmed.

Working with communities to make sure information is flowing.

There are six triggers and course, urging everybody to go to Yukon.ca to see the plan.

I will leave the specifics-- I know Dr Hanley has been asked quite a bit, is there a per capita number in you have been very clear, talking about the traceability of cases and jurisdictions but of course, Dr Hanley?

>> Yeah, that is right.

It is always a good question to keep revisiting.

I have spoken to this many times but I'm happy to continue to do so.

I think the first thing you were asking is, does it depend on a number?

No, it does not depend on a number as long as they pattern remains the same in terms of what we see locally.

So we anticipate, and, in fact, I anticipate-- sorry, I forgot to slow down, Mary.

I will slow down.

I anticipated more cases in fact as a result of the opening to BC.

And as I said, I am pleased with the low number.

But as long as we keep in this mode of case containment, so we can do the follow-up.

The case is isolating, it doesn't lead to some of those things that we do worry about like outbreaks, especially larger outbreaks or the onset of community transmission, then we are staying in a good place.

No matter if that number is 17 or 70.

If the pattern stays the same, I am not worried.

Likewise, as we look at other jurisdictions, we continue to look at what are the actual patterns we are seeing?

I gave a few of those indications in terms of what we are saying in BC.

Most cases are still traceable to known contacts.

Most cases are occurring in localized areas and localized outbreaks.

So this is not rampant community spread like we may be seeing in other parts of the world at the moment.

And even BC compared to some of the other provinces remains in a very stable place which is why we maintain that, I think, favourable connection with BC in light of their ongoing favourable epidemiology.

So I think in addition to what the premier said, as laid out in the path forward, those are a few more of the details around it.

>> All right, next we have Claudiane, Radio-Canada.

>> Reporter: Okay so, I will ask in English because I don't know who will answer but if Doctor Hanley will -- has something to say, I would also like an answer in French if that is okay.

So regarding the disclosure of cases in Skagway, a very small community relatively speaking, they decided along with the person afflicted to disclose the identity of the person in order to fast-track and save money on contact tracing.

I am wondering if that is something that could be considered here in the territory and sort of rationale for your decision.

>> Reporter: I will try to answer that in English and French.

Then if the premier has anything to add, I will let him.

That was certainly something that took us all a little bit by surprise in and is an unusual move.

I think it has to be considered in the context of what is going on in Alaska, where clearly there is a high degree of surge in covert cases that are continuing to mount.

And there is significant community spread even in smaller communities in Alaska.

So it is a very different context from what we have now, where our priority is again, to maintain a robust case management including contact tracing.

One of the things I tried to illustrate in today's update in also previous is that we can actually do contact tracing very well.

And one of the fundamental tenets which is why I addressed confidentiality at my last update is how with those two are so well connected that if we can maintain that trust of confidentiality, then it allows us to get the information that we need in order to pursue contacts and talk to contacts, and therefore complete those circles of contact tracing.

So really, confidentiality is inherent to good and effective contact tracing, and it is hard to separate those two.

So I would say that as an exceptional move which may have helped in that particular circumstance but is not in any means applicable to our context.

I will now give a short summary in French.

[Speaking French]

>> And I will just add to that-- thank you, Dr Hanley.

I heard on the news the interview with the individual in Skagway and his comments were, you know, on the contrary.

Pleased with a lot of support he got from the community and it was really great to hear that.

It made me feel really good about being a northerner and of course that is what communities are going to do in the north, read it to make sure the person is going to be okay.

But you could see how it could go the other way as well.

Just for the record, I do not know the names of any of the cases in Yukon.

Dr Hanley does not share that information with us as a government, nor should he.

I am more interested in how the virus works, how it moves, how we trace and how prepared we are for it.

So for those reasons and the fact that things could go in a different direction when names are named, I think that is an extremely important piece of keeping the personal medical information separate from the statistical analysis that we need to make sure we are keeping other Yukoners safe.

I will turn into journalist mode and out ask Dr Hanley if you can explain, I know they have used the word community spread in Alaska and I think-- they use those terms a little bit differently in Alaska than we would here.

If you wouldn't mind expanding a bit on that?

>> I see the circle of reporters has continued to expand.

I would be happy to.

[Speaking French]

Just to say that, it has been a number of times, not just once, that I have received notes or e-mails of appreciation from individuals, families, or communities for have a not disclosed in for having maintained that confidence.

The question of community spread, if I may, is...

Now, I don't know, I don't pretend to know all the details of the Skagway case.

Again, also, when we share information from jurisdiction to jurisdiction, it also does not go into the details of individuals and contacts.

Because again, that is not a necessary part of the conversations.

Our conversations are also between jurisdictions about what is the risk and what is the activity going on that speaks to that risk.

The concept of community spread, as used by the municipality, I believe relates to the fact that the first case may not have been related to travel outside of Alaska and is supposed to have been acquired within Alaska.

That is how I am interpreting how they are identifying community spread, recognizing it appears the cases identified in Skagway are part of a cluster and thus related to each other.

So to be clear about the definition that we use of community spread, it is when we no longer are able to trace the acquisition of COVID by an individual.

In other words, but it appears to have been picked up somewhere in the community and we see that repeatedly.

So we see transmission occurring without being able to link it back to an identifiable case.

So you see that used in the provinces, if you look at their data, they are talking about traceability to known contacts and then how many or not are traceable to known contacts.

The edition here is that we trace our contact to travel outside and as long as we are able to trace individuals either directly to travel or indirectly to trouble, as say part of a cluster, then we are able to identify those chains of transmission.

So identifiable chains of transmission means we do not have community spread.

Community spread is what we typically see with influenza every year.

We don't contact tracing fluency because it is like, the cat is out of the bag.

If it is around, it is around, usually because of multiple introductions and spread occur in.

So we cannot trace each individual case of influenza as to where it comes from.

That is in many areas now outside Yukon, that is also the case with COVID.

>> Thank you, do you have a follow-up?

-- thank you premier, follow-up?

No, Claudiane, in other question?

>> Reporter: Thank you for the thorough answers and extra questions.

Second question, and again for Dr Hanley but probably shorter, pharmacies are offering flu vaccines this week.

Could we see pharmacies offer COVID vaccines?

>> Yeah, that is a good question, and I would say in nine ideal world, yes.

I can't say for sure though because it may depend on what products we actually end up with.

I think there is more to come.

I mean, this is great.

We are also happy, the pharmacists the sop -- themselves, the public and we in public health are very happy that this is occurring.

And I think there is a great future for a pharmacist to be able to participate with ourselves and vaccination of various kinds.

So influenza vaccine is probably the easiest one to begin with.

It is very straightforward, and different levels of criteria needed to be able to be an immunization provider for influenza.

So I will say, I can't give you a definitive answer yet.

It is something we will explore in as we get closer and know what the actual products aren't the requirements associated with those products, and we will know better.

[Speaking French]

Do I let you...

Okay.

[Speaking French]

>> Thank you.

Now Haley, Yukon News.

>> Reporter: Thank you.

I was wondering if we could get a few more details on the contact tracing process.

I am wondering, when they are contacts established in you reach out to them, if they are asymptomatic is that sort of all good and they can carry on, or is there a recommendation for certain behaviours, wearing masks, or Artest required?

>> Sure.

I am happy to explain what I can, and I think probably the key message I guess around contact tracing is that it is a risk assessment process.

That is why we use and continue to use trained and skilled people to do the interviewing that is required.

I think I mentioned this before.

I would not trust myself to do contact tracing.

I am not trained to do contact tracing.

I know the principles but when it comes back to how you ask a question, how you rephrase a question, how you talk to other individuals, say family members or next of kin about the case, there are actually manuals for this.

There is training and supervision to get the questions right and the technique right.

But it really is a risk assessment, in part of the act contact tracing is looking at how close, what was the duration, what were the settings of contact, and then really trying to assess basically whether these are low risk contacts or high-risk contact.

There are high-risk contacts that are in fact not contacts because they may be said transient, for example, a few minutes in a grocery store where there is no need to follow-up.

There were other contacts where the duration may be more significant, but still the contact is fairly casual.

Those people may be asked to just simply monitor for symptoms, maintain the low profile I talked about in my speaking notes about if you're coming back from trouble for instance.

But to be carefully self-monitoring.

Then it is high-risk contacts, so these are the ones with prolonged conduct.

This maybe a spouse, household members, people at a gathering, for instance at a dinner party that I talked about.

These are considered high-risk contacts where they may be asked to self isolate and then to do daily symptom monitoring.

When high-risk contacts are self isolate and, they have a daily phone call to check on their symptoms and how they are doing.

It is a very active follow-up for high-risk contacts.

Generally, testing of contact occurs if symptoms occur to.

So priority for testing of symptoms is -- contacts is symptomatic.

There are occasional cases where contacts may be tested if they are asymptomatic depending on that risk assessment, and other factors.

Such as contributing medical conditions, and setting specific contacts or where it may be difficult to elicit information from that person about whether symptoms are actually occurring or not.

All of that really goes into that package of skilled contact tracing.

>> Thank you, Haley.

Another question?

>> Reporter: No follow-up, thank you.

>> Okay.

Kevin, media Q.?

Kevin, I used along the line with us?

-- are you still on the line with us?

If not, we will go to Gabrielle, Whitehorse Star.

Gabrielle, are you still with us?

>> Reporter: Hello yes, thanks.

Question for Dr Hanley.

Considering the previous two cases experienced mild symptoms and that is often the case.

Doesn't make you nervous that there are perhaps cases getting missed, and can that be helped?

-- can that be helped?

>> It is a good question, and does it make me nervous?

What makes me nervous is people who have symptoms who don't get tested.

So remember that really, one of the key reasons that we eventually moved, as everyone else has moved away gradually from travel criteria as criteria for testing, it is kind of our safety mechanism.

We know that especially in times even a few weeks ago, we were saying lots of kind of mild viral activity in the territory.

Lots of sore throats, lots of people with running noses.

We know that people in our current context are low risk for COVID.

But it does like our early detection.

So by looking for that signal of undetected community spread from that otherwise undetected introduction of COVID into the community, there are people going back and forth all the time.

Some of those people might have COVID and -- which never declares itself and which never has any impact.

About one of those introductions that could occur in lead to transmission to others and be unnoticed.

So really, this is again, our whole strategy is around being ahead of anticipating that otherwise missed introduction.

People must either declare themselves either to -- it does not light up.

It is a detective story.

So part of it is always observing these public health measures.

The safe spacing, the Safe Six, to minimize the impact of the un-introduced spread or the unnoticed introduction of COVID.

And testing as part of that approach.

So having a very low threshold for testing is really one of the key ways that we stay ahead of this and stay ahead of that community spread.

>> Thank you, Gabrielle.

Another question?

>> Reporter: Yes, I'm wondering also how was it the rising case numbers in Alaska are so different from what we are experiencing here and on the rest of the Canadian North, and what can we learn from that?

>> Yeah...

I know I am not going to know all the answers to that.

But I think some of the things we see in Alaska are the things we see in the United States in general.

And we see here the advantages of having -- although we are in different situations in different parts of the country, we also have a very, kind of coherent and central-based approach.

So we are all doing variations on the same theme.

We all have variations on the public health measures, the use of restrictions, and the shutting down nor opening up according to the epidemiology.

Clearly it is being carried out in different ways in different parts of the country and clearly, there are many variations in how COVID has been introduced and many factors that lead to greater risk in the provinces such as settings where outbreaks can occur much more easily.

We don't have meatpacking plants or other industrial settings.

We don't have settings where we have larger introductions of temporary foreign workers coming in, and potentially bringing in COVID infection as some of the provinces have experienced.

So I think in Alaska, we see a state where they have not had the opportunity to have a coherent national approach.

I think when of the other factors is they have had-- they have clearly had different ways of opening up, then I think the government of Uganda has.

And I know -- Government of Yukon has.

They went through opening up stages very quickly, stage two and stage five happened very quickly when there was still COVID activity occurring.

So I think there was application of relaxing of restrictions that, in retrospect, might be called premature.

But I think likely played a role in the later case surge.

They also have a number of factors, they have some large urban populations.

They have decentralized and different healthcare systems, they don't have the centralized, state-run healthcare system that we have.

They also have importations -- they have a large number of foreign workers who come in for the fishing and canning industry and that is a key economic driver and sector in Alaska.

And that had led to more introductions of COVID into the state.

So I think there are just a number of factors occurring in Alaska that we don't have here.

I think that would be a taste of some of them.

>> Thank you.

Laura, CBC?

>> Reporter: hi Dr Hanley and premier.

I wanted to follow-up-- I just realized I was on speaker.

I wanted to follow-up on CKRW's question about the cleaning products.

I know you mentioned that cleaning products can cause skin dryness in you have no reason to think they are unsafe.

But the Yukon teachers Association told my colleague about several teachers at a high school that are getting sick and have to take sick days, and suspecting it is because of those cleaning products.

I am wondering if the government is looking into this or doing anything in response to the reported illnesses, and if you have a sense of how widespread these incidents are?

>> Thank you, for the question.

I don't have anything more to report as far as what the department is doing.

I know Minister McPhee and her team are looking into the situation, and we want to make sure that all of our teachers and anybody who's obviously using these products to keep everybody safe, that they are using products that are safe to use.

I know they are looking into it.

I wish I had an update right now to tell you more, but I do know that they are looking into it.

>> I might also add, again, this is news for me to hear but definitely from the environmental health side, we can help with the departments to follow-up on that.

And make sure that if there are product being used that are particularly irritating or problematic, that there can be some advice on the range of other options available.

>> Thank you, Laura.

Do you have another question?

>> Reporter: Yeah...

Dr Hanley, you mentioned today that people should lay low when they return from BC if I heard correctly.

What exactly do you mean by that?

What should people be doing when they return from travelling?

>> Thanks for that.

You know, it is not to say that people from BC should not do anything that anyone else who is within the bubble can do from a legal or a guidance point of view.

It is just to pay extra attention.

There are some settings though that we do have requirements in place, for instance in healthcare settings, of people returning from BC as healthcare providers.

For instance, coming into the hospital and maybe are asked to effectively work in self isolation.

They may be required to wear PPE for example, even though BC is within the bubble.

It is just to ensure that we are protecting those areas where we really do not want to see the impact of a potential introduction.

But that aside, what I'm asking people to do is pay extra attention.

The extra attention to that first symptom onset, and make sure that you do what is required which is to withdraw, to go home, and to get tested.

And to be extra vigilant about attending gatherings.

If there are 11 people in an indoor gathering, don't be the 12th person to attend.

Make sure you're extra careful about observing safe spacing.

Make sure that if you're going to the grocery store in you're asked to wear a mask, that you wear a mask.

So take everything that is written to an extra degree of vigilance.

That is really what I mean.

>> Thank you.

We will now move to Maryne, L'Aurore boréale?

[Speaking French]

>> Philip, CBC?

>> Reporter: Thank you.

I have a specific question.

In BC, the immunized BC website says there is something called a high-dose influenza vaccine that is being given in long-term care and assisted living facilities.

Do we have such a vaccine in Yukon?

I have never heard of a high-dose influenza vaccine before.

>> Thank you, that.

Yes, we do have the product available this year for the first time for those in a similar settings.

So those who are residents of continuing care facilities will be offered this particular product which is the high-dose flu vaccine product.

So it is a dose that has more of the antigen.

It has four times the amount of antigen than the regular dose.

So what I want to say is it has likely a modest added benefit, and is a potential advantage for those who are more vulnerable to complications of influenza such as our elderly.

I do want to say though that the effect is modest, and that there is a certain amount of trade off.

So it is not something that I necessarily recommend for the wider public.

Two examples of that.

One is there is a degree of relative effectiveness, but when you look at the absolute effectiveness in studies of the high-dose product versus regular products it is a marginal benefit.

So it is a way of giving benefit of the doubt of the people who are most worried about, and that is people who are in residential facilities in long-term care.

The other trade-off part is that the high-dose product is a trivalent.

It covers for three influenza variations, which used to be our standard product.

We now have Quadra valent product.

The product being offered for instance at the flu clinic is what we call the Quadra valent product.

2A in Wadell B products.

There is a lot of are going back and forth, there is some cross-reactivity that the Fluzone trivalent product has with the other B that is missing compared to the Quadra valent but there is still that sort of slight trade-off.

The single most important thing is to get the flu shot, no matter what the product is.

Lay variations between one product and another or maybe not quite academic but modest at best.

>> Thank you, Philip.

Another question?

>> Reporter: Yes, just quickly to clarify, do people need to ask for one or the other or will the healthcare provider know which one to provide?

>> So the product that will be offered at long-term care is the high-dose product.

That is the product that will be given.

They do not need to ask, but will be given.

The product available at the public flu clinics is the regular product.

Along with the flu mist for those who fall in that age category, two years old to 17 years old without immuno compromising conditions.

They have the option of asking for flu mist or if they prefer, they can have the injectable product.

>> Alright.

I would like to thank everyone for their time today.

Our next COVID-19 update will take place on Wednesday, October 28, at 11:00 AM.