

COVID-19 Facebook live update: January 13, 2021

>> Pat: Good afternoon.

I'm Pat Living with the department of health and social services and your moderator for the COVID-19 update for Wednesday, January 13th.

We are joined by Yukon premier, the honourable Sandy Silver and the Yukon's Chief Medical Officer of health, Dr Brendan Hanley.

Our sign language interpreter Mary Tiessen and Andre Bourcier from French language services directorate have joined us.

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

We will call you by name and you will each have two questions.

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

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

Premier Silver?

>> Thank you, Pat.

Thank you everybody for joining us on the traditional territory of the Kwanlin D, n First Nation at the Taa'an Kw%och%oon Council.

I am pleased to be here again with Dr Hanley and Mary to update Yukoners on our current COVID situation in Uganda.

I would like to take a moment as well to acknowledge recent events in our territory.

The community of the Mayo has suffered major loss, and our thoughts and prayers are with that community today.

We send them love and support to the community at this time.

I would also like to acknowledge the recent fire in Whitehorse.

I understand a majority of residents have now been able to return safely to their homes which is good news.

Yukoners share so many connections, and I know that these events are affecting many in our territory.

So again, our hearts go out to folks involved but again, reach out if you need help.

Supports are available.

Vaccines, Yukon's vaccine efforts are moving ahead very quickly.

The dedicated, hard-working team of health professionals continue to administer vaccines to Yukon's most vulnerable populations and also front-line workers.

At the end of the date yesterday, 685 people received the first dose of the Moderna vaccine.

We know that our next shipment of vaccines will arrive this week.

This will be another allotment of 7200 vaccines.

This new shipment will help to keep us moving forward with our immunization plans.

The online appointment booking system is now open.

It is available for people in Watson Lake, Beaver Creek, and old Crow for right now.

Bookings for appointments in Whitehorse will begin in the coming days and will start with vulnerable people and those over 70 years of age.

To avoid an overload of bookings, the system will be open two weeks of bookings at a time.

On Monday, the mobile team will begin immunizing people in Watson Lake.

They will be in the community on Monday and Tuesday.

On Thursday, immunizations will be offered in Beaver Creek in on Friday, they will be offered in old Crow.

In advance of clinics opening in these communities, vaccine teams have been working closely with local leadership and agencies to ensure a smooth roll out.

Information about these rural community clinics will continue to be shared with first Nations governments in mayors in the communities and will be shared broadly with all Yukoners.

We are working very hard to reach all Yukoners with key details about the vaccine clinic dates and times.

Look for information to be shared online via social media, on the radio, and in newspapers.

And of course during these weekly updates.

I strongly encourage everyone in these first three communities and in every community who is eligible to get immunized.

There is no greater community action you can do these days than signing up for a vaccine.

The goal is to protect everyone in to stop the spread of COVID-19, which means it is most effective if everyone who is eligible gets vaccinated.

We are working towards getting 75 percent of the adult population vaccinated over the next few months.

On Monday, the clinic in Whitehorse will also be open for certain groups.

For these first weeks in Whitehorse, immunization will be available to higher risk healthcare workers who may care for or be in contact with COVID-19 patients.

Older adults, starting with 70 years or older, people who are marginalized and living in group settings like the Whitehorse emergency shelter and Whitehorse correctional Centre.

This is absolutely great news and I am very happy with how the vaccination teams, how hard they are working to keep the vaccines rolling out.

As we continue this effort, remember.

We all have their roles to play in keeping the territory safe and healthy.

I have said this many times and I will say that again.

The best thing Yukoners can do to prevent the virus from spreading now in through the vaccine rollout is to practice the Safe Six.

Wash your hands often.

Maintain that physical distancing.

Stay at home if you're sick.

Travel responsibly and respectfully.

Self isolate as required.

And also follow the guidelines, the gathering guidelines in place including limiting indoor gatherings to ten people.

I have said this so many times I am saying it quick, sorry Mary.

I must stress this again.

Please continue to practice the Safe Six plus one.

Mask up when you're in public.

Yukoners again, we are still not out of the woods in COVID-19 continues to be a risk to each and every one of us.

We must all do what we can to reduce the spread of this virus.

Before I pass things off to Dr Hanley, I want to remind Yukoners that the vaccine schedule continues and information will be updated on Yukon.ca.

I appreciate that there are people who are anxious about getting the vaccine, and that is wonderful.

I think a lot of people are really anxious and really looking forward to when it is their time and their turn.

There will be an opportunity for everyone who is eligible to get vaccinated when your turn come.

'S Yukon government will share information about why you should get vaccinated.

If you're not certain, evaluate the facts in use trusted sources to educate yourself about the vaccine.

The development of a COVID-19 vaccine -- COVID-19 vaccines has seemed fast, but this does not mean that safety has been compromised.

As you wait for your turn to be vaccinated, stay vigilant.

And please remember again to be kind, patient, respectful, and excellent to one another.

Inc. you very much for listening to this part of the update.

I turn things over to Dr Hanley.

>> Thank you, Premier Silver.

Good afternoon, Bonjour.

Like the premier, I want to first acknowledge how difficult a week it has been for some Yukoners, particularly those in the community of Mayo and in Whitehorse.

For my update, I want to focus briefly on the antibody test kits that some people have received and lots of people are asking about.

And then really to bring our focus on to the vaccine rollout and elaborate on some of the points that the premier has made.

First, a bit of a case update.

We remained with two family household clusters previously identified.

They are all doing well.

So we have six active cases still and no new cases.

All of those young people who were instructed to self isolate when we were talking about this last week have since been able to resume regular activities, after the individual with a preliminary positive test turned out to be negative on the gold standard PCR testing.

So I am pleased that is part of our contact investigations last week, we did take that proactive approach to a suspected case, avoiding the possible spread of the virus throughout the territory.

That remains our ongoing goal in approach.

Every now and then, I hear someone speculate about that illness that they had back in the spring, or even last winter in wonder, could that have been COVID when I had aches in pains and a cough?

That is a question that the recently launched stat scam survey is trying to help answer.

You may have recently heard in the news of people around the country receiving packages requesting a blood sample.

Is this something legit, is this a scam?

Yes, this is in fact a legitimate survey lent -- launched by statistics Canada.

StatsCan began sending out kits including gloves and alcohol swabs and a needle to poke your finger, and filter paper for a blood spot sample.

This is part of a national survey to determine how much COVID-19 infection is out there, apart from what we already know from the testing results that we see every day.

48,000 Canadians, including 1,000 Yukoners have been selected randomly to do a COVID antibody test.

The test will determine whether in the past, you may have unknowingly -- contracted COVID-19 and then match that to any symptoms you may have had in the past using a questionnaire.

For those already vaccinated, it will also help identify whether antibodies are present as the result of receiving immunization.

This test will be used for research purposes and of course it is completely optional, but this is a great chance for us to get some extra information on what COVID activity might have a -- might or could have taken place in Yukon without us knowing.

If you receive a test kit and choose to take part, all the information will remain confidential.

Once you send in your test, you will receive your own results a few weeks later and all results in personal data will be protected under the Federal statistics act.

That study will continue into March, 2021.

Well, there has been so much activity and excitement this week about COVID-19 immunizations as we enter our second week of the campaign.

We are well underway with immunizations for long-term care residents in staff.

The first trip into Dawson was today to cover McDonald Lodge and frontline healthcare workers there.

And today, Whitehorse General Hospital is also busy vaccinating their frontline staff with fantastic uptake.

Meanwhile, the two mobile teams are finishing their preparations for their community campaigns beginning next week.

And the mass immunization clinic in Whitehorse will open for elders and some specified vulnerable populations.

Uptake so far has been great, and I have heard of the very few people holding back or hesitating.

But as we look forward, we have to acknowledge that while some are almost knocking down the doors to get a vaccine, not everyone might be ready to step forward right now.

That is normal in we will continue to support you with what you need to get you to come forward.

I hope that as more people get vaccinated around the country and around the world, as well as locally, and as we continue to publish more information about the Moderna vaccine and we learn from

the rapidly growing global experience of the vaccine, that people will feel more and more comfortable to step forward.

We have been navigating our way through this pandemic for almost a year, and any progress towards re-normalizing our society will depend on a maximum uptake of the vaccine.

We all want and need to get back to that time when we can reopen our economies, welcome visitors and tourists, reengage with each other in the ways that, as innate social beings, we need to in order to thrive.

Achieving herd immunity is a critical part of that success.

We are working hard, as our people around the world, on how we can plan for easing public health measures when we have a vaccinated population.

But we need to have that achieved.

A population which we can say has enough vaccines in arms to prevent circulation and significant transmission of COVID-19.

Our goal is that COVID-19 becomes just another one of those occasional illnesses, rather than an epidemic threat that holds us all at gunpoint.

Many of us have not seen a pandemic like this in our lifetime.

It is unusual time that typically leads to some hesitation and uncertainty.

We deal with uncertainty every day, for sure.

But to reemerge safely over the weeks ahead we need Yukoners to stand up and lead the charge.

Encouraging those around us to receive the vaccine.

Otherwise, 2021 could be much more similar to 2020 than any of us would like.

As the premier says, immunization is extremely safe and effective.

All vaccines go through eight rigorous regulatory scientific review process for safety, quality, and efficacy at health Canada before being distributed to the public.

And as our Elder Agnes Mills said last week, we would not be here today without vaccines.

Of course, in Yukon we have been counting our blessings.

We have fared well in comparison to other jurisdictions throughout Canada, not yet feeling the brunt of this second wave anywhere near the extent that others have.

Because of this, it is possible some people may not see the need to get the vaccine.

Our risk, however, of contracting COVID-19 is still high, as is the risk of importing the virus and we know how contagious this virus can be once it gets here.

Hospitals are nearly at full capacity in areas like Manitoba, Saskatchewan, Ontario, Alberta.

These statistics tell us that currently, 4 percent of the Canadian population has contracted the virus.

One and 13 has been hospitalized.

One in ten may feel long-term effects of the virus.

And unfortunately, one in 40 people with confirmed COVID-19 infection have died.

Compared these risks to the promise that the Moderna vaccine offers with the safety profile that is room workable.

Of course, there are adverse effects such as pain at the site of injection.

Possibly a fever post immunization as well as the possibility of severe allergic reaction, although a very where recurrence.

Allergic reactions can be treated on the spot at any site where Moderna vaccine is being offered.

These effects are mere inconveniences compared to the enormous benefits of preventing COVID-19 infection.

Postmarketing surveillance means that we don't rely only on clinical trials to know these vaccines and their potential for side effects.

As the vaccines continue to go into thousands in millions of arms, there have been no reports of unexpected side effects to date.

This is good news.

We need to consider this and weigh our risk of contracting COVID-19 versus our risk of immunization.

We know that all go up -- although Yukon remains in a study place right now, this can change in a matter of days to weeks.

On the other hand, within just three months from now, we can see our population approach herd immunity, a chance that very few places in Canada have.

As long as our vaccine supplies come in as scheduled, we are set up for a campaign that will be remarkable for pace towards that 75 percent or higher goal.

If we fail as a community, we have to live with the risk of seeing our community thrown into further disruption by A wave of COVID-19.

We continue of course to roll out the vaccinations and the pace will be picking up significantly in the days and weeks ahead.

This week is about finishing our long-term care sites for their first doses, and adding immunization for healthcare workers involved in front-line care of people who may have been exposed or may be harbouring COVID-19 infection.

Next week is our move into the communities, along with certain vulnerable populations in Whitehorse.

There are many ways to define who is more vulnerable to COVID infection or to the consequences of infection.

People may be more susceptible to COVID-19 because of their age, because of where they live and who they live with, because of health conditions or socioeconomic status.

All of these factors heighten the likelihood of an individual's risk of contracting the virus or having complications from the virus.

To preserve our workforce for the people protecting us all from COVID infection, we are also covering our front-line healthcare workers whether at testing sites, in AMS, at hospitals, or public health and community nursing.

We are already covering long-term care staff as we go through the various long-term care sites.

Again, I want to emphasize that within-- as the premier says, within a matter of weeks, any adult who would like the vaccine will have a chance to get it.

We are organizing the mass clinic in Whitehorse to get as many people as possible through day by day.

We are not in the situation that the provinces are when they have insufficient vaccine, so they need to prioritize certain populations for this first quarter of 2021 and ask others to wait.

We will get to everyone.

But for the purposes of organization and efficiency and acknowledging when there are certain risks that do take precedence, we are proceeding in a certain order.

The two key questions are therefore, how old are you and what setting do you live in.

For an individual, therefore -- by far the biggest risk factor is age.

The older you're, the more likely you're to get severe COVID-19 in die from COVID-19 disease.

Age in itself is a much more important predictor than other conditions such as chronic medical conditions or immunocompromised Asian.

Second, there are certain settings where we worry more about the risk of outbreaks more widely circulating the virus.

That includes rural communities, and what we call congregate settings such as the Whitehorse emergency shelter and the Whitehorse corrections.

People who live in marginalized conditions as well fall into this category.

Either because they are individually more susceptible, or because they are living in unstable settings where spread of COVID-19 may happen more easily.

That is why our current focus is on these groups.

Older individuals, communities, group settings, and marginalized individuals.

Starting next week, looking will be available as it is this week as well for the high-risk healthcare workers who may be carrying -- caring for or in contact with COVID-19 patients.

And next week, older adults starting with 70 years and older will be added as well as those living in group settings are marginalized, such as the emergency shelter in correctional Centre.

All of the other categories that I mentioned will be covered once the February 10th clinics in Whitehorse are open.

Until then, we will be concentrating on ensuring that our elders have every opportunity to get vaccines earlier.

Starting with citizens 70 plus and working our way downward by age bracket, until we get either vacancies in bookings or get to February 10th.

That in a nutshell I hope explains our prioritization process.

As we opened up the Whitehorse mass immunization clinic, individuals will be asked to register and book an appointment.

I think as of today we are unable to accept bookings by telephone but bookings I know will be available soon through a call centre and bookings can be made online if you were identified as a priority group for the schedule, as the premier said, when your time in those next two weeks is due.

To book online, you must visit Yukon.ca, this is our shot.

That is linked from the main COVID website now.

Then you input your Yukon healthcare worker.

-- healthcare number.

If you wish to book by telephone, I think beginning Thursday that will be available.

So hopefully that gives an overall kind of snapshot of where we are and of the vaccine prioritization process.

And remember that we're really putting everything we can into getting 75 percent of Yukoners or more to be vaccinated, as a goal.

That is really our baseline before we contemplate further steps around public health measures.

As the premier said, always remember meanwhile the Safe Six plus one.

Use your mask as well as all the steps the premier outlined.

This is the best way to protect ourselves from COVID-19 until we get while past that point of a vaccinated community.

That is all for my update.

Thank you.

And remember to take care of each other, and stay a while.

>> Pat: Thank you, both.

We will move now to the phone line and begin with Luke, CKRW.

>> Reporter: Dr Hanley, by the time the vaccine clinic in Whitehorse opens for the general adult population, it will also be, at least according to the manufacturer's timeline, the time for our long-term care residents to get their second shot.

Do you anticipate that happening in time, people in long-term care facilities receiving their second dose?

>> Yes,, so that is very much part of the planning of course.

And that speaks to sum up the complexity of planning a kind of hold population approach to COVID-19 vaccinations, recognizing it is a two dose vaccine.

Of course factoring into all of these timelines and projections is the need for people to get their second dose on time.

And since you bring up the second dose, I will just mention that the national advisory committee on immunization has just yesterday published they are revised recommendations for second dose timing, where they are allowing-- given all of the operational realities that we're facing for limited supplies and they need to get

the vaccine out as quickly as possible, that there is a little bit of a comfort margin with that 28 day dose.

So we are always trying to stay close to 28 days but recognizing there is a six-week allowance so work, where we can be very comfortable.

It is likely longer, but so far the evidences very firm that we have kind of a six-week margin.

That gives us a little bit of wiggle room to play with, say, in either the scheduling to allow us to continue to use those doses or for individuals, if, for whatever reason, they can't make that 28 days, we know there is some comfort margin there.

>> Pat: Thank you.

Follow-up?

>> Reporter: Yes, with all that being said, is there roughly a percentage of how effective just that first dose is with regards to protection against COVID-19?

>> Yeah, that is a great question, and it is kind of a complicated one.

I am told I need to hurry up a little bit...

[Laughter]

>> So I won't take all day to answer like I would love to.

There is actually very good, limited but very promising data that shows the first dose might actually be very effective.

The problem is we then get into how long is it effective for?

And it is really based on some of the evidence, especially for that mode during the trial.

If you take out the people who are actually incubating infection, because there were a few back wall they got vaccinated.

If you remove those people, you will find that those who got their first dose, I think in that 92 percent effectiveness for not getting...

For not getting COVID infection in the interval between their first in their second dose.

So that looks very promising.

Of course again, that was almost like a byproduct.

It wasn't one of the goals of the phase three trials, but you can say that first dose looks probably to be very effective but for an uncertain duration of time and we know that the second dose is necessary to nail down.

So-- and what that does is it gives thought booster to the first dose, so it kind of solidifies the immune response but it also adds in that durability so that we know that we are good.

And at least for as long as we can follow, so far we are good to three months.

Likely longer as time from those phase three trials goes on, we will get more information on the expected duration of the two dose vaccination.

>> Pat: Thank you.

We will move to Danielle, CBC.

>> Reporter: Hi.

You were saying that, you know, as more people get vaccinations we can start looking at easing of restrictions.

Once people are fully vaccinated, will they still need to quarantine after travelling?

>> Yes.

So I will say, for the time being, everything is still in place.

But these are really important questions and they are being examined not just by our team but again, these are national questions and even international questions to answer.

Part of it really rests on that real-life effectiveness.

We know the expected efficacy of the vaccine.

We also show that -- want to show that in real life.

As this experience gives us more data we will be more sure of our actual on the ground, real-world effectiveness of the vaccine.

The second, how long does it last.

And what about transmission.

Can we be sure it prevents a systematic transmission in infection.

Once we have more information on not, then we can start to apply it to okay, what does that mean for travel, what does that mean for quarantine, what does that mean if you're a contact of a case?

There are so many questions that still require clarity, none of which should stop us from getting vaccine in arms but these are things I think will become more clear as we get more data and

then do the appropriate analysis to then go back into all of our policies and public health measures and hopefully revise them accordingly.

>> Pat: Follow-up?

>> Reporter: I guess to clarify what you're saying there, that there will be no changes to self isolation as of yet?

>> Correct.

>> Reporter: Course, CBC weekly Surrey done now, did you have a second question?

>> Reporter: I believe Danielle had a further question there.

>> Pat: We have just gone back.

>> Reporter: That was just a clarification.

>> Pat: Sorry, please go ahead.

Please go ahead.

>> Reporter: Okay.

We're seeing people in Facebook comments asking about what constitutes being high-risk and what constitutes being a vulnerable person.

For example,, if you're 18 and I mean a compromised, if you're younger in you have chronic illness.

Can you layout tab bit what it means to be part of a high-risk or vulnerable population?

Are there any things people are going to have to meet or forms they will have to use to prove it?

>> So this goes back into what I was trying to explain why exactly what we mean by vulnerable, in terms of the schedule.

And again, there are many ways we can kind of slice that in terms of who is vulnerable.

At the same time we are trying to get our whole population vaccinated in as quickly a time as we can manage with a goal of 75 percent of the adult population.

We have to go into the nuances of making those decisions.

Then going into the mass immunization when people will be able to make their booking at convenient times.

Then we can go through the whole population and really, the ultimate goal again of the end of March into the beginning of April to have everyone that is coming forward taken care of.

>> Pat: Thank you.

Now to Chris, CBC.

>> Reporter: Thank you.

I am interested to ask, I guess Dr Hanley and Premier Silver, just about the issue of rolling out the vaccine.

Particularly in some of the smaller communities, what sort of challenges are you seeing in terms of both communicating to people in the smaller communities and also to nail down places that are suitable to run these vaccine clinics.

>> I can start.

Excellent question, Chris.

I just got off the phone with a particular individual in a particular community on the other side, in that community helping with vaccine rollout.

It is things like some communities have gone through civic addressing, some have not.

Making sure that we have information getting into people that are maybe less social as far as their ability to access social media.

The good news in those conversations when I am asking these individuals how they think it is going, the first thing that they say is the impeccable job that the team is doing to relay information.

And it takes that community to receive that information.

The information being passed from chiefs and councillors and MERS and councillors, we really are relying on them to help us with outreach to the communities.

We have heard mayors being interviewed on your channel this week as well, talking about again helping us to say when it is my turn, of course I'm going to get the vaccine and promoting the efficacy and the safety of the vaccinations.

But ultimately, every community is different.

Some communities like mine have hospitals and therefore, more people in the community working in health and social services, in the medical field.

Other communities have more limited resources.

I would say each community has its own unique challenges and circumstances, and the way these vaccines are being rolled out by

having Beaver Creek and Watson like being a big and small rural community, that will really help us to define some of the issues in these communities as we get into the bigger-- into the rest of those rural communities as well.

>> Pat: Thank you.

Dr Hanley?

>> I completely agree and I will just add, listening this morning again on CBC, the see why FN COVID community connector, operator-- sorry, I am forgetting your actual title but you seem to do everything, for making things happen in the communities.

I think it speaks to that important role that CYFN and all of the first nations are playing.

Of course we have many direct conversations ongoing.

But we also have these very involved, quite detailed, one by one community conversations that are happening as communities are getting close to their turn.

The support of leadership.

These partnerships I think or just remarkable and how they are playing out and helping, the emergency coordination centre of community services, they are sending in teams ahead of time to get her ready for the immunization itself, in terms of getting the place set up, in terms of again doing those on the ground conversations.

They have been incredibly supportive and helpful in just venue selection and conversation with the community.

Making sure the IT support is there.

The more you learn about these operations, the complexities are amazing.

The fact that we are actually there in things are happening, it really is exciting.

But it takes, it literally takes a community to make this happen.

>> Pat: Thank you.

Follow-up question?

>> Reporter: I guess the follow-up is, could you be specific about I guess what the service baseline needs are in terms of infrastructure or space, in terms of establishing a vaccine clinic.

And then to tack onto that, how many communities is this going to be an issue in terms of finding adequate space?

>> I can start if you want.

I mean, I look at it as a big parallel, going back in time to when we were getting businesses to start rolling out again and having guidelines in place at that time.

It is a matter of folks that are in line, making sure they are in the right protocols for being in line.

People that are waiting.

Again, establishing the online booking system is key as well as so the people are not showing up all at one time.

Making sure that people are safely distanced.

Those types of things.

We really want to have a conversation and this is under the guidance of Dr Hanley.

We want to talk to the First Nations and municipalities first then work with them to establish where these clinics are going to be best suited in each of those communities.

And I think that was basically it, just coordinating in the same way that we did when it came to businesses being able to reopen safely.

We now have to identify buildings that are safe, secure, that could also have guidelines in place and signage in place and making sure we do-- the clients coming in safe, but also the front-line workers either doing the administrative side of things or the injections themselves.

>> Yeah, so again, just to elaborate a little bit, if you think of how the Whitehorse flu clinic at the convention centre and really, just scaling that down.

But all of those elements need to take place.

You need an agreed-upon space that is adequate to bring in the number of people that is necessary and to allow that COVID safe flow to occur.

You also need people to do that.

It is not just the immunize is, it is the greeters and the security and the support.

To allow for that all to happen efficiently.

So that people are taken care of rapidly and get their shot and have their 15 minutes to wait than they are gone.

So the booking process plays so importantly into that so that people do have a time.

The IT support, we have a live registry so every immunization is ideally entered as the immunization takes place.

That IT support, and backup plans should there be a failure of the technology or the web.

That you do have those backup plans in place so you don't lose your data.

Of course then the communication that goes into it, which is all of what we just talked about.

The upfront conversations, ongoing conversations.

The written materials, the websites, all of that.

>> Pat: Thank you.

Maryne, L'Aurore borÉale.

>> Reporter:

[Speaking French]

>> Pat:

[Speaking French]

We will move to Tim at Whitehorse Star.

>> Reporter: Hello.

My question is probably more for Dr Hanley but anyone can answer.

My first question is, when you talk about the booking process, what happens if say you're a new resident of the Yukon and you don't have a Yukon healthcare -- health card yet, or any people who might be from the peripheral BC communities that are allowed in.

Can they come into get a shot and if so how can they arrange that?

>> So there are two parts to that.

So really, most people living here have a Yukon healthcare card.

That is really the baseline, but we realize that not everyone does.

And if people are living here in eligible, so if you don't have your healthcare card but you have a provincial card than you would use that one or some other way of establishing identity.

So really you can be counted, you can be supported via a second dose and get all of the right information and that consent and all of that.

So the second part of that was that we do have service agreements with places such as lower post, and Good Hope Lake for...

Those communities will be covered as part of the Watson Lake community visit.

Then we have other places where we don't have sort of written,

contracted service agreements but we are working outweights to ensure some of those border communities are also covered.

Some of those conversations we have not completed yet but we are working really hard to ensure for instance that the people have access to vaccines as well.

Of course they are in another jurisdiction so it requires a lot of very close coordination with our counterparts in BC northern health.

>> Pat: Follow-up?

>> Reporter: Yes.

Again this is probably for Dr Hanley.

I had a couple of readers contact me concerned about allergic reactions to the vaccine.

They are having some trouble getting the information they need.

Especially if you have a history of allergic reactions, if you go to one of these clinics are the people they are going to be prepared to deal with any potential serious or severe allergic reactions?

>> Yeah, absolutely.

And I think if you now look online, because again some of the information is really now becoming more-- more and more is being posted as we get this information gathered.

There is kind of a two pager you might say on the modern a vaccine including what to do about allergies.

And a site that offers vaccine also has the ability to treat allergic reactions on the spot.

Whether it is an anaphylactic reaction or a few hives.

So the precautions for Moderna is if you have a known allergy, which of course most people won't, or to any of the components-- the main component of concern is what is...

One of the carriers of the vaccine.

If people have a known allergy to that then they would be advised not to take the vaccine.

The other components are actually really very few.

And I think that is why allergic reactions, serious allergic reactions are actually proving to be rare with Moderna.

But we know that that is always a risk with any vaccine, the risk of a serious allergic reaction.

That is why we have epinephrine, that is light trained-- any immunize or is trained both to recognize and to treat an allergic reaction on the spot.

That -- then appropriate measures take place for whatever care is needed after that initial response.

>> Pat: Thank you.

Claudiane, Radio-Canada.

>> Reporter: Yes, first question for the premier.

Wondering if the money announced today for indigenous communities, there is a lot of money in there.

How much money as the Yukon getting, how much is new money and what will it be used for?

>> I don't have that information in front of me right now, so I can't answer the question.

>> Reporter: Okay.

Then...

I mean, by e-mail if you can follow up on that 4.2 billion announced this morning by Minister Miller for indigenous communities.

Second question for Dr Hanley, I will ask in English for the benefit of my colleagues but I would like the answer also in French.

Wondering if eventually, and if not why not, if pharmacies, doctors, medical clinics, home care nurses won't also be called in to distribute the vaccine?

>> Okay, I think you're putting Andre out of a job here...

[Laughter]

>> He is giving me his thumbs up.

[Speaking French]

[Speaking French]

>> I will just translate quickly.

The question is about distribution to doctors clinics and other pharmacists and places.

This is not a vaccine that lends itself to that kind of peripheral distribution got just because the conditions are so strict for storage, for keeping it frozen, even for movement.

Even though it is a lot more flexible than Pfizer, which is why we chose Moderna, it is still a very strict and how it can be moved around once you get to a location.

Again, the other thing that I did not mention in French, those that we do not want to waste a single dose.

We have an obligation to aim for zero wastage of doses.

And because the vaccine is so precious at the moment, we are very, very much sticklers for detail.

That is why we have centralized this as much as possible part from the mobile teams taking it into the communities.

The long-term care and the efforts at the hospital in hospital as of today is doing a great job and how they are giving vaccine to their own front-line staff.

>> Pat: Thank you.

We will move to the Canadian press.

>> Reporter: High Dr Hanley.

I am wondering if you could just clarify for me, you said the territory could reach herd immunity within three months.

Is that with both shots or just with one shot?

>> Thank you, so the aim-- that is where all the second dose planning comes in but that is to be fully vaccinated meaning you have your two shots.

So our aim is for the end of March.

I always give a little wiggle room, into the beginning of April because thanks always happen.

But really that is our aim.

First quarter or early into second-quarter success at achieving that 75 percent uptake amongst our adult population.

>> Pat: Follow-up?

>> Reporter: Yeah, that's incredible.

That would be the first place in Canada to have that.

I was also wondering if you could tell me whether you're looking at, or if the government in Yukon News looking at..

Although the first case was officially on March 22nd, how far back do you think Yukon had the COVID virus transmitting, in the area?

How long do you think it went undetected?

>> I think about March 21st.

[Laughter]

It is hard to say.

I think that we were very, you know, the risk at that time was, who because of those a rapid surge in the southern provinces, there is a possibility there was importation and that it was treated as I kind of everyday influence illness and not otherwise recognized.

But I do think, if that happened, it happened to a limited extent.

Because what we did not see was suddenly unexpected areas where transmission was occurring.

We did not see hospitalizations popping up.

All of those things you would've expected to say in which other places in Canada did see once they had that sort of undetected beginnings of community transmission.

I think it is quite possible it occurred and we missed it, but I don't think it actually occurred that much.

I would be surprised if we had significant activity before February, March.

This study may help us help determine that are it lane as one way or the other.

>> Pat: Haley, Yukon News.

>> Reporter: Earlier it was mentioned that to get to 75 percent depends on the vaccine doses being delivered a scheduled.

Is there any concern about that at this time?

>> I think every jurisdiction is going through very similar concerns.

And I don't just mean in Canada, you know, we had conversations with the Prime Minister about his trepidation.

Making sure that when they get delivered, they are being expedited as safely and as quickly as possible.

--

>> We can't hear the question.

>> Can you hear me answering?

The question was if we had any issues on the distribution and the timing of the distribution in the first quarter.

What I have been seeing from all accounts is that thanks do get expedited, as opposed to being worried that things are slowing down.

As a supply chain management gets figured out internationally, as Moderna it looks at what countries are ready for second doses, we have no reason to believe whether in Yukon or in the rest of Canada that the medical teams right across Canada will not have the ability to get these vaccines in people's arms as quickly and safely as possible.

With that being said, we still have a long way to go in making sure that we can nail down the dates of those final doses.

So we do know that there is another 7200 arriving this week, and we again have been communicating-- I communicate with Dominic LeBlanc and Chrystia Land, the Prime Minister on our calls, and we are all facing the same things in each jurisdiction other than in Yukon, we have the commitment of having a vaccines front-end loaded compared to other jurisdictions.

Do echo Dr Hanley's words earlier, we are not going to have to go too far down critical workers into essential workers and prioritizing because the general population through vaccinations and understanding of those scheduled deliveries will catch up to that process.

Then we will just have general population folks in line for vaccines.

>> Pat: Next question?

>> Reporter: I actually have a real follow-up this time.

I wanted to know, there is another delivery happening this week with 7200.

Are other delivery dates confirmed and if not, what is preventing those firm dates?

>> Probably a good question for Ottawa, as far as firm dates.

We have had preliminary conversations about the distribution of Moderna in Canada.

Every time that we get updates, we do get good news.

We have been reporting on more vaccines than we anticipated being delivered in Canada.

So again, I don't see a lot of alarm to think that we are not going to get our vaccines in the first quarter.

But I agree with Dr Hanley, we might have to allow for some flex room for the distribution of those if we get our final doses at the end of March compared to the beginning of March.

That all science so far show us getting vaccines quicker than what we thought in December as opposed to, worrying about getting it further than that.

I know I have always said I would have loved to get all the vaccines delivered right away, but again, that was...

We have 72 delivered now in we are going to continue to work with Ottawa to make sure that as they get delivered they get vaccinated as quickly as possible, because we now have the training and place.

We now have the safety considerations specific to Moderna figured out.

As they arrive, every weekly will be able to get them out even more expeditiously.

>> Pat: Thank you.

I would like to thank everyone for their time today.

Then next COVID-19 update will take place on Wednesday, January 20th.