



Yukon Communicable Disease Control
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Memorandum

Date: 2021-12-10 21-07
To: All Health Care Providers
From: a/Chief Medical Officer of Health (a/CMOH) & Yukon Communicable Disease Control (YCDC)
Subject: COVID-19 provider update # 21

Dear Colleagues:

As we continue to navigate the challenges of the pandemic within Yukon and Canada, we wanted to provide some reminders and updates with respect to COVID-19.

1. Reinstatement of the State of Emergency
2. Changes to the Public Health Management of Cases and Contacts
3. PPE and Infection Prevention and Control measures reminders
4. YT Epi Update
5. COVID-19 testing update
6. Emergence of the Omicron variant of concern (VOC) and public health management

1. Declaration of a State of Emergency under the Civil Emergency Measures Act (CEMA)

On Monday November 8th, the Yukon Government declared a state of emergency in response to increased spread of COVID-19 in the Yukon. This was done so that public health measures could be implemented rapidly in order to decrease the rate of transmission and ensure the territory's healthcare capacity would not be overwhelmed. Full details of what public health measures are currently in place are outlined at: <https://yukon.ca/en/news/state-emergency-declared-response-increased-spread-covid-19-yukon> Any questions or concerns related to these public health measures should be directed to the covid19info@yukon.ca email. Please note that YCDC is not responsible for guidance or enforcement of these public health measures.

2. Changes to the Public Health Management of Cases and Contacts

In response to the ongoing surge in COVID-19 cases within Yukon and limited resources, YCDC has changed the approach in case and contact management. The YCDC surge strategy is guided by achieving 3 surge principles:

- Enhance staffing to increase capacity
- Streamline processes to improve staffing capacity
- Enhance and deploy additional capacity through interagency partnerships

Cases of COVID-19 YCDC prioritizes supporting isolation of the individual while they are considered infectious. Nursing roles remain in gathering case information, providing education and ensuring cases are able to safely and effectively isolate to decrease the risk of ongoing transmission. YCDC will continue to maintain authority for determining isolation requirements for COVID-19 positive individuals. Additional support staff are continuing to provide intermittent monitoring of cases while they are on isolation. Individuals at increased risk of adverse outcomes (including pulmonary disease, immune compromise, pregnancy) have been directed to contact their primary care provider for medical management.

Contacts of COVID-19 The reallocation of resources has resulted in a shift in the personal responsibility of cases to inform their contacts within the community. Resources have been developed to support cases in identifying and notifying close contacts as well as direction for those who are informed they are contacts. The resources are available online at <https://yukon.ca/en/what-do-if-you-test-positive-or-are-contact-covid-19>.

YCDC will maintain in the role of contact tracing and notification for the following high-risk exposure areas:

- Long term care
- Doctors office/health centre, ect
- Schools
- Shelters
- Providing acute care service
- Daycares
- Detox/Mental Wellness
- Receiving non-urgent AGMP
- Corrections
- Substance Use

3. PPE and Infection Prevention and Control measures

As part of the new public health measures, Yukon has reinstated the mask mandate for all indoor public settings and outdoor public settings where physical distancing isn't possible. The Public Health Agency of Canada has recently updated guidelines for mask use in community that states that medical masks and respirators provide better protection than non-medical masks, although non-medical masks provide more protection than not wearing a mask at all. Further details on mask recommendations can be found at: <https://www.canada.ca/en/public->

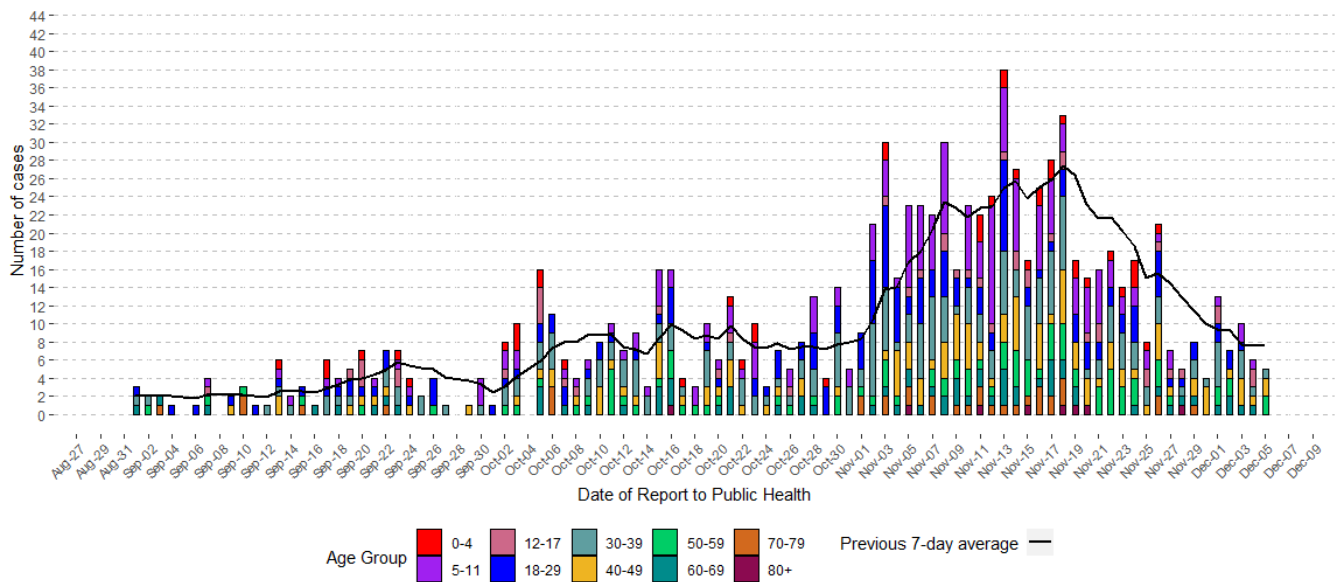
[health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html#a8](https://health.services.diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html#a8)

As a reminder, PPE guidelines for Medical Clinics/Outpatient Facilities as well as Community Health Centers including home care setting were updated in July 2021 to reflect an inclusion of eye protection for HCP when providing direct client care. Patients should continue to wear medical masks and health care staff should maintain continuous masking, with additional eye protection (ie goggles or face shields). Eye glasses are not considered protective when providing direct patient care. These recommendations remain in place to protect health care providers who are more likely to be in prolonged close contact with individuals, especially unwell patients seeking care. Additional precautions may be required based on the Point of Care Risk Assessment. For more information, see PPE recommendations at <https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals>

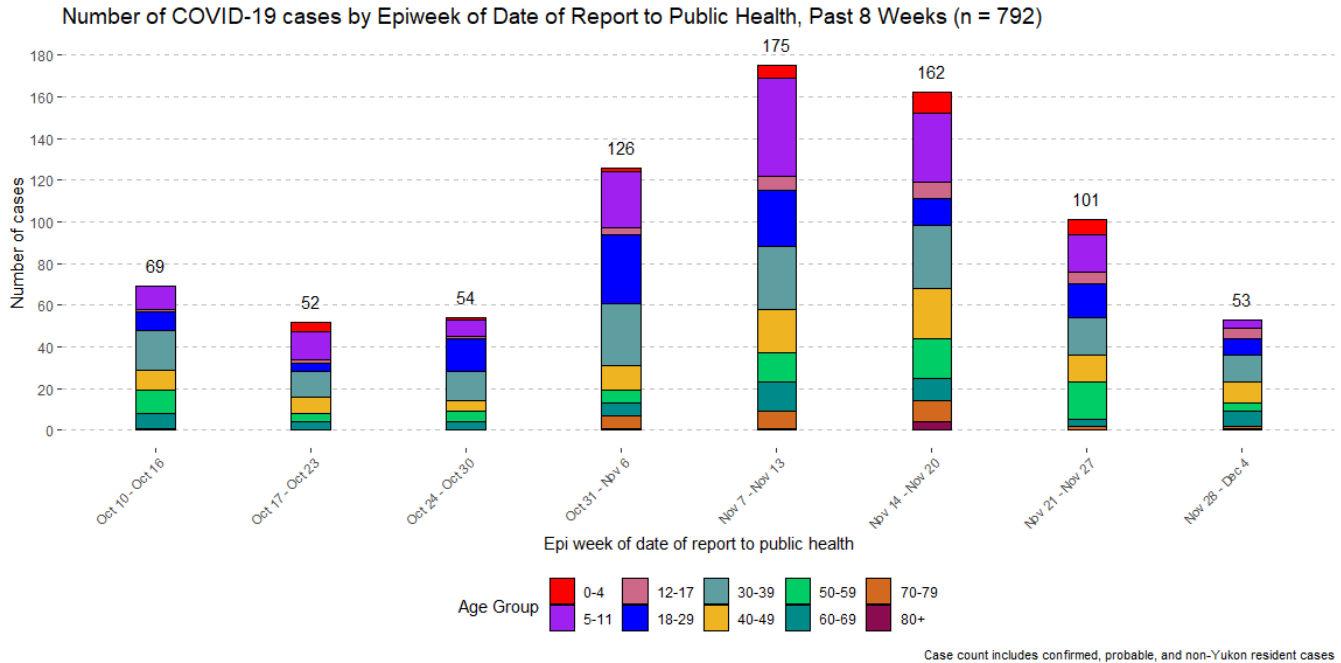
4. YT Epi Update

The total number of confirmed COVID-19 cases as of December 9, 2021 is 1578. As of mid-September there was a shift to the Delta variant of concern (VOC) within Yukon from the B.1.1.7 (alpha) and P.1 (gamma) VOCs. The current wave within Yukon is driven exclusively by the Delta Variant, which is the predominant VOC throughout Canada at this time. The rate dropped significantly with the implementation of a weekly rolling average public health measures after reaching over 700 cases/100,000 at the peak of the wave.

Number of COVID-19 cases by Date of Report to Public Health and Age Group, Sept 1 - Dec 5, 2021 (n = 947)



Case count includes confirmed, probable and non-Yukon resident cases



The figure above shows the distribution of COVID-19 cases by age group by epi week from Oct 10 to Dec 4.

In contrast to the June/July wave of infection, there has been significantly less hospitalizations despite the higher case count. A highly immunized population has resulted in significant decrease in morbidity and mortality in those with diagnosed COVID-19 infection. Unimmunized individuals remain disproportionately represented within the hospitalized numbers.

5. COVID-19 Testing Reminders

COVID-19 Testing recommendations have been updated. See attached updated guidelines. Please review the entire document.

Highlights include:

- o **“Red top” viral collection kit, is now the only swab** supported for BCCDC NP samples. As of Dec. 6th, 2021 Hologic Aptima swabs are no longer accepted.
- o YCDC will contact all individuals who test positive COVID-19. All test results are now available online to the public at <https://yukon.ca/en/find-out-what-your-covid-19-test-results-mean>

Symptomatic testing – We ask that health care providers continue a low threshold for testing any individual reporting symptoms compatible with COVID-19 infection. We have seen individuals not tested as they have another condition (e.g. allergies, COPD, chronic health issues) who have had COVID-19 and gone on to spread infection due to not being tested and

isolated. The only way to rule out COVID-19 infection in someone who is symptomatic is by testing.

Asymptomatic testing Asymptomatic testing is not routinely recommended, unless directed by YCDC and/or MOH in specific settings. We have seen a trend of contacts requesting testing without symptoms and often the same day or day after contact. Testing someone for COVID-19 who is asymptomatic within 3 days of exposure results in a high likelihood of false negative results. An example from a meta-analysis indicates false negative results are ~100% on days 1-3, and 67% on day 4. As such, this is not an effective tool, and may result in a false sense of security of an individual who may then not follow the self-isolation guidelines and go on to expose others if they then develop infection.

Testing of those previously infected with COVID-19 Generally, individuals who have had lab confirmed COVID-19 disease should not be retested for COVID-19 within 45 days of initial positive COVID-19 result. PCR and NAAT tests can continue to detect non-viable virus post infection, however **this does not mean the person is infectious** and self-isolation is not recommended. Isolation can have considerable impact on an individual's health, and we have an ethical responsibility to ensure we only isolate individuals when there is a clear evidence-based risk. For facilities that have been provided guidance by the MOH to test asymptotically, individuals should not be tested within 90 days of a previous positive COVID-19 test.

Self-administered tests There are several new and emerging COVID-19 tests that the general public are able to access. As explained above, testing alone does not provide a complete picture on risk level. Self-administered tests are of varying levels of effectiveness. If community members or organizations use self-administered tests, negative results should not be used to rule out infection or change isolation recommendations. Positive results should be managed as probable positives, with isolation recommended and confirmatory testing performed. See guideline attached related to clinical management if a client states they have completed a COVID-19 self test.

6. Emergence of the Omicron variant of concern (VOC) and public health management

On November 26, 2021 the World Health Organization classified B.1.1.529 as a VOC called Omicron. In response to this new VOC, the federal government implemented additional border measures and border testing surveillance on November 30th to reduce the risk of importation and transmission. This situation is rapidly changing, as we learn more about this variant. See current federal guidelines for international travellers: <https://travel.gc.ca/travel-covid>.

YCDC is managing the day 8 surveillance testing for Yukoners returning from travel to high-risk countries. All COVID-19+ cases where there is a history of international travel will have the

specimen sent for whole genome sequencing to determine VOC and household contacts of returning international travellers will be managed more stringently, irrespective of immunization status to support risk mitigation for transmission.

Thank you for your continued cooperation and support,



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