



Yukon Communicable Disease Control
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Memorandum

Date: 2021-07-30 21-05
To: All Health Care Providers
From: Chief Medical Officer of Health (CMOH) & Yukon Communicable Disease Control (YCDC)
Subject: COVID-19 provider update # 20

Dear Colleagues:

As we shift from pandemic specific public health measures to the gradual lifting of these measures within Yukon and Canada, we wanted to provide some reminders and updates with respect to COVID-19.

1. Clarification on the authority of the Civil Emergency Measures Act (CEMA) vs. the Public Health and Safety Act (PHSA)
2. PPE and Infection Prevention and Control measures
3. YT Epi Update
4. COVID-19 testing reminders
5. Abbott ID NOW™
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7. On the Horizon

Clarification on CEMA versus PHSA

As outlined in [A Path Forward](#), the reopening plan includes gradually lifting restrictions implemented through CEMA since March 2020. The measures were introduced to ensure that the health care system would not be overwhelmed with individuals experiencing severe illness. Due to the successful immunization campaign, the risk of both infection and severe illness has significantly decreased. The MOH and YCDC team will continue to play a role in working to decrease the rate of spread of COVID-19, through case management and contact tracing, including direction to self-isolate, when appropriate, under the authorities of the Public Health and Safety Act. Cases and high-risk contacts will still require self-isolation to mitigate risk.

Testing and quarantine requirements for international travellers remain under federal government authority and responsibility.

PPE and Infection Prevention and Control measures

See updated PPE guidelines for Medical Clinics/Outpatient Facilities as well as Community Health Centers attached which reflects an inclusion of eye protection for HCP when providing direct client care. If you are uncertain, which Yukon recommended practices documents for PPE use should be in place in your facility, please contact YCDC.

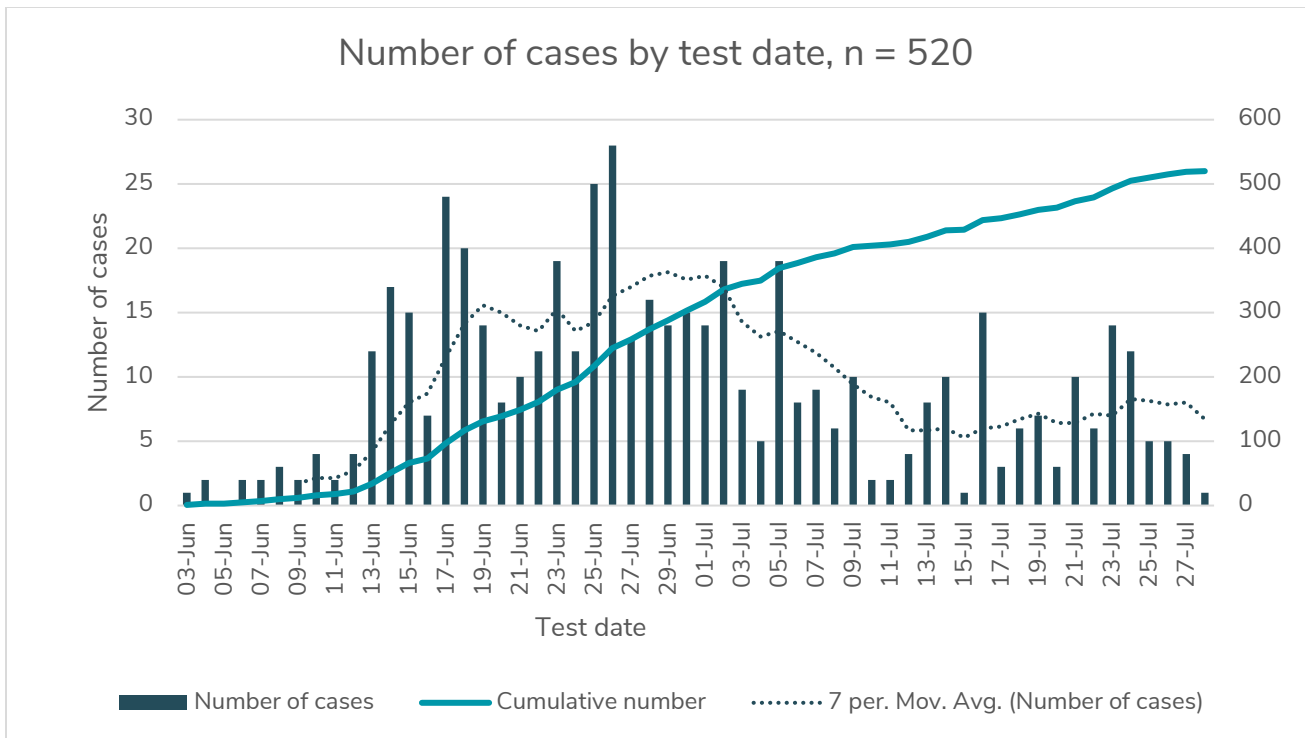
Starting August 4th, the mandatory masking guidelines for indoor spaces will be removed. Despite this no longer being an enforceable legal requirement, we recommend the public and HCPs continue to use masks in these settings.

Please note that this change **does not impact recommendations for Personal Protective Equipment (PPE) in any health care setting**. Patients should continue to wear medical masks and health care staff should maintain continuous masking, with additional eye protection (goggles or face shield – 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>

YT Epi Update

Since 1 June 2021 to July 28, 516 confirmed cases have been identified in Yukon. Two variants of concern (VoC's) have been identified in the territory since June, B.1.1.7 (alpha) and P.1 (gamma). The current wave is driven by the Gamma variant, with 308 identifications in 310 specimens that had whole genome sequencing completed. The alpha (B117) variant was identified in two other linked cases early in June.

Since June 1, the average age of cases is 31 years old, 51% are male and 73% reside in Whitehorse. At least 70% of our cases are linked to another case. The majority of our cases (405, or 77%) have been identified amongst the unvaccinated population, particularly those over 18 years and eligible for immunization. It is now more important than ever that healthcare providers engage in conversations with their patients to educate and encourage individuals to take advantage of the single most important protection from COVID-19 – the vaccine.



We noted the highest number of cases identified in late June and while our overall case numbers are starting to decrease, it is essential that we continue our surveillance for disease and continue to test patients when indicated.

COVID-19 Testing Reminders

- 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 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.

Individuals can have a residual prolonged cough after infection, but a lingering cough does not correlate with communicability. If you are uncertain if an individual may have reinfection, contact the MOH on call for a case specific risk assessment.

Abbott ID NOW™

Abbott ID NOW™ has been rolled out at specific testing locations within Whitehorse, rural Yukon, and YT mine sites. The Abbott ID NOW™ Instrument is a rapid (15 minute) molecular diagnostic test utilizing NAAT amplification for two target genes (N2 and E) for the SARS-CoV-2 virus. Depending on the site, the instrument has been deployed for the purpose of a screening program (asymptomatic testing), diagnostic testing (symptomatic testing), or in some instances both.

It is important to note when comparing an Abbott ID nasal swab to a NP PCR test there is a lower sensitivity, where either early or late infections may not be identified.

Use of this point of care technology in community locations (ie clinics) are deployed in conjunction with the specific usage defined for that location, including following the YT guidance. If you believe there may be other opportunities for use not initially identified when implemented in your setting, please contact YCDC for further discussion.

Public Health Management of Cases and Contacts

See updated Interim Guidance: Public Health Management of Cases and Contacts Associated with Novel Coronavirus (COVID-19) in the Community attached. There are many changes within this document. Please review this document in its entirety.

Key updates to this document are:

- Period of communicability changed to 48 hours (2 days) prior to symptom onset, or prior to date of test in those who are asymptomatic. This is a shift from 72 hours.
- Duration of self-isolation for contacts who have been directed to self-isolate, changed to self-isolate for 10 days and self-monitor for 4 additional days after last exposure. This is a shift from 14 days isolation.

- Guidance for vaccinated individuals who have been exposed to COVID-19 (updated July 2 2021) is now formally within this document.
- New sections added include:
 - Reinfection
 - Inclusion of severity of infection, further clarification to immune compromised definition and updates to removal of isolation.
 - Diagnostic testing including point of care
 - Inclusion of objective for case & contact management as well as contact tracing

These changes are being made based on current evidence of best practices in case and contact management.

On the Horizon

Similar to everywhere in Canada, we are in the process of a shift from an emergency containment approach to COVID-19, to managing COVID-19 as a vaccine-preventable endemic infection. Over the next few weeks, we expect to see Yukon continue to transition away from CEMA. As of August 4th, quarantine requirements from incoming travellers will no longer be in place. Importation risk has substantially dropped due to overall low COVID activity in Canada as well as Canada's rapidly rising population uptake of vaccine.

Our current most important risk for acquisition of COVID-19 lies in gatherings (within households or other social settings) involving unvaccinated people. The cornerstone of our COVID-19 response is in continuing to push vaccination as prevention. The other pillars of the next phase of living with COVID include social supports for vulnerable people, surge capacity in public health and acute care, a revised testing and surveillance strategy, focused public health measures, and support to communities. The current wave of COVID-19 demonstrates the importance of diminishing the pool of susceptible individuals while building resiliency amongst vulnerable individuals. At the same time, we must be able to build our capacity to surge when required. The shift is necessary not just to address where we see the evolving risk of COVID-19 in unvaccinated populations, but also to recognize the ongoing multiple other effects of broad restrictions that we have witnessed over the 18 months.

Thank you for your understanding and support as we transition through these phases away from our initial containment approach aimed at a broadly susceptible population. Every person vaccinated is another success in our ability to succeed. Remember that the advice that you give to your patients about vaccination is what people trust the most.

Thank you for your continued cooperation and support,



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