

COVID-19 Facebook live update: December 8, 2020

>> Pat: Good morning.

I'm Pat Living with the department of health and social services and your moderator for the COVID-19 update for Tuesday, December 8th.

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 director of are also with us today.

Following our 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?

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

Premier Silver?

>> Thank you for joining us on the traditional territory of the Kwanlin Dün nation and the Taa'an Kwächän Council.

I am very pleased to be here with Mary and with Dr Hanley for another update.

We have had ten new cases since our last weekly update.

There are now ten active cases in the Yukon.

As I have said before, we remain while prepared to deal with new cases.

The team on -- at Yukon's communicable disease Centre have done a terrific job and continue to do excellent work to keep Yukoners safe and informed.

Contact tracing requires a distinct set of skills to ensure the proper information is determined when cases arise.

I want to thank all of those at the YCDC for their terrific work that they have done for months now and continue to do.

I want to remind Yukoners again, I might sound like a broken record but the best thing Yukoners can do is -- to support this ongoing effort is to practice the Safe Six plus one.

They are still the best things you can do to keep everybody safe.

Washing your hands, maintaining physical distance, staying home when you're sick, travelling responsibly and respectfully, self isolating as required, and following gathering guidelines that are in place including limiting indoor gatherings to ten people.

By practising the Safe Six, again, you're keeping all Yukoners safe and I appreciate your efforts.

Thank you.

And remember, you now need to mask up when you're in public indoor spaces.

Remember my simple advice.

If you're not sure whether or not -- what is considered a public space, wear a mask.

Do it for your neighbours, your friends, and your colleagues.

I want to thank all of those who have been wearing masks in public.

It is very great to see.

It signals that you care about your fellow Yukoners and want to keep them safe.

We are absolutely not out of the woods yet.

Our government has extended the state of emergency for the Yukon.

This extension follows the recommendations from Yukon's Chief Medical Officer of health.

The state of emergency was initially declared in the territory on March 27th.

Which seemed like years ago.

In response to the COVID-19 pandemic.

Under the state of emergency, we have been able to expedite a number of measures to mitigate the risk of impartation and transmission of the virus and to support healthy back safe-- the health and safety and economic well-being of Yukoners.

Without this state of emergency, the ministerial orders that have been issued would expire.

That would mean for instance that we would no longer have border controls, that we would no longer have the self isolation requirements for those entering the territory and we would no longer have enforcement of the health and safety measures to protect Yukoners.

It is important to note that extending the state of emergency does not indicate any change in the risk of COVID-19 to Yukoners.

The state of emergency may be cancelled at any time, though our government believes it may be required so long as the pandemic continues to pose a risk to the health, safety, and livelihoods of Yukoners.

We evaluate the need for the state of emergency on a monthly basis.

We also regularly evaluate the state of emergency, Lee ministerial orders issued under the seven emergency measures act, and will repeal any that are no longer necessary to the current pandemic situation.

As long as the state of emergency is active, we can adapt and react quickly asked the government-- as a government to the impact of the pandemic.

These measures remain important while we wait for an effect -- an effective treatment of COVID-19.

I know there is an awful lot of interest and potential vaccines, as the news pours in about candidate vaccines and approvals.

Planning for a vaccine is well underway.

Our government has teams working on the distribution and storage concerns, as well as a location.

Obviously, these details are still being finalized.

Right now, Canada does not have an approved vaccine.

We know that we are close, but the approval has not been given yet.

That means that plans must be fluid to account for different realities of the different vaccine options.

The deputy ministers of health across the country have met to discuss vaccine plans.

Minister Frost also met with her federal, provincial, and territorial colleagues last week.

Later this week, I will meet with my fellow premiers and Prime Minister.

We continue to stress with our federal counterparts the importance of fair and equitable access to vaccines, including four key populations that are high-risk such as long-term care residents, elder populations, immuno compromised individuals, healthcare workers, and indigenous, remote, and northern communities.

The discussions have been going very well, and I am cautiously optimistic about my meetings later this week.

Once again, when we get confirmation on the types of vaccines that will be distributed in the north, the number of doses, and the date of delivery, we will be ready to share our plan for a vaccine rollout.

Health officials have been preparing for a vaccine plan for the territory.

This includes identifying storage space, the number of required doses, staffing requirements, and plans for distribution.

We are determining key populations for a initial immunization, which includes high-risk and immunocompromised individuals, elders, healthcare professionals, and Yukoners living in rural communities.

A National operations Centre is being established to coordinate the logistics industry recent of vaccines, and the Canadian Armed Forces is helping with planning, data sharing, and supporting indigenous and rural communities.

Yukon's emergency measures organization is working with the joint task force North to build planning capacity for distribution in the North.

We anticipate approval-- approved vaccines to be available in early 2021.

We will continue to share information as soon as it becomes available, I encourage all Yukoners to be patient.

Continuing to practice the Safe Six, and wearing a mask.

Yukoners should also keep in mind that the vaccine will be a turning point.

It will not be the end of COVID safety precautions right away.

We cannot let our guard down.

We must remain vigilant.

As of this week, restaurants and bars are now required to collect the contact information for patrons.

This is being done in order to help the team at YCDC with contact tracing, in the event of a positive COVID-19 case.

It does not mean their restaurants or bars are about -- have done anything wrong.

Quite the opposite.

Our bars and restaurants have been doing a great job of adapting to the pandemic, and providing a safe and sanitized environment for Yukoners to enjoy quality food and drinks.

I want to thank the bars and restaurants for all of their work, their efforts to preserve us and keep us through this pandemic, and for their cooperation in these new efforts to support contact tracing.

I encourage all Yukoners to be respectful of the request for contact information when they go into a bar or restaurant.

It is about keeping Yukoners safe.

This is extremely important in will help protect Yukoners.

We are all in this together.

And we will get through this together.

With the holidays approaching, we know that some Yukoners are planning to host gatherings, in guests from outside the territory.

A student returning from University perhaps, or a grandparent might otherwise be spending the season alone.

We also know that you would do anything to share a meal or a hug with your guests.

As such, we have worked to establish a self isolation option that lets you do both, but you will have to commit to self isolating with them.

That means following all of the regular self isolation rules for staying at home, only going outside alone or with people yourself isolating with, and not having visitors.

If your guests to leave.

>> Reporter: 14 days, your entire household will need to continue to self isolate three days following their departure.

And monitor for symptoms.

After those three days, if everyone in your household and your departed guests do not have symptoms, you're free to leave yourself isolation.

We know that many of you will be wondering, why only three days?

I want to assure you that these guidelines are based on plans and are recommended by our Chief Medical Officer of health.

People with COVID-19 may be infectious for up to three days before they start exhibiting symptoms.

So as your guest leaves and develop symptoms within those three days, they could have been spreading COVID-19 to you and the rest of your household.

When this is the case, you and everyone in your household will need to continue to self isolate for the fall of 14 days from your guests's departure.

However if your guest does not develop symptoms within those three days of leaving, that means that they were not infectious while in the Yukon and you may carry on with your day to day life.

If you're hosting someone from outside the territory but do not want to self isolate with your guest, you must follow all of the self isolation option two guidelines on Yukon.ca.

This means staying two metres apart or 6 feet from anyone that is self isolating in your household.

Using a separate bathroom if possible.

Washing your hands often, and cleaning household items regularly.

We are confident that these self isolation option -- options will allow Yukoners to connect with their loved ones this holiday season while still keeping our communities safe from COVID-19.

I know this is a lot to digest as far as those options.

But please, if you have more questions or concerns, there is information available on Yukon.ca.

And remember, again, the message we have been sending out for months now in will continue.

A kind, be patient, and be respectful with one another.

Thank you very much.

Dr Hanley?

>> Thank you Premier Silver.

Good morning.

I am going to try to be a little shorter with my update today, but there are a few points I want to make sure I address.

I want to again reiterate the importance of staying home if you're sick, and I want to make sure that the people you're spending time with in social settings is kept to a minimum.

And I want to again go over some of the changes regarding bars and restaurants.

First though, volatile more on outbreaks over the past several weeks.

You have heard me say that we are dealing with one or more outbreaks of COVID-19.

I wanted to use sometime today to explain what this means for a Yukon and how Yukoners are affected by these outbreaks.

An outbreak is simply what happens when we see a sudden increase in cases.

I want to be clear that an outbreak is not necessarily community transmission.

Is just the term we use when there is a substantial, rapid rise in cases.

Our case count at present is up to 58 cases as of today, and due to some recoveries, we now have ten cases considered active within the territory.

Only one of these cases is outside Whitehorse, and that is the last one, number 58.

This case, however, is linked to the Whitehorse outbreak.

The individual was a known contact and already self isolating safely, thus there was no risk to the public in the community associated with this recent case.

Most of these cases therefore have direct links to the ongoing outbreaks, or are related to out of territory trouble.

I am encouraged that the rate of new cases is slowing, and that most of the recent cases are occurring amongst known contacts who were already self isolating.

We are seeing very few cases associated also with any of our public notifications.

However, as we continue to investigate the source of origin for some, we cannot rule out community transmission at this time.

I expect we will continue to see new cases emerge amongst contacts of cases to date.

This is normal until we can identify and isolate the last people in the chain of transmission.

I am working on a more detailed summary of cases that I will come back and share with you but meanwhile, let me take a bit of time to explain how an outbreak happens.

So someone travels out of territory, and while under self isolation for whatever reason, contact with someone else occurs before the end of that isolation for you to.

Or perhaps that person is a frequent traveller for critical work and inadvertently picks up COVID-19 infection and side.

Now, let's say before symptoms develop, this person goes to the grocery store and then grabs a drink with some friends at a small get-together.

A day or two later, a slight cough and sore throat begins.

The person thinks they are just overtired.

She spends a few hours at the office the next day but the symptoms worsen, besides to call it a day.

They stop at the COVID testing and assessment centre on the way home.

They are called two days later with a positive test.

Now where do we have exposure to COVID-19?

Well, we have the store, and the get together at somebody's house.

Equally, that gathering could have been at a bar or restaurant.

We also have the place of work.

When it is found that he spent 45 minutes shopping, the grocery store is named as a place where the public may have been exposed.

She identifies his friends as contacts.

They are called by YCDC and as close contacts, they are asked to self isolate.

A week later, two of them develop symptoms, are tested, and two new cases are confirmed.

Meanwhile, the workplace is assessed.

Turns out there was a lengthy meeting in the conference room where several people were sitting close together without wearing masks.

Ventilation was noted to be poor, and the cold air meant windows stayed closed.

Due to the high risk, these people are all sent home to self isolate.

Two develop symptoms four days later, are tested and become positive.

You get the idea.

As long as we can trace and find all the contacts, the outbreak can be contained.

But what if there are other exposures that were not identified?

Or perhaps many people exposed at one setting, say a large indoor gathering?

Or if there were multiple contacts over a few days in various settings?

Any of these could set off enough threads of infection within the community that cases will start to appear in various places that are no longer traceable to the original case, or two known contacts of a case.

You see then how quickly we can change from an area with no active cases to a surge in cases.

Our goal right now is to get us back into containment mode, through contact tracing, ample testing, and continued vigilant practice of the Safe Six plus one.

We can get back there.

The next two weeks will be telling for us to see if we can get back on our job of this challenging COVID infection.

I know I spoke at length last week, so I would like to reiterate a few points that may have been missed.

These points are mainly about what we need to do between now and the end of this last month of the year.

What precautions should we be taking to minimize our risk?

First, stay home when you're sick.

It is your personal responsibility to isolate yourself from others when you're feeling ala.

You must not go to work or school, or run errands, or go to the gym.

We need to ensure that we are protecting other Yukoners.

Staying home while sick can help us accomplish this.

A quick story.

Last week, I received the most wonderful video from the gardens early learning centre in Whitehorse.

Thank you so much to the kids and their caregivers for assembling the words of gratitude, but also for the sound advice.

One little child said it better than I could.

If you stay sick, stay in bed!

Or at least, you must stay away from work.

Self isolate, and arrange for either a text or, if -- a test, or if, for whatever reason, you can't get isolated, you must self isolate for attendees.

The second is about working from home if you cared.

We are not asking services to close their doors or shut down.

We want services to continue to run, clients to continue to get the service and care they need.

This is not the old days, of March.

But if we can reduce the number of people in workplaces while still carrying out all the businesses and services, we will reduce the chances of outbreaks or transmissions within the workplace.

Employers, please consider ways that you can support having some employees work from home where possible.

If you feel you're unable to support this as an employer, please refer to Yukon.ca for all pandemic relief supports.

The third area is keeping to your social bubble.

Social bubble guidelines did relax a little bit with our phase three path forward plan in the summer.

That was a very welcome change, when the two household bubble was allowed.

But some of us have taken that a little too far.

As we enjoyed week after week without cases, we know that many of us have mingled with larger groups or friends, or allowed people outside our bubble regularly into our households on multiple -- multiple occasions without adequate spacing or even attention to numbers.

That is easy to understand.

But right now, we must revert to strict guidelines on maintaining a consistent social bubble.

And as a reminder, a social bubble means the following.

It begins with the people that you live with.

Family members, including children, your roommates, your partner.

And now, add to that someone else who might regularly come into the household.

Perhaps another family you are close to, another parent to your child or a chill -- children that live outside of the home dark perhaps a neighbour with similarly aged children.

I know we have said up to ten or 15 people.

That is a maximum.

So that should include everyone you live with, whether roommates, parents, partners, or children, plus the other selected group.

Whether neighbours, or close family friends.

Whether one householder two, when you reach ten people, you're approaching the limit.

If you do want to socialize with people outside your social bubble, keep those visitors outside or well spaced in a setting that allows for spacing to occur, whether that is outside in the public space or at an organized gathering.

I am asking all of you to stay consistent with your social bubble.

We need to minimize our number of contacts to ensure we are protecting ourselves, our loved ones, our friends, our colleagues, and our elders.

To prepare for the weeks and months ahead as well as a possible sustained increase in COVID activity, my team and I have begun to revisit our guidelines and seek where we can to adjust them according to our present assessment of COVID-19 risk.

As always, our goal is to anticipate risk and to have measures in place that are proportionate to the risk to the public.

We are preparing further recommendations for government to consider for public health measures, should the COVID situation become worse.

Although our bars and restaurants all around Yukon have been exemplary in their compliance with and promotion of COVID safe measures, we know that the potential for transmission of COVID is always there.

Therefore, to reduce our risk at bars and restaurants, as of December seventh we have implemented a sign in sheet required for all bars and restaurants.

If you're going to enjoy a drink with someone in your social bubble, or go out for a family dinner at one of our many wonderful restaurants, you or someone in your household will need to sign in with their name and contact information.

I am asking that all food and drink establishments collect patron contact information for allowing them to sit down in a restaurant.

Of course, we have been dealing with an increase in cases and we have seen the demands but a sudden increase places on our public health nurses as they carry out contact tracing.

We need to be as prepared as we can for further surges in case activity, or perhaps a widespread outbreak.

In the case that we have one or more cases involving potential exposure at a restaurant or bar or pub, we want to ensure that all patrons who were in close contact can easily be found and advised on what they need to do.

Contact tracing is imperative in helping us manage ongoing cases and preventing cases from becoming outbreaks, outbreaks from becoming more and more widespread.

The more information we can easily retrieve from establishments that are notified as locations of exposure, the better equipped we are to identifying patrons who may be at a higher risk of exposure.

As the holidays approach, one thing that has been on my mind is people going out to restaurants and bars to celebrate the holiday season and cheers for the new year.

We know that bars and restaurants can be higher risk areas of transmission.

It is an indoor setting where public-- the public or able to mix.

As people drink alcohol, their level of awareness may decrease, leading perhaps to a lack of physical distancing, hugging people who are not part of the social bubble, not correctly wearing masks.

Any of these actions can increase individual risk of contracting the virus.

I hope that anyone who is going to a restaurant or bar listens to the staff and management, and I know these establishments are doing everything in their power to keep you safe.

If they ask you to remain at your table, please remember there directing you to do so with your best interest in mind.

We need to take proactive measures as we continue to navigate our way through this pandemic.

Providing your contact information before you sit down at a restaurant is one small thing we can do that can have a big impact.

So remember some of today's takeaway's.

Stay home if you're sick.

Reduce your contacts.

And keep that bubble at ten or 15.

The closer to ten, the better.

Be prepared for further public health measures should COVID activity continue, or should we see signs of community transmission.

Always remember that Safe Six plus one, and use your mask.

And always, as the premier said, remember we are altogether in this pandemic in we need to be kind to each other.

And understanding of what each of us is going through.

That is all for my update.

Thank you.

Remember to take care of each other, stay well.

>> Pat: Thank you.

We will now go to the phone lines and we will start with Philippe from CBC.

>> Reporter: Thank you.

Dr Hanley, could you tell us a bit more about why three days is the chosen number after a person would have a guest leave?

How did you arrive at that number, rather than a longer alkylation?

-- calculation.

>> Thank you.

I actually thought the premier explained it very well.

It really relates to the infectious period.

Remember, I was saying last week that, when a case becomes symptomatic, so let's say you're exposed, you incubate the infection, when symptoms begin usually with a cough and

potentially a mix of other symptoms, about that sort of cough, fever, shortness of breath, the person can still be infectious up to three days before the onset of symptoms.

The reason we focus on three days is that presymptomatic period where the person could have been infectious.

Let's say a student with a Yukon family is coming back from University in Ottawa.

And coming for five days over Christmas.

And staying with the family here, and let's say was exposed to COVID and during that five days is incubate in COVID infection.

Then leaves after five days.

But four days after leaving, becomes symptomatic.

Say a cough and a fever begin.

In some ways, even though the COVID was incubating and has developed four days after leaving, that infectious period has been passed so we can conclude because of that four-day onset, that four-day period that the student was not infectious during the time he or she was staying with the family in the Yukon.

Whereas if it had been, let's say the person leaves in the next day on the way leaving on the way back, developed a cough or fever, then we can conclude that the person was infectious while on -- in the Yukon.

Really, it is about all presymptomatic period that determines our advice.

I hope that is a more clear.

I know we think of ten days in 14 days and what is the reason for all of this, but it is based on that three-day potential for transmission of disease in that recent dramatic period.

>> Pat: Thank you.

Do you have a follow-up?

>> Reporter: Thank you for clarifying that point.

I wonder, if a person is wearing a mask in the public space, does this make it less likely there will be a public exposure notice?

>> That is a really good question.

Let me say, it factors into the risk assessment but it is not a hard and fast rule.

So it may be in those sort of, more borderline cases where it seems that all the right measures were carried out plus a mask was in place, that might give us the extra confidence in the risk assessment.

But in it of itself, we do not consider it sufficient protection for sort of clear a contact.

They were so many individual circumstances that might play into that that we will not know.

Was a mask worn properly, what type of mask wasn't, there are all of those considerations that could make it less viable but it certainly provides us sometimes that extra degree of assurance.

But attention was paid to all the right measures.

I think it really goes back to the importance of mask and use as a population measure, that if enough people, like 90 or 95 percent of people are wearing a mask, we know they have the potential to substantially reduce transmission in the population, in the community, even though when you look at each individual interaction, it is harder to determine at that individual level.

>> Pat: Thank you.

Tim, Whitehorse Star?

>> Reporter: Hello.

First question is for Dr Hanley.

Do you have any plans to try to lobby or put pressure on federal officials to get the vaccine here earlier into the Yukon?

>> I don't.

Of course, the premier and I have been in discussion a lot.

I am in very frequent and quite intense conversation with my colleagues around the country, with the public health agency.

We are hoping to be able to clarify plans as far as products and availability.

As the premier said, even before the end of this week.

I am not particularly worried, and again I think it is important that this early kind of release of the Pfizer product is intended as a kind of dry run in a way.

Of course, it is a very welcome release with a limited supply going to these population centres around Canada.

We have not been particularly law busy -- lobbying for the Pfizer product because of the logistical considerations, so I am glad to see that the campaign is beginning to roll out in the UK.

We're looking to -- looking forward to doses coming, we are looking forward very soon to health Canada approvals of not just the Pfizer but the Moderna in a project which is the next in line.

-- Moderna product.

I'm hoping we will have more to tell by the end of the week.

>> Pat: Follow-up?

>> Reporter: Yes.

Since the Canadian military is involved in vaccine distributions in this, what you're calling a trial of the Pfizer vaccine, is there any reason why some of those ultradeep cold freezers could not be flown North for us to drive?

>> Yeah, there are a few reasons.

One is again, when you look at the population of Canada, this is a very limited release.

The Pfizer vaccine really is designed for large population areas.

It is not just a question of the freezers.

It is all of the mechanisms that are involved in storage and transport.

An example is that the Pfizer vaccine is not designed for onboard travel.

It actually has to be delivered to the point of administration.

The second is that the minimal number of doses at the time is 975.

So you have to have basically 1,000 people ready, which clearly is not a realistic option for our communities.

And we don't want to waste any dosing.

So again, more to come on which products and with what schedule, and those details will come very soon.

I am not at all concerned about this first lot of vaccine coming to those designated population centres around the country.

In fact, I am very excited to see this happening so fast.

>> I would just add to that, this is exciting news.

If you went back even a month ago, the timeline of when the vaccine could be available for distribution was all in January.

So again, and a very short timeframe what we have seen is an expedited advance of a test of a particular vaccine, which is great news for everyone including Yukoners.

The good news is we are still on track for the 6 million doses that have also been announced by the federal government in the first quarter.

Great news from the Prime Minister about several hundred thousand doses of the COVID-19 vaccine to be available in Canada by the end of the up.

Very happy to hear this rollout is moving forward.

And we are having conversations with the federal government this week including a call with the Prime Minister.

While no vaccines have been approved yet by health Canada, we are expecting to have information on vaccine availability and distribution for Yukoners within this week.

>> Pat: Thank you.

Now to Haley, Yukon News.

>> Reporter: We have had reports of some employees being instructed by their employers not to visit public exposure notations -- notifications, or staff with two jobs being told they have to choose one.

Wondering if you have any instruction for employers trying to deal with that, trying to alleviate anxieties in the office if they have more than one shot.

>> I can start.

Again, the guidelines do change and they have been changing over the last nine months of us in this situation.

We urge folks, if they have any confusion, there are health lines to call as far as what the guidelines are, but also what supports are available for people that for whatever reason, due to COVID cannot be at work.

I don't know the case you're talking about specifically.

I am sure the departments are working on responses to individual cases as they come up but again, if an individual has questions, there are the lines you can call on Yukon.ca.

The guidelines are all there, as well as a link to all of the provisions that the government has for folks that are dealing with COVID in a work situation.

>> And I want to add to that, thanks premier.

This certainly is not based on any direction from our office.

And again, I think we have to go back to the reasons that we put out the exposure notifications.

Hopefully for everyone to be clear about the fact that there was a potential for exposure between it case and members of the public at a particular location, at a particular time.

It does not say anything about ongoing transmission risk.

If there are concerns about ongoing transmission risk or the suitability of this particular place to be open, then it won't be open.

If it is open, it is good to go and we should be patronizing our local businesses like we always do.

So we were talking about a moment in time when public transmission occurred.

It is the time plus the place.

And it does not say anything about ongoing risk, or a need to stay away from that place.

Quite the contrary.

And I think that direction about not working in two places at once is not based on any guidance from our office.

>> Pat: Thank you.

Follow-up?

>> Yes, thanks very much for that answer.

I was wondering, case 58, the case outside of Whitehorse, can you tell us where that cases in if not, can you provide an explanation for why that information is not being made public?

>> Yeah, thanks.

This is maybe a chance to talk about how we do our best to protect confidentiality of cases, whatever case that is.

Whether it is case number 1 or case 58.

We do everything in our power to protect confidentiality of the case, the family of the case, and the community of the case.

That is not a realistic, and perhaps direction for cases based in Whitehorse.

We recognize that Whitehorse is big enough there is enough anonymity that we can comfortably announce cases out of Whitehorse.

That is where we kind of draw the line.

Between Whitehorse and nonWhitehorse.

This is not specific to COVID, this is our communicable disease policy.

Always has been.

So if we have cases of tuberculosis for instance, we do not disclose origin of cases of tuberculosis.

What we do communicate is risk.

So if there are areas, regions, or districts of risk, then that is the reason to provide that public notice.

Therefore, if there is an establishment of such as in our previous public notifications, as you know they have included more recently Dawson and Watson like, when we have posted public notifications.

So clearly then we are identifying a community associated with a case because there is a potential public exposure.

But otherwise, we don't...

It is about communicating risk, and protecting individuals.

Time and time again, we have heard back from either families or communities, or leaders and chiefs, mayors, about how much they appreciate that protection of confidentiality.

I always make a point of having direct conversations with leaders in the community affected, as I have done for this case as well.

>> Pat: Thank you.

Now to Maryne, L'Aurore boréale.

>> Reporter:

[Speaking French]

>> Interpreter: So Dr Hanley, could you please repeat in French were we are in terms of vaccines and what are the next steps in vaccination?

[Speaking French]

>> Pat:

[Speaking French]

>> Pat: We will move to Claudiane, Radio-Canada.

>> Reporter:

[Speaking French]

>> Interpreter: So for last few cases happened on Friday and Saturday but the information was not made available until Monday.

Is there any reason for the delay into announcing these cases?

[Speaking French]

>> Pat: May I ask you to repeat that in English, please?

>> Sure.

The question about why we are not announcing cases on weekends, and this is been a decision actually in place for some time.

The reason we have seen more weekend announcements recently has been the cause -- because of public notification.

What I have asked my team to concentrate on his communicating risk, not communicating sure numbers of cases.

If the risk between the public of 54 and 57 cases has not changed, then I look forward to the next regular updates on cases which would be the Monday following.

So really, we're doing a lot through weekends.

We are doing a lot just to concentrate on where we really need to put the emphasis.

Whether that is allowing our team to continue their investigation, investigating the cases for contact tracing, the testing, and not getting diverted by what I see as unnecessary communication efforts.

>> Pat: Thank you.

[Speaking French]

>> Reporter:

[Speaking French]

>> Interpreter: so are the numbers happening during the week and communicated to your colleagues elsewhere, or to the federal authorities.

Or are they just not communicated to anybody and waiting for the beginning of the next week?

>> Reporter: --

[Speaking French]

>> I will just repeat it.

I'm not entirely sure of the process for communication between YCDC and the federal agency, the Public Health Agency of Canada, how-- the rhythm of reporting of cases.

I believe it also does not occur through a weekend but that there is an established protocol.

I will come back with that information.

>> Pat: Thank you.

Laura, CBC?

>> Reporter: Hi there.

Dr Hanley, just following up on my colleague's question.

I know other weekends have -- places update their numbers at the same time every day.

You have talked about before about wanting to communicate risk and not causing fear before doing contact tracing, but are you concerned at all but not providing consistent updates can cause rumours or even downplay the threat of the pandemic in Yukon?

>> Well, I guess all I can say is, we will take anything under advisement and reconsider our approach.

I think it is important though that too much of a focus on numbers can divert from some of the real principles of where we are seeing risk and recognizing especially in places where the number of cases, confirmed cases may not actually represent what the activity is and therefore what the public risk is.

I do think that there is, not always necessarily a tight connection between numbers of cases and public risk.

That is why always, we have tried to communicate that there is a risk.

Even when we don't have confirmed cases, there is that risk of unrecognized introduction of cases, unrecognized transmission.

That is whether we had stayed with the 15 cases that we were in July, or the 58 and counting as we are now.

I think that is the essential part, to recognize that there is that risk and the risk doesn't in itself change whether we have 15 cases or 58 cases.

It is that risk of unrecognized transmission.

So I think that is the part I have been trying to emphasize.

Any communication sometimes requires further explanation and we are always trying to reach that right balance of making sure that numbers are available, about there is a transparency to the process, but also I have found sometimes our efforts at communication can be a diversion from some of the core work that we do.

Happy to take another look at this and look with our team at the best way to make sure that current information on his available.

But as always, my emphasis is on the best way to communicate risk.

>> Pat: Thank you.

Follow-up?

>> Reporter: Yes, thank you.

I know there will be more details coming up this week about the vaccine rollouts but I'm wondering, when you're looking at priority groups, if teachers and educators are included in those discussions of being a priority for the vaccine?

>> You know, everyone is included in the priority risk.

If we were to be looking at priorities on sort of the first day as it work, or sort of the first week, it is where do we need the protections first?

So clearly, we want to preserve our workforces and our central and critical workforces.

But we look at the priorities from both an individual, clinical production point of view but also, maintenance of provision of service point of view.

The North as a whole is actually a priority population and has been recognized as such by the federal government and by the Prime Minister.

So that is one important thing to note, that we as a territory are actually identified as a priority population.

Our indigenous peoples are a priority population.

Our healthcare workers, a priority population.

And our seniors and our elderly populations, particularly in long-term care, are a priority population.

Many of us fall into priority populations, and this is all part of that consideration.

Again, I think there will be more clarity not just to the products and timelines but to how we are addressing the priorities within our own territory as a priority population, again in the days to come.

>> Pat: Premier Silver?

>> I concur with everything Dr Hanley just said.

The only thing I would add is once we find out the dates, the quantities, those two variables really do weigh on prioritization as well.

As Dr Hanley spoke, Trudeau has already recognized the North as being a priority.

When we get more information about what type of vaccine we get, when we get it and how it will be distributed, the missing pieces of us being able to communicate to Yukoners and to the nation of how we are going to roll out that vaccine.

>> Pat: Thank you.

We will move now to John from CKRW.

>> Reporter: Hi.

This is for whomever is best to answer.

I am wondering how the mask mandate is going in the territory.

Has the government noticed any pushback or had any issues, or had to issue any fines?

>> Pat: Premier?

>> I have not heard of any fines yet for masks.

I don't think we have.

I think the rollout is going as well as could be expected.

I appreciate Dr Hanley's dealing with this as far as the recommendation goes, and the main part of that being public acceptance.

I really believe that we hit the apex of that.

It was not good timing -- it was good timing where we saw most Yukoners wearing masks, municipalities and other businesses pushing for mandatory masks and those types of things.

So it was really good timing.

We announced it as quickly as possible then gave folks time to prepare.

I am kind of, you know, and my social circle which is very limited these days to people in the legislative assembly, I have not been hearing very much pushback as far as people refusing.

And I do appreciate when Minister Streicker rose to his feet in the ledge and talked about how it is about informing.

What we are interested in right now is making sure people have the most up-to-date information about requirements and hoping that information is going to be key so that we don't have to use the heavy stick of fines.

>> Thank you, I agree with everything the premier said.

I just wanted to add that you know, as with any of these new orders that have come into place over the past few months, there is always a catch up component.

I know there are many questions still that people have, and some questions about how does the exemption process work, do I need a medical note, you know, maybe more specifics about where and where not it is required and what about within the workplace?

We are compiling and developing a bit of a guide to address many of those individual questions let we have seen coming through.

That is what I have seen, sort of a number of individuals -- individual circumstances which I think over time will work out.

Sometimes it is details we have not even thought of, sometimes it

is just clarifying what has already been written in the orders.

I think more clarity with more time, more comfort with time.

I have not myself heard either of any pushback, or you know, significant complaint around the actual order itself.

>> Pat: Follow-up?

>> Reporter: Yes, thank you.

I am also wondering, you earlier said the territory will continue to take proactive measures.

Has the government considered instituting a two week lock down and just extinguishing any ongoing outbreaks while also eliminating the chance of spread?

It has been proven from other countries around the world it can be done to reach zero cases.

>> I can start, I'm sure Dr Hanley will have something to say as well.

I think in our path forward, the plan through COVID, we have been very clear about the triggers that would send us into a situation of moving forward or backwards.

I have complete faith in Dr Hanley and his team and monitoring the epidemiology and the situations not only here but in our neighbouring territories and provinces and the state of Alaska.

And also confident that the measures we have taken so far are really a good balance where we acknowledge the need, especially during the holiday seasons, for us to be with family and to be as safe as possible.

It is a fine balance, and I'm so glad that we have the Chief Medical Officer and his team guiding us through the requirements and recommendations and guidelines coming from his office.

Because we have done a good job, and you look at comparisons to the rest of Canada, we are in a good place right now.

You're never going to close down the border.

Our supply chain management is always going to be there so there always will be risk, even if we do have a quote unquote lock down, to use your words.

So I think there is very limited traffic right now.

Minister Streicker has reported on the reduction of traffic that we have seen into November in December.

And we will continue to monitor the situation, about as far as a complete lock down, it would be very hard to do.

It is not something we want to do.

What we want to do is maintain the Safe Six.

I know people have asked Dr Hanley this in the past, as far as what keeps him up at night.

Throughout the months, I think he has been asked that question on a regular basis and I would be very surprised to hear him not say, you know, we are getting into the holiday season.

Now more than ever, Yukoners will be the ones to help us reduce the spread by maintaining the Safe Six.

That is what we can do to lock down this virus, to do our social responsibility, each and every one of us, while we monitor the triggers, the six triggers that would trigger us forward or backwards.

As everybody is looking at one trigger forward of a vaccine, the thing that keeps myself and Brendan up at night as we need to get there in we need to get there safely.

We heard the health Minister of Québec say today and yesterday, very profoundly, there are folks that won't be around from now until when the vaccine hits because the virus is still spreading throughout Canada.

So we really need people to be patient and vigilant now more than ever as we know that could -- good news is on the horizon.

>> Pat: Thank you.

Dr Hanley?

>> Have you got an hour?

>> Just a few minutes.

[Laughter]

>> Pat: That's --

>> That's a great question, thanks.

For one thing, there is no definition of lock down.

So even to think of, what does a lockdown actually mean, you could probably define it 20 or 25 ways.

But I think I know what you mean.

Everyone stay in the house, we basically shut down society for two weeks, and what would that do?

What that would do is it would be devastating.

So again, I think it is always having a proportionate response, Israeli the key to managing our population, managing our collective mental health, managing our ability to thrive and survive as a society while having appropriate and what I said earlier, proportionate responses.

So it is always that dance, and I think what we have shown in the last couple weeks here is that we are translating, we are able to see what is going on and translate that into information and recommendations we provide back to feed into further measures.

An example is the workplace situation.

We have seen, through this recent case activity, we have seen not just one but numerous examples of transmission within a workplace.

That is why we have come back and said, why I have been so emphatic about that need not to work sick in the workplace because we have seen that repeatedly.

The other thing is on, you know, the other strategy around that is reducing the number of people in the workplace.

So going to that plea to ask people to work at home if they can in if they can sustain the workplace.

It also feeds into the reiteration of the social gathering advice, because we have seen that kind of listening and we have seen transmission within kind of shared households or social settings.

It is really redoubling some of the separates.

What we have also noticed as we have not seen exploding courses -- cases.

We have not -- we cannot relet community transmission because it takes a while before you know, but we have not seen an explosion of cases over the last week.

We have seen little pop up cases that or for the most part already known contacts or tied into that outbreak.

So in other words, we are doing pretty well.

And we have got these new, recent measures, or reader rations up measures in place.

We have our mask mandate now in place.

So I am confident that we have the appropriate level of measures now, and now we have the lineup of what is next for what could be next.

If we are to see another surge or ongoing activity or evidence of community transmission.

So always sort of continuing that proportionate response, is the way that I see us getting through those next few weeks and next few months until we have a population that is vaccinated.

>> Pat: I would like to thank the premier and the Chief Medical Officer of health, in everyone for their time today.

Our next COVID-19 update will take place Tuesday, December 15th, at 9:30 AM.