

COVID-19 Facebook live update: February 25, 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
Thursday, February 18th.

We're joined by the Yukon's Chief Medical Officer of Health, Dr Brendan Hanley, and Premier
Sandy Silver.

Once again sign language
interpreter Mary Tiessen and
Andre Bourcier from French
Language Services directorate
are also joining us.

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 began I would like to
verify that everyone can hear
us?

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

Premier Silver?

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

Last week two new cases of COVID-19 where identified and the public were notified of several possible exposure points.

Both individuals are recovering at home.

This is yet another reminder to all of us even though we've done very well COVID-19 has not gone away and is still a real risk.

And supports and we take precautions to minimize the risk of COVID-19.

The best thing you can do to keep yourself and your fellow Yukoners save is to practice the safe six.

Maintain physical distancing.

Put it at home if you are sick and travel responsibly.

Self isolate as required and followed the gathering

guidelines in place including limiting indoor gatherings to ten people.

Remember the mascot been problematic as it will keep all of us safe.

The vaccine rollout in the Yukon is going well.

10,626 have received their first oaths and 917 people receive their second dose.

The mobile teams are continuing to travel through the communities and will be inputted -- they will be in old Crow and Beaver Creek and Watson Lake next week.

I want to thank the teams to work with communities and want to thank every own one who welcomed the is mobile teams and who also took their shot.

And I want to thank the team Fox confit scene that is working here in Whitehorse.

They have been administrating second doses for those over 70,

70 and over and two high risk health care workers in the Yukon.

We've received good information about vaccine delivery last week, our next shipment will include just over 16 thousands doses of Moderna.

These doses are tentatively expected to arrive on February 28th.

If the vaccine's arrival scheduled which we assume they will we will be able to open up the Whitehorse clinic to all eligible Yukoners on March 1st.

The clinic will also be open this Monday for folks that are 65 years and older.

Appointments can be booked on Yukon.ca.

Please remember you do need to book an appointment to get your vaccine.

If you are not able to use the online booking system you can call one 8773740425.

Yukoners who are eligible for their second shot should know they should be available for to six weeks after your first dose.

Don't be concerned if your appointment is not exactly four weeks after your first, there is a window of time where you safely and effectively get your second dose.

The second shot can create a stronger effect than the first one and this means it is working.

Those of you who have received your first shot can visit the booking website to make sure your appointment for the second one is there.

We are now only days away from opening the general population clinic to all eligible Yukoners.

We had been waiting a long time to get to the stage and I know getting immunized will come as a relief.

I appreciate the commitment of the additional doses.

And it has involve some intense negotiations and we are now seeing the result of the work.

While we continue to rollout immunization to every Yukoner he was willing and able we must do everything we can do to keep our fellow Yukoners healthy and safe and we must keep on practising the safe six and mascot and keep on looking after each other.

Thank you as we close up a year of COVID.

I'm proud of the work they have done to keep everyone safe.

We are seeing the light at the end of the tunnel.

Thank you.

[Speaking Indigenous Language]

>> Pat: Doctor Hanley?

>> Good morning.

It was only last week I reflected that after a month with no cases things could change quickly and

the next day we announced the two new cases in the territory.

Disappointing as it always is we knew more cases were potentially on the horizon and we were well prepared.

As much as me may wish to be a COVID free that is not the reality.

We will be living with COVID for a long time.

Any individual who has confirmed to have COVID-19 as of last Friday was working at an industrial worksite were unknowingly they contracted the virus.

The individually -- individuals pop Sibley infectious and once in the territory this person began the self-isolation process and then came be -- became some dramatic.

A household contact and became infected.

These two new cases should not ring alarm bells but remind us we should always act as if

someone around us could have COVID.

Think about your own routine and behave here and where you might be vulnerable.

Choose a bubble and stick to it and don't take risks five skimping on the safe six plus one.

The Yukon is always vulnerable and we must keep that in mind before we put on a gathering or choose whether or not to wear a mask or go out for a night at the bar with our closest friends.

I have a few reflections on how we are doing.

Closing in on a year through this pandemic.

We have remained steady with our case count and have been able to avoid what could have been much more turbulent times.

We been able to contain new cases quickly and effectively.

Due to the existing strengths our current capacity and public

health management, a lot of long hours and tireless work and a bit of luck, we have capped our case count low.

Our public health workers are dedicated and diligent healthcare professionals as well as the rest of the team. With new legislation and guidelines, we have been able to prevent public health and acute-care systems from getting overwhelmed.

Once a Yukoner has been confirmed to have COVID-19 they will be supported to keep their illness to themselves and they will help us identify others who may have been near them.

And we will reach out to give them advice on how to stay healthy.

All of this occurs without disclosing who the case has been.

We approach each new case proactively and carry out processes and measures that will contain further transmission

and a confidential supportive and caring way.

Accessible testing is also a huge part of the ongoing containment.

Both in Whitehorse and all world Yukon communities.

Those who get tested take care of themselves.

Testing is critical in containing possible outbreaks.

Testing helps us understand where when how much disease is in the Yukon and supports the health and well-being of all.

Support yourself and those who care about to get tested when they have symptoms.

And it's the fortunate circumstances as well as the steps taken that have contributed to our current state.

We are not regularly in a position of overcrowding which reduces our risk and when we can't maintain proper physical distancing we are wearing masks.

We are advocates of spending times outdoors.

Yukoners public adherence to mask use and public spaces and maintaining physical distancing, staying home and away from others has been key to our success.

But remember when symptoms occur due get the test.

These actions have kept us safe and will be important.

Is this approach that has allowed us to control cases and maintain a strong level of control to limit the spread of COVID-19.

The dedication requires a huge thank you.

Thank you for all of your hard work as we continue to trend in the right direction due to your vigilance.

As Canadians around the country watch the spread of COVID-19 we are seeing there's a number of new variants.

At this time is difficult to answer how the introduction of variants

may affect us as a territory but we do know it is something we need to be aware of and prepared to deal with.

Current evidence supports that variants spread more easily but there's no indication they are transmitted and fundamentally different modes from the standard versions of the virus.

The basic pattern is they cause milder disease and most people but still severe disease in some.

The numbers with severe disease maybe more but that still is not clearly evident.

But it is more likely they will spread it around if they don't stay home and it will go unrecognized if not tested which is the more important metric because more infectious muse more transmission and cases in the potential for more serious cases.

Higher transmissive abilities suggests there is a greater likelihood of infection and there is less margin for error.

The variants are not welcome visitors but they are around and we need to keep in mind public-health guidance may change.

Newfoundland offers a dramatic example of how quickly the new variants can spread.

The introduction of the variants can change everything.

It's crucial we remember it's never that far away from us.

If we become even a little complacent we are opening ourselves up to risk.

Although we might be experiencing the lockdown blues particularly in the middle of February I do know we are capable of keeping going.

That there returned a light and sunshine and milder weather and the lowercase activity and incoming vaccine help us push toward spring.

If not there is a chance of area introduction could make itself known as it has a

Newfoundland who after a long period of low activity have several hundred active cases.

One day or another of variants will appear in the Yukon.

Back to Lisette at the beginning, act as if it is already here and be mindful of safe practices and we will be protected just as levels we've kept us virus at bay.

We must keep in mind these little things following COVID plans keeping bubble small save lives and keep us in good shape.

Following the safe six plus one is keep at the best long term source of protection is the vaccine and with a 16,000 doses set to arrive very soon we can continue administering second doses alongside increasing capacity to offer first doses.

The shipment will allow us to open the Whitehorse general population clinic as early as March 1st.

To keep everything organized and streamlined I ask you book your appointments, and walk-ins will not be able to accommodate during this time but will be asked to reschedule.

As our teams have begun their journeys for the second round of immunization I urged you who have not received their first dose to step aside to get your first dose.

We want to get back to a near-normal life and that goal will be reached if we take advantage of the vaccination.

Please let's all do our part and roll up our sleeves.

For those awaiting their second dose thank you for your patience.

Many are anxious for their second dose and we will stick to that window between receiving your first and second dose.

The premier mentioned side effects and I know some people are worried especially the second dose.

Locally we have had no significant or substantive reactions to the Moderna vaccine beyond some rashes redness muscle aches and a few random symptoms.

The data shows us the rate for serious allergic reactions is the ballpark of five per million doses.

I figure which can offer some comfort.

As I mentioned you may feel the second dose more than the first as your body responds to the immune system boost.

For some of you that may not be pleasant and you may feel like you've had a 24-hour bug and you might feel winded or a dull pain in the arm.

You might be tired.

Treat your symptoms as you would if you were dealing with a viral bug.

Take over the counter pain medication.

At about five to 10 percent of the time you make it more

severe symptoms such as fever
body aches and feeling unwell
enough to stay home.

If this is the case do so.

Rest at home and take your time
getting better.

Stay home and away from
others.

Remember COVID is also
always a possibility.

If you have cough or respiratory
symptoms that is not from a
vaccine.

Fever or body ache or fatigue
should be taken seriously.

Whenever symptoms are
progressing, to the online
self-assessment or call 811 and
see if you should be tested.

Let your employer know you
have received a second dose
and will not be able to come in
until you feel your symptoms
have resolved.

Lastly and Dr Henry's recent
update she reminded us this is

random acts of kindness week
so be kind to someone.

It may normally not even occur
to you.

Stretch kindness further.

In harsh times we can still thrive
when we give a little bit more in.

That's all for my update.

Remember to take care of each
other and stay well.

Thank you.

[Speaking Indigenous
Language]

>> Pat: We will now go to
questions and begin with the
reporter in the room a, Cèilidh
from YUKON news.

>> Reporter: One thing I heard
from the federal update was
that it was a number of
provinces who had some other
Moderna doses contributor
towards the northern allocation.

Could you speak to Your
knowledge of that.

Any messages you have for those provinces?

>> The federal government remembered their commitment to Northern and Indigenous northern communities.

There is a conversation about what is fair with the slow down of Moderna and we worked diligently the medical officer working with their counterparts across the nation, Minister Frost and myself reminding the Prime Minister of the commitment to prioritize rule and Indigenous remote communities.

And at the end of the day Ottawa agreed that was a commitment and you are seeing the results of that.

>> Reporter: My other question was regarding the two active cases.

Do we expect more cases connected?

>> Thank you.

It is too early to say.

I think it's encouraging that among the few contacts we have had no development of symptoms and we are continuing to follow closely these contacts and so far so good.

We have had people can forward because of the public notifications but no test results have been positive.

We are looking pretty good but there is a possibility that we could have another case resulting.

>> Pat: We will now move on to John.

>> This is for either premier silver or Doctor Hanley.

In the February 12th case update when K. 71 and 72 were announced there was a wording issue that caused a lot of confusion between people in regards to where it came from because it said linked to a previous case but it wasn't stated it was case 71.

As a government going to try to work to improve communication methods after this bit of back-and-forth confusion?

>> The short answer is yes.

I realize now that the language was fake and a little confusing.

I want you to know, I think there are two principles we are always trying to work with.

One is that we want to get the notice out as quickly as possible even as information evolves because if we're going to do notifications to the public with a chance a public notifications the earlier the better.

Sometimes we're doing it as the information we are obtaining is evolving.

The second principle is as I've said many times, we go to considerable lengths to protect identify ability.

Sometimes that affects language.

When the information is uncertain we will review what

we can until we have a more clear picture.

Is set rushed to get information.

And so the language was not intended to imply a case 72 is related to a previous case from months ago.

It was deliberately ambiguous and in retrospect probably as you said confusing so we will try to provide more clarity.

But it is real that the connection between the cases was not clear at the time we put out the public notice.

>> Thank you.

>> Pat: Next question.

>> Reporter: This is for premier silver.

The YUKON employees union has disputed your claim from the last COVID update that 60 percent of continuing care staff were off work when you claimed it was not true.

Why do you have to say to this, you are fact checked and you were wrong.

>> I made my comments based upon the comics -- comments I heard that morning and I stated my comments.

>> Pat: We will now move to Philippe, CBC Yukon.

>> Reporter: I want to ask about the decision to open up the clinics to the general public at not prioritize beyond that.

I can work from home and I'm lucky that way but if I call and I taking a dose from a teacher or grocery store worker who needs it more?

Why not prioritize the general clinics a people like workers who work outside the home can get first priority.

>> That's a good question.

Yukon is in an excellent situation where we don't need to go too far down a rabbit hole prioritizing the population because we are opening up a

general appointment so you can book one so we are going -- if we were going to prioritize other groups it would be a prioritize nation of days and weeks as opposed to what the rest of Canada is witnessing and we believe the most effective way to get the most amount of vaccines out the door is to open up that clinic.

We made the argument we can vaccinate up to 1,000 people a day and opening up to a general population allows us to expedite that process.

After careful consideration of the situations Doctor Hanley has talked about the elderly population be more at risk and we've effectively vaccinated people that are over 70 and then into 65 and we believe opening up the general clinic and continuing with the second doses in to the row communities, we are effectively using our vaccination supply as effectively as possible.

>> Pat: Doctor Hanley?

>> As a premier said I've spoken to this numerous times but it is are really good question and I would invite you to if you know that your neighbour or someone is -- that has more medical conditions or has other reasons you can book a little later.

I think the edge vantage of this mass booking approach as it gives people that discretion.

By spreading out this booking it allows people to choose a time that works well for them.

Without having to go into that group the layer.

I think we have been working hard to take care of the key priority groups by age, largely by age but also vulnerable populations and the rural community.

All those priority groups, we have taken care of as our initial supply has come in and now that the tops are going to be obeyed the best way from our experience with flu clinics and over the years, the best way to

handle a number of different priority groups is to open up the bulk getting.

We can do several hundred up to a thousand.

And let people choose the time that works for them.

>> Pat: Next question.

>> Reporter: I wonder if you could tell us about the contribution that pharmacists are playing in this process because I understand you have routed them to help out.

>> Pharmacists have been among the immunized areas that have stepped forward.

They are spared a number of other groups weather its people who have been retired or working in other healthcare areas and we are free -- we are happy to work with them.

Who is the flu vaccine can be offered on-site.

And it is more a matter of the pharmacists joining the

immunizing teams and use a
Mayor skills.

And they have gone through the
training that all the immunized
areas have done extensively.

We are very pleased to be
working with our pharmacist
colleagues.

>> We move to ten from the
Whitehorse star.

>> My question is for the
premier.

CBC had reported earlier this
week about the government
doing a sampling of wastewater
apparently looking for COVID.

A staff reporter asked about this
and was ignored so which you
care to explain what the
government is looking for?

>> I don't know anything about
your staff reporter being ignored
but I believe this is more
question for Doctor Hanley as
far as why now and the
importance of this study.

>> Thanks for that.

Wastewater surveillance as you may know is really an emerging area with a lot being researched and piloted in different sites around the country.

We know our colleagues are adding it to their surveillance basket.

Ottawa has used it and other sites.

What happened was just looking into some of the operational feasibility's like how it would work if we take that on, how would you get to the laboratory, what with the turnaround time look like.

And working through with environmental health officers.

At the same time and where wastewater surveillance might rank in our priorities.

And right now we are not pursuing further wastewater surveillance.

We have put that project on hold.

But we may visit it later.

Right now we're focused on other priorities.

As always we have a multi pronged approach to our overall strategy.

But also on testing.

So it's always looking at where the potential risks are and where we should focus communications or surveillance activities.

I'm really pleased that we have done some of this initial feasibility so it's in the cards but it's not up next.

>> Pat: Do you have a second question Tim?

>> Reporter: I had someone talk to me about the travelling orthodontist that comes up here to be Yukon from BC and apparently they are not a priority group to be vaccinated even though they are working with the kids here up close and personal.

Why they not been prioritized?

>> I'm not aware of that actual e-mail.

But you know, but we are looking at both into the wider focus and meanwhile we have been addressing individual exemptions where there is compelling need to get an early vaccine and many happen people who happen going out for a medical travel and the timing affects their ability to get the vaccine at the normal time are they are at particular risk.

We will be addressing visiting specialists.

They haven't been in the first tier of the priority groups because we are comfortable and confident about the procedures.

So where -- we have been working for months with our visiting orthodontist and other specialist to ensure screening processes and operational procedures are COVID safe which gives us the confidence that we are not dealing in the upcoming weeks with limited supply.

But we have been dealing with some of these first tier priority groups.

Such as the ones we've just discussed.

Those who are invulnerable congregate living circumstances.

And some of these individual circumstances weather chemotherapy or travelling out for medical care that are potentially at higher risk.

[Speaking French]

>> Interpreter: Can you confirm the two new cases we got last week are not cases of variants of COVID-19.

[Speaking French]

[Speaking French]

>> I will answer that in English as well.

The question was whether the cases might be due to a variants.

We have asked for screening in PC.

There is a screening process through the PCR testing which looks for certain genes, gene marker of variants.

We have asked for that but we don't have that information.

I am not highly suspicious these are variants.

Just because of the area of importation where the exposure happens, it is not an area where there are variants snow to circulate.

Is so low possibility and we will know in the days to come.

>> Pat: Another question Maryne?

[Speaking French]

>> Interpreter: Is the Moderna still considered good against the variants of the virus?

[Speaking French]

[Speaking French]

[Speaking French]

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

[Laughter]

>> The evidence is quite promising against the variants particularly the UK variant which is the predominant circulating of variants in Canada.

And also it looks promising against South African variants.

We could in the future see other variants that are more vaccine resistant.

At the same time I described it as a game between the vaccine and the variants.

These two vaccines, they do lend themselves to modification so the vaccines can be modified to match the variants so it's possible the booster shots could be modified to better match the variants but for right now the evidence shows us the vaccine appears to be protective.

>> Pat: We will move to Chris from the CBC.

>> Reporter: I want to follow up on Tim's first question about wastewater testing and I

wonder if Doctor Hanley could offer more detail about what was actually found during those baseline tests and explain why Yukon would not continue with wastewater testing given that fat -- positive cases have been found that way.

>> These -- this is more on the operational side looking at how it would work.

For example do you do continuous sampling or grab sampling?

It is something that is carried out where the infrastructure exists in large cities.

If you do grab sampling which means physically taking a sample you need to be cognizant of where you are taking that sample and how representative it is of the actual drainage area you might say.

And how would you apply that rurally or how would you apply it to the city as a whole.

And how to watch time are you going to take it and how does

not match the time of when you will have the optimal time to catch COVID if it's around?

As with anything a require significant investment and significant resources.

And it'll have the potential for false negative's.

Although it could have -- it is less likely to be a question of false positives.

And it maybe redundant to information they would already have.

And the way that we attest people when they are contacted.

What is the added value given all of the other layers we already have in place and there is those there must be a prioritized station because what else will you put aside in your priority?

It comes to where does it fit and what is the added value of.

There's a number of other considerations and they have several large centres dispersed around and we have very

different demographic and geographic considerations and we've developed different approaches just naturally.

I think it's hard to directly compare.

We have looked at it.

Inc. does have possibilities down the line and it might be a long term mechanism to onto the surveillance capacity.

>> Do you have another question -- Chris?

>> World vaccination. We have been encouraging people to get their first shot if they missed the first pass.

Can you give us an updated percentage on vaccine updates?

>> I don't have it on me, sola.

>> So far we are just over 50 percent and there's variability.

The minister has been talking individually sew at this point because we are -- because the ministers in these individual

discussions we are not really seeing results by community which becomes a decision of the communities.

There are a number of caveats.

One of the things, when I was talking with the chiefs yesterday it was the fan thing does fantastic participation.

Our First Nations partners organizing the community response.

And we've seen great leadership and organizational capacity.

And hopping with communications and we to know and we've also been able to learn has what worked well in one community can be shared with other communities.

And it something as simple as eyes in transport.

And how that's done and it can make quite a difference in the peoples, it's an increasing accessibility.

It might make the difference in people getting their vaccine.

We are translating many of them.

People will have the opportunity to come forward for their first dose so I am really pleased with the progress so far and with the willingness and organization that has been demonstrated.

And I think over the weeks and months ahead we can get at or potentially beyond our 75 percent go.

>> I will add quickly a positive shout out to Watson Lake.

It's been the first major row community to and the medical community there, chief and council, Mayor and Council, all leaders staff stopped to be one of the first communities.

And to go to general populations.

Not only the days the clinics were there but since then.

The continuous communication and partnership and making sure people have the most up to date information.

Watson Lake being the first, every community is so fantastic but a little extra credit to Watson Lake for being the first to step up.

>> Pat: Next, please.

>> Reporter: That was a question I had us well so I will pursue, you talked about Watson Lake.

I heard 50 percent.

Is that the uptake.

Can you give us an idea when those numbers will come out per community.

And which one was perhaps more enthusiastic.

>> I think Doctor Hanley cover that in the last question.

The average being over 15 percent and for the first round, that's positive.

Minister Frost is talking to chief and council.

I don't that striker is talking to Mayor and Council about more specific numbers.

They have been Joe they are in each committee and have been absolutely amazing partners and so as far as specific details we will leave that up to the specific communities and it comes down to everyone having the most up to date information and deciding how they will pay they are to reach parts of the community that might not have God all the updated information or how can we better meet people.

And continue to specialize.

And talking to the two mobile teams.

And we have some great new improvements that we will look at in the second time and every time they do that they will increase participation.

Every time another day goes forward where you see a relative or friend.

That says I got my shot and this is the reason these are the things we are concentrating on to ensure people step up.

This is our time to make sure they get immunized.

DOS the really important thing.

We will leave that up to the leadership.

>> Pat: Next question?

>> Some people are wondering why some appointments are less blank and why there isn't more effort filling those blanked appointments and a schedule.

If -- will there be efforts to make sure all of the spots are filled and if you think there will be popular updates --

>> It's all about distribution and knowing when all of our vaccines and the amount of vaccines land in the Yukon.

What the mobile teams, Doctor Hanley and his team and Pauline Frost, they make sure they have enough second doses lame put first doses in arms.

There was some gaps in the schedule.

We are getting the vaccines out efficiently as possible.

Knowing full well our bookings are limited to the storage of second vaccinations.

Other jurisdictions have not gone in this direction and I completely trust the recommendations.

Land this is the best way for us to immunize when we've been prioritized.

So if there was days where the clinics were slower is based upon our supply and the supply of that second vaccination.

We are not going to put vaccination one into your arm without knowing your second vaccination is here or renowned the specifics of the shipment through FedEx.

>> Pat: I like to thank everyone for their time.

The next COVID update will take place on Thursday February 25th at 9:30 AM.