

COVID-19 Facebook live update: February 4, 2021

>> Pat: Good afternoon.

I'm Pat Living with the department of health and social services and your moderator for the covid-19 update for Wednesday, January 27th.

We're joined by the Premier, the honourable Sandy Silver and the Yukon's chief medical officer of health, Dr Brendan Hanley.

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.

For the third consecutive week we have no active cases of COVID-19 in the Yukon.

This speaks volumes about the good work Yukoners are doing to keep our territory healthy.

Thank you for your diligence.

We are happy to see our case count stabilized that we need to be careful for that not to give us a false sense of security.

We know from in the territory and developments.

And around the world how quickly the virus can spread if we let our guard down.

An important part of the strategy to prevent the spread of COVID-19 in the territory is testing and tracing.

Our ability to react quickly and to keep the virus contained depends on detecting cases early and ensuring close contacts are identified tested and the self isolating.

It is important to get tested if you experience symptoms of COVID-19.

We have a self-assessment tool available on YUKON.ca and you can call 811 if you feel symptoms and need guidance.

Please do not hesitate to get tested.

It's important.

Testing is important if -- as we learn more about the variance.

They have been found around the world.

And Doctor Hanley will have more to say about the new variance in a moment but they are a sobering reminder we are in the grip of a global pandemic.

This is still a dynamic and rapidly changing situation and we must remain vigilant.

This means continuing to practice the safe six plus one.

Related two additional charges under the civil emergencies act for failure to self isolate and one for failure to wear a mask.

RCMP enforcement officers continue to do a fantastic job of informing people of the rules and enforcing violation so I want to thank the whole Cima team for their ongoing efforts.

The best thing you can do to keep yourself and the community safe is practice the safe six.

Wash your hands and maintain physical distance and stay home if you are sick.

Travel responsibly.

Self isolate as required and follow gathering guidelines in place including limiting indoor gatherings to ten people.

Remember to mask up in public.

I must say I appreciate seeing so many people wearing masks out and about.

It is one simple but effective thing you can do to help protect your friends and fellow Yukoners.

Thank you very much.

Let's keep that going.

Earlier this week Minister Frost and I provided an update on the vaccine rollout and last Friday my dharna announced a reduction in the next vaccine shipment scheduled to arrive in the next few days.

The federal government has notified us our next shipment will be reduced from 7200 doses to 4500.

It is also expected our fourth shipment scheduled for late February will be reduced from 7200 to 4500.

We are waiting for confirmation.

If this is confirmed that would mean we will receive 5400 doses less than we anticipate receiving in the month of February.

And our territory is one of many jurisdictions and around the world who will see reduced shipments of the COVID-19 vaccine.

And we need to adjust our role a schedule to ensure those who received their first shot can receive their second shot on schedule and mobile clinics scheduled for rural communities continue this week and the clinic here in Whitehorse continues to immunize residents aged 60 and up.

The smaller shipments will delay the public reopening of the vaccine clinic in Whitehorse.

We had plans to open the clinic to everyone over the age of 18 next week but at this time we do not have enough vaccines to do so.

This is not what anybody wants to hear and I know it is not the news I want to deliver.

But we do not control the supply of vaccines.

We can only control what we do with the vaccine once we receive it.

Fortunately we have enough vaccines to give second doses to everyone who received their first dose including those who are receiving them and Ross River, Haynes Junction and Stewart Crossing as well as others.

Within the next week we will be opening up the booking website for people to make appointments for their second dose so stay tuned.

This week and next week residents and long term care and high-risk health care workers are getting their second doses and they will go back to this community to deliver the second doses.

Jurisdictions are doing things differently as a result of this delay.

Some are giving second doses of a half dose and others are stretching the time between the first and second doses.

Québec is only giving out first shots.

We are following our original reproach wishes to make sure we have enough vaccines available so everyone who gets their first shot will get their second shot.

Those doses are here in the fridge waiting for you.

We are committed to a safe and effective rollout of the vaccine deliver to all Yukon citizens.

We really want to get people in rural Yukon immunized and hopefully at least 75 percent of all eligible Yukoners and the uptake and role Yukon has been good but there is capacity form or so please come out and get your shot.

Mobile teams are in Haynes Junction and Ross River and will be in Stewart Crossing and Mayo tomorrow and Saturday.

The teams are seeing a lot of walk-ins in the community.

And it means that people are talking and talking to other people and tearing the vaccine is a good thing.

I want to thank everyone who was spoken at.

These are important conversations to be having.

And I am grateful to see people posting on social media their reasons for getting their shot and I want to send a big shout out to our mobile -- mobile immunization teams as well as two teams at the Whitehorse clinic for all your efforts to ensure Yukoners can get their shot in a safe and efficient manner from fireworks and old Crow to lead paths in Haynes Junction to amazing stories of cooperation and all the communities including mine in Dawson.

It's amazing to see Yukoners come out in our time of need.

As of this morning we have vaccinated more than 9,930 people which is nearly a third of the adult population.

We are well on track for our goal.

Our vaccination roll a schedule was designed to be flexible based upon vaccine availability.

The supply remains the responsibility of the federal government and we continue to work closely to ensure the North gets priority access to the vaccine as recommended by the National advisory committee.

The opening of a general clinic in Whitehorse will depend on availability of vaccines and we will be getting additional information from the federal government and will keep you updated.

We will continue to receive assurances that we will receive full allotment of doses by the end of March.

This means we are experiencing a setback but we will remain on track to provide the vaccine to eligible adults.

And we remain committed as we receive vaccines you put one in your arm and we keep one in the fridge and it commits to the delivery of a naff vaccines for the adult population for the first quarter 2021.

The vaccine is an important step in the fight against COVID-19 and make no mistake it will answer us save lives.

And I encourage everyone to remain patient as the rollout continues and the first Yukoners received their shots a month ago.

And nearly 10,000 were immunized which makes a hopeful start.

The move towards population immunity allows us to consider what the next few months will looks like.

And we have vaccinated a significant portion of our population and we hope to be in position to begin lifting public health measures in a way that is supported by the epidemiological data in Yukon and the rest of Canada.

In a way that reduces the risk of transmission and resurgence.

We will continue to make decisions that prioritize the health and safety of Yukoners and I invite him to share some of his thoughts on the current situation and we are in a fortunate position and let's continue to do what we need to do to keep our fellow Yukoners healthy and keep the virus at bay.

A big thanks to everyone in the Yukon for doing their part.

We continue to be vigilant as the mask -- as a vaccines rollout.

We will continue to practice the safe six plus one and will continue to do what we do which is to take care of each other and I want to thank you for all that work.

[Speaking Indigenous Language]

>> Off to you.

>> Thank you premier silver.

Dr Hanley.

>> Thank you Pat, thank you premier.

I will correct one thank the premier said and I think we are getting second doses in the freezer, not in the fridge.

At least I hope so.

[Laughter]

>> Cases are trending downwards.

Although the emerging presence of COVID variants as a premier mention is a concern that we all share.

And I am happy to endorse we remain with zero active cases in the Yukon but again to reflect on the premier's comments we do need to be ever mindful of the risk of COVID-19.

Particularly with activity in northern BC.

Seeing COVID activity and many parts several or northern regions reminds us how quickly COVID-19 can appear and how difficult it can be a to get back under control.

How hard it spend to keep up our vigilance through such a long period of time.

I remember last fall when after a quiet and quiet safe summer it seemed like people began gathering which larger groups of friends and did not take physical distancing as serious and weren't overly concerned.

And while these actions can seem harmless when there's no disease circulating at the time of the pandemic they can lead quickly to unfortunate consequences when covid's hidden by the presence.

When only a couple months ago we announced the imminent arrival of vaccines we all felt that rush of optimism and hope.

There was excitement in the air and I'm sure many of us felt a sense of relief.

Since that day we have seen a few more twists and turns in this pandemic that we need to address and although it remains, bears no doubt the rise of the variants has tempered the enthusiasm.

Even if the road is a little more lucky, vaccines are still the way out of this pandemic.

As we negotiate these current roadblocks we must remember vaccines are paving the way.

Variants and vaccines is a dynamic ahead of us for the next few months at least.

As the premier said we are closing in on 10,000 vaccinated people.

Last week the first trips were completed to the crossing, test land, car cross and other places administering first doses.

And this week the teams are in other smaller communities including Carmacks and Faro and Haynes Junction, Mayo and Stewart Crossing.

For those of you who may not have been present for the first clinic they will be back returning to communities to provide second shots.

If you missed the first time or did not feel ready you are able to get her first shot.

And they will be back up for time to ensure everyone who wishes to get immunized has the chance.

In Whitehorse we have had to alter the schedule to align with the recent shipment with the cutbacks and understand this is supporting -- disappointing.

I was surprised and disappointed myself with the sudden news.

Many people I know were getting prepared to book in the upcoming days for their appointment and I was one of those.

The good news is 10,000 people are more will receive their second doses and that will give a firm foundation for the protective layer we need vaccine.

The people about to receive their second shots are the most vulnerable, seniors and residents in long term care and those who work on the front line supporting and caring for others.

Residents and role Yukon will receive their second shot.

And remember as northern territories with remote and rural populations we have been privileged to receive a high per capita allocation of vaccines this early on which is why the three territories are leading the country in vaccines administered per population.

This setback does not change our medium to long term plans.

Nor the commitment to protect our most vulnerable citizens and rural communities.

So although this is a bump in the road it's not the first and I'm sure not the last.

We will get there.

My dharna as long as our supplies pick up we will be able to continue to immunize a majority of the adult population before the days are warm and our time becomes filled with summer plans.

As I mentioned we have allocated our current doses to ensure everyone who has received a first dose will receive their second in the appropriate timeframe and we currently have enough doses to finish our visits to all communities and ensure every person up until the end of this week and receive a second dose.

I want to acknowledge the frustration that many of you are feeling and I sympathize.

For some of us it has felt this past year, it is now carrying over into a new gear it with tough surprises.

They are so many events and plans over the last year that have had to be put on hold.

There is many occasions to celebrate moments usually shared in person.

With painful decisions that have been had to be made with families.

And now more than ever we need to be patient.

And we must keep flexible with plans and as much as I wish it were not the case we must prepare ourselves to continue to face challenges throughout 2021 and it's the focus of recent news articles as they appeared in BC and Alberta and Ontario and Saskatchewan.

There is reason to be concerned and this is a major focus.

And although there is much to learn various useful facts we know already.

Conversely what is a variants.

The virus is always mutating or randomly changing structure.

And amino acid here and there.

This is a virus that is still learning to adapt to humans and some of these random mutations will result in a better fit to human receptors and a better match to invade the body.

Sometimes when these allow for forms of COVID-19 new versions of COVID-19 emerge and they even start to dominate.

Currently there are multiple variants circulating throughout the world and we are likely to see more emerge.

The three best-known are B.1.1.7. known as the UK variants in the B.1.351 South African strain and the P1, so-called Brazil variant.

Both the UK and the South African variants have been identified.

There is still much to learn about these COVID offshoots but it does seem variants can spread more easily and quickly than other variants and the regular virus.

This could lead to a significant jump in COVID-19 cases.

It's a cause for concern as we've seen in the very long term care home outbreak and they could lead to a strain on healthcare capacity to more hospitalizations and potentially more deaths.

So what are we doing in Yukon to handle this risk?

I like to talk about detection and prevention and management.

None of these measures are radically new.

It's more a matter of doing what we already know what to do.

And PCR testing does pick up the COVID-19 virus.

And because gene sequencing takes a lot longer we won't know the COVID variant right away but we can be suspicious.

Such as an area where a variant circulating.

While he maybe suspicious because of this apparent behaviour such as rapid spread in an outbreak we continue to work with our colleagues in BCS

he expand their ability to the tax variant cases.

Our case and content management will continue to be cautious.

Confirming a variants will always take time and we may not know for days or weeks so our approach will be to assume a variant until we know more disclose contact tracing.

In these cases self isolate alone or if already isolating that means a longer period of self-isolation to ensure there is no spread.

This is how we have been managing cases and will continue.

So variant COVID strains are a concern.

But in our situation with rapid identification and aggressive contact tracing.

There is no reason we cannot maintain control of these variants as we have with regular COVID.

We all have our part on this.

And perhaps beer overwound, by staying informed we can and will stay in control.

As a premier says of surveying the safe sex is as important now as it was only first advised it.

Rate for and tired as we are.

It is crucial to continue with all the features including the seven step of masking and public indoor places.

On a more positive note Moderna released news last Monday that the variant does lead to antibody production

which neutralizes variants found in the UK and South Africa and is continuing to work towards a booster shot as are other vaccine costs -- companies that can be administered for future variants.

This is good news and we will continue to monitor the situation.

For the time being and until we know more we must note our best defence is practising the safe six plus wine and to get immunized when vaccine is available.

I continue to see many questions whether direct are on social media on the various media and even from friends and family about when are we able to lift restrictions and public health measures.

The question seems to be if we still need to stay on lock down even after the vaccine why bother?

There is lots we should bother with.

We will continue to find out more information as a day goes on and plan accordingly on how the months to calm will look.

The question of when public health measures will be lifted is on our lips and on the table as much as it is on yours and now with these new variants it's difficult to say with and a certainty when measures are alleviated.

As we emerge from the pandemic we will and are

planning what the next two months will look like.

It is our goal from myself and mind seem to provide recommendations for the government as a path to allow YUKON to emerge.

Once we have vaccinated a significant portion of the population and in a way that is supported by the epidemiological data.

And NOAA, it reduces the risk of transmission.

And resurgence.

You can see there are many elements that can play and it is that's dynamic of vaccine and variants and COVID activity.

And we will inform how we emerge from public health measures.

Eventually we will but the timing is fairly difficult to predict.

I know that the path forward documents are that I vaccine would allow us to enter into Phase IV and I think perhaps we are in phase three and a half now.

And we will vaccinate more people.

We did not at the time of the plan factor in the variants.

And they are potentially more transmissible.

And Dino mattie have not left the territory in more than a year.

And for some it's been longer.

And it's upsetting to know Yukoners may not have held their loved ones.

And asked we progress with the

immunized station of Yukoners I mentioned in recent weeks that changes a public health measures may not be as soon as we had hoped.

And so and even with an accelerated vaccine program it will only feel like it has returned to normal when there is a certain level of normality.

Given the risks and the rest of the country we clearly can't expect medium or even short-term changes.

So what do we need?

We need the confidence that if we are, even when vaccinated that we cannot transmit or pass COVID-19 onto others.

So that the role of vaccine and the prevention of Ace of dramatic infection and transmission must be clarified and regardless we still need to reach a certain number and proportion of the population to be vaccinated when we can feel confident that their risk is low to our population.

Healthcare workers and staff behind the scenes, all of you have worked so hard and it's too soon to give up now.

We are close to seeing some things we have been missing and even if we don't know the exact timeline for that to occur.

So I think I see it through this winter and into the spring, a real push for a final push as Yukoners.

We are close to seeing our efforts pay off.

It will be at least a few months longer but I know we can do it and I know we will do it. So that's all for my update and thank you and remember to take care of each other.

We are always in this together.

>> Will move to the reporters and start with Haley at Yukon news.

>> Reporter: You reference at different jurisdictions are taking different strategies.

Can you run through why we have put an emphasis on sec. doses instead of one dose for all, that kind of thing.

>> I will pass it off to you mostly, doctor but it's because of his recommendations and that of Moderna and Health Canada.

That's as a sink of an answer as possible.

>> It's a good question and what we want is protection of our vulnerable population as a first priority and that can only be assured on the basis of a second dose.

That promise of a second dose is fundamental to the success of our vaccine program.

Perhaps in other situations I think the rhetoric has to be different.

If there is how I COVID activity then it's a matter of where you will put the risk and the -- we've mentioned Québec's approach for example and we've seen this approach and some of the European country, it is putting all your eggs in that first dose.

There is still every intention and whatever jurisdiction.

And this is just how long do you stretch.

How far can you go and the current national recommendations endorsed by the World Health Organization, it is to allow up to a six week window which is not what the monograph says.

And so we realize a discrepancy but that is kind of a risk management where we are confident the second dose will -- that will still provide at least as good if not even better an immune response.

When we get past 42 days and we are into less than firm territory.

And those are -- there will be accruing evidence to support that approach.

Or perhaps speak against that approach.

As well as the effectiveness.

But jurisdictions like Québec which has such a long and excellent history of vaccine innovation and excellence advisory support and expertise are in a good position to play with the dose saying as the intervals and measure and assess what they are doing.

We are looking at interest adequate back and some of the European countries but the firm -- by giving a second dose we are assuring immunity and are giving that opportunity to the priority populations we talked about.

>> Reporter: Thank you.

Second question, you sort of address that we're seeing a downward trend for cases and BC and I'm wondering right now if reconciling the divorce, is it at any pointed an option and being able to travel back to BC?

[Laughter]

>> I'm sure the premier has his thoughts.

[Laughter]

>> I play the advisory role in this.

And premier and the cabinet make the decisions and as I've said many times how successful our BC bubble was.

And looking at it from a number of ways and we did really, really well.

And we took advantage of that summer period when cases and BC were so low and we opened up and enjoyed that and those opportunities.

So clearly it is of interest to us and to Manny but we are not ready.

I don't think we can bank on the present epidemiology to say that it is getting to that comfortable ranch where we can consider that.

I think there is too much at play here and the northern activity BC is significant.

They have had high activity up to areas that are close to our border.

And we are also watching with our communities in the border areas.

And trying to be more vigilant.

The other is the variants.

They are not done and I do think it is quite possible in Canada we will see them dominate or start to dominate COVID activity.

That could well differ region to region but we need to wait and see what's happening and then of course as I said variants and vaccine, variants and vaccine is the dynamics.

How will vaccination enable us to have that conversation in a new way?

Very much a good question and on the table but we are not there yet.

>> Pat: We will now move to Luke from CK RW.

>> I was curious about if there was ever a consideration of allowing people that have compromised immune systems that weren't part of that aren't part of the age groups and I'm curious if there is ever a consideration of a case by case situation were people whether they recently received cancer treatment or if they were diabetic, they would be considered to be part of getting the first dose and being the first people?

>> That's a great question.

I think case-by-case is a good way to assess that.

We have been fitting in people on an exceptional basis when circumstances necessitate vaccine.

And those are for -- the special circumstances where there might be chemotherapy and there is medical travel involved and we are going to time it up, either time in the vaccine for the best immune response plus or Minus medical travel.

There are some compelling individual circumstances where we want to try to offer the vaccine.

We just don't have enough vaccine to offer it as a category for people with underlying or chronic medical conditions.

I do want to point out that -- as oasis there are many answers to this question.

By capturing the age categories we are starting even now down to 60 plus and are capturing the majority of people who have underlying medical conditions.

It is most unnatural phenomenon that the older you are the more chance there is for you to have some kind of chronic medical condition.

And by taking care of that they are also taking care of many with underlying medical conditions.

They do much, much better than people who are older with chronic medical conditions.

These are dramatic.

And it's a 20 something with -- if a 20 something with diabetes has a marginal difference compared to someone who does not.

So really our focus is on those who are previous to be the -- at least as far's best evidence tells us, the most vulnerable and susceptible to COVID infections.

So primarily our focus has spent on age and these congregate group settings or vulnerability by virtue of being a frontline healthcare provider.

>> Pat: Next question Luke?

>> Reporter: This is for premier silver.

Because we are getting reduced shipments with this initial shipment in February and possibly the one at the end of February are the shipments and March going to be larger than a 7200 doses we are getting?

>> Good question Luke.

We don't have confirmation as to dates or amounts in March.

We do know the federal government have continued to state -- that within the first quarter and they are on target to getting the adult population vaccinated.

And we don't have the dates as of yet.

That is still there from the federal government.

>> Pat: We will now move to John.

>> Reporter: This is for premier silver.

You mentioned how there is no official confirmation in regards to the amount that will be in the vaccine shipments.

Is there any discussions happening with the federal government now are in the future in regards to trying to ensure some sort of increased shipment?

>> What we are hearing from Ottawa as they can give us information they don't know.]

There is international conversations as far as distribution and what we are experiencing is a blip and hopefully not a trend.

We don't seem to think this is a trend and we their physical reality a distribution, basically and we've heard conversations from the states and we've heard great news from the federal government as far as distribution goes but what we don't know is win maternal lands in Canada but we do know that the Prime Minister has spoken directly to the CAO and does not foresee a long term delay but this is an expeditious issue but they still seem to be confident and are telling us that we are still on target forgetting all of our vaccines delivered in the first quarter and I've been saying we would love to have seen those front and loaded.

We put pressure on the get front and loaded vaccines but the commitment is still there that we will get our doses and we would love to know when the march shipments are scheduled but what we do have is a system designed to be flexible and the health professionals have done Herculean effort to not only got people immunized, the 10,000 immunized but also their ability to plan that flex.

And it's astounding to watch.

And the administration of those vaccines.

So the message to Ottawa is we are ready with our clinic here in Whitehorse where our mobile teams have proven to be effective and we can deal with the rest of our vaccines showing up tomorrow.

We have and amazing see hear that will ensure protection and our goal is to rollout the vaccine as soon as possible.

>> Pat: Do you have another question John?

>> Reporter: I am interested in learning at the Yukon government have some sort of plan in place in the event of a second delay or further delay with vaccine shipments?

Statement not can't sort out the issues with their production.

What's the plan?

>> You know I deal with science when it comes to the distribution plan.

Every time when something happens whether a positive or negative situation we work very quickly and closely with a medical professional.

And we got information as soon as we have it and that's what we will continue to do.

I can't say what will happen but I know our responsibility is to distribute get those vaccines into people's arms in the safest way possible.

>> Pat: We will move to to him from Whitehorse Star.

>> Reporter: My first question is for the premier.

Has your confidence and enthusiasm for the shipments been shaken at all?

Twelve hole weeks ago you said you absently confident it will go smoothly and yet we are now in this situation and if I recall the doctor was more cautious.

So has your perspective changed?

>> What I set a couple weeks ago, based upon the information and that's what I deal with is the most current and up to date information and we were receiving a steady supply of doses and that changed.

The supply shortage is a global issue that is affecting all Canadians and people all across the world and the federal government controls that vaccine supply and we continue to work with them to ensure the North receives priority access.

We're very confident we will receive enough doses in the coming months for every Yukoner who wants to be immunized.

>> Pat: Next question Tim.

>> Reporter: This one is more for Doctor Hanley.

We are three weeks into not having any new cases and I understand the 28 day mark is critical but basically have we eradicated Kobe from the territory?

For the moment at least?

-- COVID.

>> I..know.]

It's a good question and I don't think we will ever be able to say we have eradicated COVID-19.

We also don't know what we can't measure.

And that goes back to the premier's earlier comments about the need to keep testing.

It is possible there is activity that we missed.

As you know, there's been many times I have talked about the unknown COVID hated in our midst and that's why we must behave as we need to because time and time again we've shown when we have had cases that they have been unexpected.

They have been barely noticed.

Or underestimated and that has caused a transmission whether in a household are in a workplace.

Or other settings.

So until -- until COVID is up and gone completely we would not be able to say it's eradicated.

We don't think this is a disease -- this is not one of those viruses that will just go away.

It will transition eventually again depending on vaccine and variant and some of the caprice cities that viruses have and will likely integrate and be a seasonal illness or a recurring illness.

One that we will manage and we will integrate in to the way we manage all kinds of other respiratory diseases.

It's not like SARS which when it came into thousand and two, 2,003 was never a virus that adapted well to being not transmissible.

And so it really had those characteristics that made it not a very good spreader and I think that was behind why it disappeared after a while and this is a different category.

I don't think we will ever say that it's eradicated.

I think we will get to a point where we can say it's controlled and we're comfortable with it.

In a way that allows us to gradually lift all of the restrictions and measures that we have in place.

>> Thank you.

>> Pat: Will move to radio Canada.

>> Reporter: My first question for the premier.

The delays in shipments cannot be announcement was for a reduction of 20 percent in the numbers of vaccine ships to the country.

The reduction for the territory, 37 percent and I was wondering why this is happening if it is still a priority.

Is the reduction after the same level as others?

>> A good question Claudia and.

I don't agree with the math either.

And the conversations are continuing and they are not the same throughout the North.

We are continuing to have those conversations.

We have our national conversation coming up today with the first ministers meetings and Doctor Hanley and his team have been told why the allocations are set the way they are.

I don't agree and will continue to push for us to get an expedited and bulk shipment into the Yukon.

>> Pat: Your next question?

>> Reporter: In French.

[Speaking French]

>> The question is for Doctor Hanley.

Please explain again and friends why we have decided to go for the second dose instead of the first dose with more people in the territory.

[Speaking French]

[Speaking French]

[Speaking French]

[Speaking French]

>> Pat: We will move to bathroom the Canadian press.

-- bath.

It looks like she has left us.

We'll move to Chris from CBC.

>> The first question is for Doctor Hanley.

Just on these various variants that are out there, is a possible to give a likelihood that we will see those variants enter the Yukon and how likely is it?

>> That is something that we are looking at and trying to model based on importation risk.

We do have an ongoing calculation based on who is coming in and where they are coming from.

But the data on variants is an emerging pitcher and I don't think we have a good picture on where it is.

I suspect there is more out there than we are measuring.

I think we need to see -- while BC arising curved or will we see some stability?

I think that its something that we want to get more precision on.

But we're still in that early emerging pitcher.

I do think -- we consider that there is a risk and that we need to manage imported cases and all of our cases happen related to importations either directly or indirectly.

We need to manage them as if they are variants because that's the only safe way to manage them.

It is hard to put a number on ants.

I would say that at some time or another we will likely see a variants in the territory but so much depends on the rise and how they start to dominate or not the overall COVID activity.

>> Pat: Your next question Chris?

>> Reporter: Thanks.

For premier silver, you just mentioned that with these discussions with Canada about the math and the doses that we are getting during this shortfall, that you have been told why the allocations are what they are.

What is that reason.

>> I will let Doctor Hanley break down the percentage but my message has been that we are ready willing and able and from the

mobile teams we have proven that and I've said directly to the Prime Minister and deputy prime minister and Minister of Intergovernmental Affairs, whoever will listen that they stand to benefit if Yukon gets to that adult population.

>> Reporter: Hello?

>> We can hear you, I don't know if you can hear us.

We are close to being one of the jurisdictions that would have a herd immunity good for Yukoners and for the nation and for the recommendations of the advisory Council as far as prioritize ancient so we're doing our part to make sure we put the pressure on Ottawa to say we are ready for those vaccines.

I think they are looking at this from the wrong perspective but they do have a justification in their numbers.

>> I will only say that even from myself, working with the immunization and planning team we shared various concerns.

And the math is based on a slightly different logic to be honest and without those tables in front of me I would have a hard time recapturing that logic.

It was to do with how the original allocation was deployed compared to populations.

There is a certain logic to it from Ottawa's points of view.

That spirit stands.

>> Pat: I'd like to thank everyone for their time and the next update will take place Thursday February 11th at 9:30 AM.