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COVID-19 Facebook live update: October 14, 2020

>> Pat: I'm Pat Living with the department of health and social services and moderator for the COVID-19 update for Wednesday, October 14th.

We are joined by Yukon premier, the honourable Sandy Silver and the Yukon's Chief Medical Officer of health Dr Brendan Hanley.

Sign language interpretation is being provided by Mary Tiessen and Andre Bourcier from French language services directorate will provide French language translation.

Following our speakers we will go to the full answer questions from reporters.

We will call you by name in you will each have two questions.

Before we begin, I would like to verify that everyone can hear us?

If any of the reporters are having a problem, please e-mail alexis.miller@gov.yk.ca.

Premier Silver?

>> Thank you, very much Pat.

Hello everybody.

Thanks for joining us here in the traditional territory of the Kwanlin Dün First Nation and the Taa'an Kwächän Council.

I'm place to be here again with Dr Hanley and Mary to provide an update on our government's response to COVID-19.

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We announced a probable case of COVID-19 this past weekend.

Dr Hanley will have more to say about that in a moment.

This development on the rise in cases across Canada as reminder that we are not out of the woods yet.

Here in the Yukon, we remain in a state of emergency.

The state of emergency is an important part of our response efforts.

Without the state of emergency, we would not be able to enforce the safety measures that we have made under the civil emergency measures act to protect Yukoners.

For example,, we would no longer be able to enforce self isolation for people entering our territory from outside of DC or the other territories.

We also would no longer be able to enforce the requirement for those transitioning through the territory to stick to the designated travel corridor and move through the territory within 24 hours.

These and other measures remain important to protecting Yukoners from the spread of COVID-19 in Yukon.

We have also put measures in place to support businesses and individuals impacted by COVID such as the residential landlord and tenant order which provides financial support to renters and tenants.

The state of emergency has made it possible for our government to respond and adapt rapidly to the pandemic, and to keep pace with developments right across Canada.

All of the work that the government has done was designed to minimize risk and help Yukoners manage through uncertainty.

We know that Yukoners are concerned about the possibility of importation of COVID-19 to the territory, of COVID coming to the territory from elsewhere in Canada.

Our government continues to evaluate the need for a state of emergency and ministerial orders issued under CMA and on make adjustments in response to the ongoing pandemic situation.

We have learned a lot over the past seven months, including the limitations of the civil emergency measures act.

We believe it is important to consider how we modernize this legislation to ensure it meets the needs of Yukoners going forward.

And we have asked all members of the legislative assembly to work together to identify options to improve CEMA.

As a territory, we have done well because we have worked together to protect Yukon and guard against this pandemic.

Nothing is more important than protecting the health and well-being of all Yukoners.

We all have a role to play in keeping the territory healthy, especially as we move into the colder months when we will be spending more time inside.

We continue to urge all Yukoners to practice the Safe Six.

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Wash your hands often, maintain physical distancing, stay at home if you're sick, travel responsibly and respectfully, self isolate as required, and follow gathering guidelines including limiting indoor social gatherings to ten people if they are not in your bubble.

It is also important to stay informed and stay up-to-date on where we are as a territory.

Rumours travel quickly and can cause unnecessary panic.

Apt at -- accurate, up-to-date information about the situation in our territory is always available at Yukon.ca.

This is where you can find out about active cases and the risk if any the public.

We will continue to share information as it becomes available and keep you informed about what is happening in the territory.

These weekly briefings are also important sources of accurate information.

So again, thank you very much for tuning in the past and again to an end today.

Thanks very much.

Dr Hanley?

>> Thank you, Premier Silver.

And good morning.

I will be adding to the premier's comments about sources of information as I go.

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I do hope everyone had a great long weekend and find ways to celebrate Thanksgiving with family and friends, whether virtually or in small gatherings.

Five did see lots of bonfires glowing in the dark and I heard cheerful voices in those beautiful nights that we had over the long weekend.

I'm sure everyone would like news following our announcement -- on the weekend.

On a Saturday, we did announce a probable case of COVID-19 following tests carried out on the gene expert analyser at Whitehorse General Hospital.

They gene expert testing tool is a relatively new tool in our COVID toolbox, and our current processes that tests require validation at British Columbia.

Lee announced it as a probable case while awaiting confirmation from BC, knowing that we may need to wait a day or two before getting those results.

As it turns out, the person who tested as a possible positive on the gene expert machine has tested negative on follow-up testing at our referral labs both at St. Paul's and at the BC CDC labs.

To be honest, the test results left us puzzled for some time.

But in consultation with our medical microbiologist specialists in Vancouver and after retesting in Vancouver, we were able to conclude that the gene expert text results could not confirm the COVID infection.

These machines detect viral genetic material at extremely low levels, solo let that -- that the presence of viral material could either be due to a false positive or to a previous infection, perhaps several weeks or more ago.

In some cases of COVID-19, shedding of noninfectious virus can persist for many weeks and even months and related disability defined trace bits of viral RNA on test results.

What we can be confident about is that this person did not have an active COVID infection in Yukon, is not contagious, and could not have introduced any infection into Yukon.

This is therefore not counted as a case of COVID infection.

Well they were investigating the circumstances of this case, contacts of the person were identified in some were tested according to how close they were in whether there were symptoms.

Needless to say, all of the tests done on contacts have come back negative.

This by the complexities of this particular case, the tracing and testing worked as it was supposed to.

The individual did not circulate within the community but stuck close to home, and YCDC was able to test and eliminate contacts during the investigation.

As for our previous announcements, such as the case that was treated in hospital last month or the exposures associated with visitors, or with last confirmed Yukon case, of these cases or

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events all serve to remind us that COVID is always around and could show up when least expected.

We continue meanwhile to demonstrate that we can handle these occasional introductions of COVID into our territory, but we need to be continually prepared in the way we live, play, or work to ensure that any introduced virus does not spread.

That is why we repeatedly come back to the same advice you hear echoed around the country, regardless of what stage of pandemic any region of the country finds itself in.

That is summarized in our Safe Six advice.

You may wonder then, after this story, whether the gene expert is a reliable test.

This local testing machine that uses PCR technology to amplify the presence of viral nuclear material.

It will pick up even small amounts of the virus which is where the extremes of low amounts of material are subject to some interpretation.

Any lab test has its limitations, with false negatives and positives possible for any technology.

The majority of times, if the test is used properly and all the right procedures are carried out, a positive will be positive and a negative, negative.

But there are always occasions when it is not clear.

At these times, it might take repeat testing, careful inquiry, in consultation with experts to be able to arrive at a diagnosis.

We remain fortunate to have this technology available in-house and as we gain more local technology in build our capacity, we will also be learning and talking about the value and limitations of any particular new device and where it could play the most useful role.

Good access to reliable testing is one of those elements that allows us to live with COVID.

After the initial test result on this patient, the YCDC team worked through the weekend identifying contacts.

The case, who wasn't a case, turned out to have very limited contacts in we had no public exposures to worry about.

Keeping safe in this way, limiting contacts, avoiding large gatherings particularly indoors, observing the Safe Six, means that any time a case it does arrive into Yukon, the consequences should be minimal.

It is in this way that we can continue towards a path where we have as open a society as we can tolerate, without overly exposing ourselves to COVID risk.

You will know that when describing this case, I'm being very careful about how I describe the individual.

I have not identified gender or age or anything other than this individual had returned to Yukon from outside the territory and was in Whitehorse.

We are often asked why we don't release more details about individuals who test positive.

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There is clearly a strong public interest in knowing as much information as possible, but there is also a strong societal and ethical value in protecting privacy.

I have seen, even with this last individual, rumours circulating about who is positive and who is not, often driven by either intense curiosity or anxiety, or even fear.

These events provide us an opportunity to review who needs to know and why.

Remember that we are always living with COVID risk, and my duty is to provide enough information to inform that risk while protecting information that could lead to identification of individuals, their families, or their communities.

One case investigation generates many, many phone conversations.

Whether as part of the contact tracing or as part of do notification to people that really need to know.

Even when providing information to senior leaders, I withhold key information in the interest of protecting that individual.

The key information that the public needs to know is, what is my risk of exposure, and therefore what do I need to do?

Please remember that you always need to be acting as if COVID might be around, in how you observe the Safe Six measures in our current, everyday lives.

Through YCDC and our community nursing, we will notify

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individuals who maybe at risk of exposure either through direct phone calls or through public notifications.

It may take hours or days to complete initial investigations.

For this recent case that was not a case, most contacts were notified within hours and most of the rest within one or two days, and this over a long weekend.

We are constantly weighing this delicate balance of providing information important for people to know, with the ultimate goal of protecting the public's health.

Against protecting personal privacy, which is a fundamental value and a law in our society, unless there is a reason for people to know the public those not have an automatic right to this information.

One of the wonderful aspects of life in Yukon is that we are close and well-connected.

Rearrange only a degree or two away from knowing anyone else.

In such a place as hours, rumours easily circulate well ahead of actual information.

So we have to take confidentiality measures a notch up from larger jurisdictions.

For every case, we weigh the public's need to know against the public -- potential harm of disclosure.

In only a few instances that we have fished -- had to issue public notifications, only a few since March.

Well they have committed to transparency, we also have to look at the potential harm that releasing more information can cause.

We do not want to see individuals erroneously identified because people think they know who they are.

We don't want to see them identified on social media and ashamed because they have COVID.

Please remember that those with a diagnosis, or even those who may have symptoms, are not material for social media.

Ignore the rumour mill.

You will be contacted if you need to do something other than what you're doing, or should be doing every day.

If you're just a contact of someone else who is contact, that does not make you a contact.

What does that mean?

It means if you have just been around someone who has been asked to self isolate, it does not mean you have to self isolate.

We need to care for each other by respecting individuals' right to privacy in not contributing to the air and shame by publicly speculating about cases and contact.

Here is a critical part.

By preserving confidentiality, this is how we continue to be able to get trusted and trustworthy information from cases under investigation and their families so that we can get the best

information to inform our public health approach, and that is the way we can help to protect Yukoners from COVID.

Please trust only solid sources for information, and there will always be normal, formal notification and information on the Yukon.ca website.

Our bubble with BC has been open for more than three months now, and we have seen two cases in territory since then.

One local and one an outside resident in hospital.

Of far, we have had these rare introductions of cases or events that make us up to the reality of COVID.

Considering that we are open to people coming and going, and that thousands have made that trip from BC into Yukon and back, we continue to do really well.

A single confirmed case, an outside resident in hospital here, two travellers coming and going, that is about all we have seen in this long period of being exposed to BC with no self quarantine or border entry restrictions.

It tells us that people are not travelling a whole lot but when they do, they are mostly doing the right thing.

It also reflects that BC is largely doing well, even when they are seeing an increase in cases since the end of the summer.

Even with multiple outbreaks and community spread, BC is doing well, especially since they and -- reintroduced some of their early public health measures to help control spread and stay on top of the disease.

Some of the indicators from BC that are reassuring or that the majority of cases can still traced back to known cases or outbreaks.

That the positivity rate of testing is just over 1 percent, and that the curve appears to have a flattened compared to a few weeks ago.

As we have managed this deliberate opening to BC, some ask about the what if.

What if we do see large outbreaks, or outbreaks or large importations that result in community spread?

What is community spread, anyway?

It is important to remember that community spread or transmission means that the disease is no longer limited to single cases or clusters, or even outbreaks.

But is spreading from one person to another without a clear link between people.

It would mean that we would be finding more and more cases that we cannot trace to travel outside, or traced to another known case.

Some provinces are seeing community spread, all the major provinces and somewhat in smaller ones like Manitoba as well.

If we got there, the most important thing would be not to give up.

Our work would be to hunker down and reinforce the Safe Six.

We might have to reintroduce restrictions, although like and other parts of the country including BC, we would try to be strategic and focused, going to places where we are seeing the highest risk.

Our challenge will always be to strike the right balance between restriction of movement and keeping COVID risk manageable.

Community spread would mean reinforcing productive measures to those motor load -- more vulnerable.

We might have to be more strict and visitors to long-term care and other care facilities.

To reinforce and strengthen a screening for COVID risk factors and look for any settings which are posing a higher risk for COVID activity.

Although I know we could manage community spread, I don't think any of us want to go there if we can avoid it.

So keeping in this mode of containment while striving to be as open as we can can help us live with a tolerable degree of COVID risk.

We need to that in order to work, play sports, go out, keep our kids in school, play music, and sing.

If COVID activity settles down and other parts of the country, we can take another look and give the best advice we can on relaxing self quarantine measures to other jurisdictions.

We are not there yet, as we look around the country, but we are continuing to watch and estimate when not might be a safe enough thing to do.

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Meanwhile, recent events in our look around the country remind us that we have this chance to stay well-prepared.

We have this chance to review how well we are complying with COVID risk.

Take in the workplace as one important example of an environment where higher risk practices might be occurring, especially as we start to stay indoors more.

If a workplace or meeting area does not feel right, it probably isn't right.

Make sure you're comfortable with the set up.

Ensure people are not coming sick to work in are supported to be able to work from home or stay off at home.

How many people are gathering for work meetings?

How organized are your interactions with each other?

Are they appropriately spaced?

Does the room seemed to be well ventilated?

If it feels stuffy, do something about it.

Keep meeting times short in keep numbers in our room small enough to allow for adequate spacing.

Check the physical distancing guidelines for businesses online at Yukon.ca, and also check the cleaning guidelines they are.

If you haven't already, please have an operational plan filled in for your business or workplace.

This will help you ensure that your work practices are compliant.

Use the Yukon workers health and safety Board information as well.

At their website, they have lots of additional resources.

That is all for my update.

Thank you.

Take care of each other, and stay well.

>> Pat: Thank you, both.

Now to the phone lines and we will begin with John Kennedy, CKRW.

>> Reporter: hi.

Dr Hanley, I was wondering where are the conversations in regards to opening the border to Alberta or any other jurisdiction in Canada?

Where do they stand?

A lot of industries rely on tourism and the aviation industry in particular could probably use the boost from Alberta or other jurisdictions.

>> Thank you, and I think I will let the premier speak to that as well.

Again, I am providing the advice.

It is a really important question.

It is also a question we have to keep in mind in an environment where people in Canada are not travelling.

There is very little tourism in very little travel occurring, and of course international tourism is all but shut down.

So that is the reality that we are facing.

At the same time, I am very conscious of Yukoners who want to be able to travel more freely to other areas of Canada apart from our bubble.

So it is really a matter of acknowledging that there is a risk, the more we relax self quarantine measures the higher the risk that we have to then take into account for tolerating.

And as I say, we have been doing that very well.

So it is a matter of watching the epidemiology.

BC is a bit of a special case.

It is of course a very large jurisdiction, the third largest in Canada which we have opened too.

I do think again that was a move that we took some time ago, a bold move I think.

And a deliberate one.

And we have done very well.

We also have a very special relationship with BC.

Less direct and less intimate with other jurisdictions.

All to say, we are looking.

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We are clearly seeing second wave activity and most other jurisdictions of interest, particularly Alberta, Ontario, and Québec.

And we are watching and trying to do our calculations and formulate advice as we go for the government to consider.

>> Thank you, Doctor Hanley.

Not much more to add to that, other than of course the way that we move through our phases is by having direct conversations with Dr Hanley and his team as he speaks to other medical officers of health across the nation.

Anecdotally as well, the tourism industry definitely suffered this year.

We were the only small jurisdiction in Canada to be open to a bigger jurisdiction in we really did not see the numbers of people that came up from BC compared to last year.

This year, we had just under 12,000 BC residents visit, a far cry from the amount of travel we would see from BC alone in a regular year for tourism related to travel.

That being said, we are not in a place right now where people in Canada are travelling.

We saw from the conference Board of Canada very low numbers of people willing to travel for tours in Regent -- reasons outside of people's regions so we must continue as a government to provide relief to these industries.

That is why the business advisory Council was created early on in the pandemic.

That is why the cancellation benefits were put in place very soon after we realized we are going to have to be moving through these phases and preparing for a new normal.

So we're definitely having encouraging conversations with Doctor Hanley about the traceability of other regions, things like rapid testing are helpful in understanding the virus and understanding how it moves, and this information is going to help us as well.

We would love to be able to move further into this phase, our last phase before a vaccine.

But again, we are kind of in a holding pattern right now based upon the epidemiology in other regions.

As traceability increases, like Dr Hanley has been very clear, it is not a per capita number we are looking for, it is more our understanding of the virus in particular regions in Canada.

I will do my part on the national level as far as what our plan is for international tourism.

We have an amazing direct flight with Condor to Germany, so watching the numbers, the epidemiology in Germany is something we are keeping track of.

But again, international borders and considerations is a federal decision.

So we are working with all of our government partners to make sure we are striking the right violence and end this new normal, in this holding pattern, we have to make sure that we have dedicated funding available to the tourism industry that is suffering right now.

>> Pat: Thank you.

Second question?

>> Reporter: I would like to actually take a complete 180 to the concept and ask, what is the level the government would consider shutting down again, ?

We have seen a spike in other jurisdictions across the country, as mentioned before.

Just wondering I guess, what is the threshold for shutting things down again?

>> Good question, and a good time to remind folks that we have a path forward, our plan through the phases into recovery and there are six triggers identified in that plan for what would have to happen for us to trigger forward or backwards.

In a nutshell, we are talking about epidemiology, we have already touched based on that.

Communities' ability to communicate amongst governments.

The medical community and healthcare facilities' abilities to cope.

These are all indicators identified in our plan to recovery.

>> Pat: Thank you.

We will move now to Nick Wells, Canadian press.

>> Reporter: I believe this is a question for Dr Hanley.

I was not when hundred percent sure of the stands, but will he be reevaluating the use of the gene expert device?

>> So not in a sense of when we use it or not.

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Definitely it is an extremely useful tool to have.

Although it has only been online for two or three weeks now, we are accumulating testing experience with it.

It has helped us to rule out infection in certain cases where it has been an advantage to have that right away.

So it has been useful for us quietly in the background.

Certain clinical scenarios especially in the hospital.

Part of it is kind of a reserve capacity, so it is an extremely useful tool to have if we were to have an outbreak.

If we needed to test lots of -- lots of people in a short time, and really be able to turn around those test results so that we can inform people appropriately.

That is one of the reasons we acquired that machine.

And really, part of this is really getting to know again the limitations.

Every technology has its limitations and part of it is just getting to know when it is calling out those extremely low amounts of viral material.

That is actually reflected in high numbers because it reflects the number of cycle times you have to go through to amplify the virus so you can detect it.

So we are really learning more about how to use it and how to integrate it with our other testing paradigm which is currently be referred out testing.

So this is part of the learning process, and also just finding its place.

Finding its place in our testing armamentarium.

>> Pat: Thank you.

Follow-up question?

>> Reporter: No thank you.

>> Pat: Now to Dave, CBC.

>> Reporter: I Dr Hanley back so I was kind of confused about the false-positive.

Did it come from the viral amount being so little or so old that it could not even be identified, or was it identified as related to the virus that causes COVID but so old or minute that it was dangerous at all?

>> Yeah, maybe all of the above?

I think it is a matter of, when you're dealing with really scanty amounts of viral protein coming from the genetic material that it becomes potentially cross reactive.

It becomes similar to other bits of viral material.

So there is a potential for there to be cross-reactivity in therefore false-positive.

So it becomes-- if you just imagine it, the less and less viral material you have, the harder it is to distinguish between other stuff.

So this is certainly consistent with a previous infection where, as I said, you can get that shutting time, that prolonged shedding of virus.

And as I say, that can be weeks to months that you can continue to get shedding of virus.

But really, the essential infectious this is ten days from onset of infection.

After that-- that is one of the reasons why it can be problematic to try to retest people to ascertain if they have recovered or not, because of the ability in some individuals for the virus to continue to be shed.

But it is old virus, it is noninfectious.

And as I say, it is consistent with a past COVID infection and continued shedding but we can't prove it because the material is so can't -- so scanty we cannot definitively prove it was an infection or if it is possibly just picking up some other material.

I don't know if that helps.

>> Pat: Do you have a follow-up?

>> Reporter: Yeah, thanks.

Just on testing, we have heard from a couple people this week where they saw the testing results took longer to come back then they were expecting.

They might have been told three days and it took longer than three days.

If there is a delayed, and I know it is not your responsibility but if it is a backup in BC, I think people were under the assumption that all those kinds of problems were going to be dealt with over the summer so that if there was a second wave, there would not be delays anymore.

I guess the question is, are there delays right now?

>> Reporter: Yeah, it appears that there was a temporary delay but there is not a consistent delay.

So there were a few days where it appeared that the turnaround times were beyond two to three days.

So I am actually trying to get some better information on what exactly happened.

But the most consistent result is still that kind of three-day turnaround.

Sometimes, a few factor and other events like a weekend and a rural location, that can be up to five days.

In general though, once it leaves-- once it arrives at the BC CDC lab, it is generally under 24 hours to get the turnaround time.

So a lot of it really relates to transport time, getting into Whitehorse general, getting out of that lab.

So there is this chain and sometimes, something goes wrong in one of those chains and it can be hard to pinpoint exactly where that delay came from.

In general though, we are still enjoying good turnaround times and high-priority.

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We have that kind of coveted priority status at BC CDC labs.

Keeping in mind though that there are a vocational, and we read about it in the news, occasional backlogs in BC testing and they talked about that over the long weekend.

I mean, yes, they addressed many of the issues that were flagging us in the spring and many of those were about interfaces in sheer demand on relatively low testing capacity.

BC testing capacity has hugely improved in terms of the number of machines and talk knowledge he but they are testing a whole lot more, and they are seeing more cases.

But the demand has also changed, so clearly there are lots of enter playing and interwoven factors.

But in general, we are maintaining our turnaround times.

>> Pat: Thank you.

Daily now, Yukon News?

-- Haley?

>> Reporter: Dr Hanley got as wondering if you could provide any details on the journey this person took to get tested.

I imagine a lot of people are getting tested with common cold symptoms.

Did this person have any unusual symptoms that led to the increased thought that it might be COVID-19?

>> As I said, the individual was seen at Whitehorse hospital and then tested because there were reports-- there was a reporting of symptoms.

Remember, the symptom list is very broad and we do encourage people even with mild symptoms to get tested.

Certainly, there were symptoms which triggered a legitimate need or indication to test.

And I think, again, we really do want to encourage testing and that can be testing for cold symptoms, or headache, for unexplained fatigue.

For any of these things which are not predictable for that person.

A person might have a headache and as their normal-- hopefully not, but unknown migraine headache, that is one thing.

What if is a hot -- if it is a headache out of the blue that is unexplained, especially if there are other symptoms, that really gets into that long list of symptoms, broad list of symptoms for which we encourage testing.

So maintaining a low threshold for testing is one of the ways that we keep ahead of detecting any otherwise undetected COVID in the territory.

So if anyone is not sure, again, call 811, use the self-assessment tool in then go where that tells you.

>> Pat: Follow-up question?

>> Reporter: Yes, thanks.

I asked this question back before we saw second wave numbers really ramp up outside the territory.

But do you have any advice for people planning quality travel?

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And are you anticipating that the risk of seeing COVID-19 might increase in December, January, and you going?

>> Well, yeah, it is a difficult thing, a really difficult thing to predict of course in terms of where the risk is going to be.

Because I think we have been slow and deliberate, that is why we are doing well.

And again, trying to maintain that right balance.

Openness to travel with adequate protections in place.

So I am pretty confident that because of the pace we are going, we are going to stay in a good position.

Regarding quality travel, I think it is something to really think about carefully.

And you know, you have to plan it at this point with the view, if you do decide to go to self isolate on return for most jurisdictions in Canada, you have to think about how welcome you're going to be in what risks you want to take as you travel to areas where you have higher rates of COVID activity.

So I think it is a difficult decision this year, and maybe think of the reasons, think of what the alternatives are back think of perhaps future opportunities when we will hopefully, not too long, get to a point where we can much more freely think about travel and unifying families.

But sometimes there are very compelling reasons for travel.

It might be special anniversaries or seeing someone that may not

have too much time left, compassion and reasons are, you know, so all of this really has to weigh into that, that decision.

I don't know if the premier has anything to add.

>> As you're answering, I think about how hard it is for chief medical officers to predict in right now is when people are making their travel plans for Christmas holidays and that type of thing.

It is very hard to plan, but great advice.

Consider why you were going in where you were going, and the need.

But, yeah,, I think you answered it pretty succinctly.

>> Pat: Thank you.

Now to Gabrielle, Whitehorse Star.

[Inaudible]

>> Reporter: Hi there.

Question for Dr Hanley.

I'm wondering if I could get some clarification about the Gen X -- Jean experts machine.

Will it tell you what it is finding traces of?

If you're looking in seeing viral material, is it telling you traces of COVID-19 or traces of influenza, and is that why the negative result was a bit puzzling because it showed traces of COVID?

>> Yeah, I guess if it were able to talk to us, it would say I think I'm seeing traces of COVID but I'm not sure.

Yukon

And again, there is so little here that I can't really get by good picture of what it looks like.

It is fragmented, there is so little of it that it is very hard to amplify with any reliability.

So I could be wrong, it could be another virus.

I think it is COVID but I'm really not sure at this level.

Hopefully that kind of summarizes really what comes to our interpretation of this test results.

So it picks up one gene, it usually runs by looking for two particular genes.

It picked up one, it did not pick up the other.

Then on another test, it seemed to pick up both but at very low levels.

Then the confirmatory testing could not reproduce those findings.

The gene expert, it is a very, very sensitive test so it actually picks up smaller amounts of virus than the larger machines but the larger machines are perhaps better at doing is telling us when it does may be more practical to know, and less practical to know.

Because we are talking about limits at virus that it doesn't make a difference if it is there or not, because it is so tiny that it doesn't represent infectious material.

I think that is the main reason we were able to come to confident conclusions about what was going on, that it becomes really an academic question of whether it was actually a COVID virus or not

because it is clearly so low in amount that there is no way it can become infectious so then it just becomes a matter of curiosity or individual interest, whether this represented old or previous infection or another virus.

But it is irrelevant for public health purposes.

>> Pat: The second question?

>> Reporter: Thanks.

So just noting that the Jean experts machine is so sensitive, does that mean it can sometimes come up with a false positive but it is unlikely to come up with a false-negative?

>> False-negative is really...

Yeah, it is a hard thing to explain without going through all of the different scenarios.

The mean, the reason that false-negative is such a different question is it relates so much to when a person presents and how early they may present.

So for instance, if you're testing someone who is asymptomatic but incubating the illness, then you may actually miss infection if it is incubating.

So it really depends on what are the symptoms that are presenting, what is the likelihood of COVID based on those symptoms, and is it giving an accurate test based on that?

So if someone is presenting with say, day three of symptoms that include a cough, fever and a headache ended is COVID, the chance of a false-negative in that case would be very low.

And the predictability of a positive will be great.

But so much of it depends on how much disease is present, what are the other diseases present in the territory, and where is the person in their presenting stages.

It is a great question though and in general, the false positivity is related to that high sensitivity, or the chance of a false positive.

But you're right, the right person presenting at the right time would mean that the chance of a false-negative is extremely low.

>> Pat: Thank you.

Claudiane, Radio-Canada?

>> Reporter:

[Speaking French]

>> Interpreter: So the question is for Dr Hanley.

Can you please repeat in French, generally what happened with the test and where we can rely on Jean expert or not?

[Speaking French]

[Speaking French]

>> Pat: Thank you.

[Speaking French]

>> Reporter:

[Speaking French]

>> Pat: Thank you.

We want to ask you to repeat that since you have already said in English.

We will move to Maryne, L'Aurore boréale?

>> Reporter:

[Speaking French]

>> Interpreter: The question is for Dr Hanley.

A few weeks ago, you talked about symptoms that were not enough to prevent children from going to school.

At this point, are you thinking of updating the symptoms that you consider as being important, or changing the rules surrounding the presence of children in schools?

[Speaking French]

>> I will repeat -- the explanation was around the traffic lights for the school, and I think the reason, the rationale behind it.

It is really do try again in the spirit of achieving balance, to try to achieve a reasonable balance between being practical about low-risk symptoms and vigilant enough to be able to detect symptoms that are more predictive for COVID.

So it is really that effort to distinguish red light symptoms from yellow or green, the yellow in particular where you can take some time to evaluate, are the symptoms improving or knocked, or if it is just a single runny nose and the kid is otherwise well, that we can allow that to go to school, recognizing that in our territory it is a -- an extremely low predictive value for COVID.

Yukon

But it does not change our testing criteria and it does not change our ability and our call or any child, any parent to test their child or themselves for any symptom but falls into that broad category that we set out for testing criteria.

Hopefully that helps to explain the rationale.

>> Pat: Thank you.

[Speaking French]

>> Reporter:

[Speaking French]

>> Interpreter: So are you also encouraging adults to use the traffic lights as a way to determine if they should go to work or not?

[Speaking French]

>> Just to explain that, yes, they are two other traffic like versions we are hoping to finalize very soon.

One is just for people either returning to work or to activity, really a return to activities based on the traffic light scenario for adults.

So we should have that finalized this week, and we are working on another version which is specifically for healthcare workers about when it is safe to return to the workplace and if so, what type of personal protective equipment is recommended.

Those are our two other versions that hopefully will be ready in the next few days.

>> Pat: Thank you.

Finally Laura, CBC?

>> Reporter: Hi Dr Hanley, I'm wondering about the status of the person who was hospitalized in Whitehorse a couple of weeks ago.

I understand this is the first COVID case that required hospitalization in the Yukon and I'm wondering how this person is doing after a few weeks in hospital but also, what the experience has been like for hospital staff and if you had any challenges or issues with the current set up for COVID-19 patients?

>> Yeah, subparts of that are difficult for me to say because I don't have consent from the individual apart from what we said at the beginning.

But I can say that everything went very well in general.

Remember that this is a BC patient so we are also not providing the public health follow-up.

So I can't tell you officially if that person has recovered or walked.

-- tell you officially.

But in terms of how it went, that was probably the most rewarding part of that story, that it went very well.

In terms of the staff taking care of the person, the comfort level of the staff and again, because it reflects that this is done every day at the hospital, the hospital has this screening and triage process that is set according to COVID risk factors or symptoms, it directs patients into pathways which have higher levels of infection control precautions.

Yukon

In this case, contact and droplet precautions, until the diagnosis becomes obvious one way or the other, either through testing or through other means.

So really they are exercising this every day and in this case, it turned out to be someone that did test positive.

Though the procedures were already in place, the person had been appropriately screened, so there was effectively no change for that person to have the contact droplet precautions that were already applied, just simply continued.

And the care received was unaffected and continued.

So in that case, I think it was a reaffirming of the practices in place at the hospital but I think it was also a bit of a confidence boost that showed that hospital staff were able to demonstrate and show that they can do this very well and provide a high standard of care for the patient.

>> Pat: Thank you.

Do you have another question, Laura?

>> Reporter: Yes, thank you.

I guess this is that question for Premier Silver.

A couple of weeks ago, the territory changed border staffing so that land borders are not staffed 24/7.

Abbey head any issues with people crossing the border in not self reporting or any charges under CEMA regarding people who had not checked in at those kiosks?

>> Thank you, for the question.

We had an update on Friday with all the enforcement folks.

No issues so far, as to anybody not doing what they are supposed to do.

Have explained again that the rules are still in place but so far, so good.

We did get statistics about enforcement stats, but no bump out because of the change in the border.

It is working so far and we are continuously monitoring and updating on a weekly basis to make sure that compliance is happening.

So far, so good.

We are very happy, Dr Hanley and I have been speaking quite a bit, for the month beforehand about how we can get to more information provided at the border as opposed to an enforcement presence.

And like I said, we have not seen any cause for concern since we made that change.

>> Pat: Thank you.

Would like to thank both Premier Silver, Dr Hanley.

I would like to thank everyone for their time today.

Our next COVID-19 update is Wednesday, October 21st, at 11:00 AM.