

COVID-19 Facebook live update: April 21, 2021

>> Pat: Good morning.

I'm Pat Living with the Department of Health and social services and your moderator for the COVID-19 update for Wednesday, April 21st.

I would like to remind listeners that this COVID-19 update will look slightly different

Than what you have seen in the past.

Dr Hanley will provide case updates and focus on technical aspects of COVID.

Sign language interpretation provided by Mary Tiessen and French language translation by Andre Bourcier.

The Q&A format will remain the same.

We will call reporters by name and each will have two questions.

Before we begin with our speaker I would like to verify that everyone can hear us?

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

Dr Hanley?

>> Thank you, Pat.

Good morning.

This morning I would like to give some perspective on the COVID-19 activity in Canada and how that relates to our situation and to the weeks ahead of us.

From the very start of this pandemic, I have committed to keeping Yukoners as informed as possible.

As always, it can be challenging to interpret information that changes so quickly.

When we have been in this for so long, and when people are tired, it can feel that things are out of control.

That we are fortunate that within Yukon, we remain well-positioned.

And the pandemic is still well within our control.

A third wave of COVID-19 fuelled by variants is pounding the world right now.

And Canada is no exception.

On to -- LEA pandemic pods death toll is heavy with increasing case counts, hospitalizations, and ICU admissions.

This wave has returned some of these places to even tighter restrictions than before and in some cases, new measures have been introduced to keep the spread of COVID-19 moving between jurisdictions.

These steps are harsh in we all have family members or friends or no people living under these difficult conditions.

Unfortunately, those measures are necessary to wrestle control of the pandemic back from the brink.

It is hard to predict the next few weeks but waves do come to an end and vaccine uptake is really starting to take off in the rest of Canada.

That is good news for us.

Whatever happens, I will be here with you as we ride out this we can look forward to call were times.

At present, we remain with just two active cases who are themselves close to recover.

Our newest case has already reached the recovery period.

Many Yukoners are getting ready to welcome home their university or post secondary students for the summer.

And I am sure the students will be glad to get back to Yukon where life is less restrictive than in many other places.

We will also see seasonal workers arriving.

First of all a reminder that returning students and seasonal workers will be required as everyone to self isolate for 14 days.

Due to several requests from students and employers, we have worked out a way that these returning Yukoners can get vaccinated while in isolation.

Returning students and seasonal workers will be able to leave home isolation for a short period of time to take advantage of the vaccination clinic.

Before receiving this vaccine, they will have to make an appointment at the COVID testing and assessment centre where they will be given our rapid test.

If negative, they will be sent to the immunization clinic for their shot.

Strict protocols will be in place for this cohort and only those with a same-day negative test will be able to receive the vaccine.

Students and seasonal workers must return to quarantine after receiving their shot to finish out their time.

This is certainly not a get out of self isolation early card.

Getting the vaccine while in isolation will only be available to this group until the end of May.

More details will be available on Yukon.ca by no later than and update tomorrow.

Getting students and seasonal workers immunized before they leave isolation gives them a leg up when they return to life outside the isolation bubble and we can certainly encourage all to take advantage of this opportunity.

ICA this as a win-win deal.

For them it is an advantage to get vaccinated early and be that much safer when they interact with their friends and the public after the self isolation period.

For us, it is an additional incentive for more people to get the vaccine.

Unlike our partners across the country, we are much further along in our vaccine campaign but we still have a long way to go.

The evidence is clear that vaccines are working and are successfully providing protection from severe illness and death for many.

As of the end of the day yesterday, we had vaccinated a total of 25,216 people with their first shot, and 20,775 are now fully vaccinated.

I continued to be encouraged by the number of individuals who have stepped forward and rolled up their sleeves, and it has been with great pride I have seen this happen.

We are continuing to increase our numbers week by week and this is fantastic.

If I give the current numbers by percentage of eligible adults, as of April 20th, in the 1829 we now have first dose uptake of 56 percent -- 18 to 29.

In 30 to 39, 67 percent.

40 to 49, 77 percent.

5259, 73 percent.

60 to 69, 81 percent.

70 plus, up to 89 percent overall eligible adult percentage, 71 percent.

So please give up the progress and please do continue to come forward for that first dose.

Second dose overall is at over 59 percent.

For those holding back, make sure you reach out and ask if you have questions about whether the vaccine is right for you.

If we can continue to get our younger people up to the same levels as our older citizens, we will be well-positioned to have a great summer where we can ease up on many of our current restrictions.

There will be more to come on what that could look like in the weeks to come.

But immunization is our best way to find our way out of this pandemic and to stave off the threat of variants.

Immunization will keep us on the path forward.

There is one other group that we have mentioned for vaccination but perhaps not enough.

This is for people who are pregnant or breast-feeding.

I would like women who are pregnant to strongly consider vaccination if they haven't already.

We have acknowledged in our information that

pregnant and breast-feeding women were not specifically included in the Moderna clinical trials and that is normal.

However, we have a long history of using inactivated vaccines in pregnant women with a solid safety record.

There is no reason to suspect there would be any particular risks to mother or baby from vaccine and real-world evidence is proving that true.

On the other hand we have increasing evidence from people affected with COVID disease, that pregnant women can get seriously ill with infection.

I would therefore strongly encourage anyone in either of these two groups to have a conversation with their family physician or community nurse and consider strongly coming forward for vaccination.

As we continue towards vaccinating as many people as possible, please have that conversation and seriously consider protecting yourselves from COVID-19.

As I mentioned, our biggest risk of seeing COVID-19 in our territory is through importation of cases, particularly variants related to out of territory travel.

As we see variants continue to dominate previous strains, I want to make sure we take a proactive approach and mitigate our risk as much as possible so that we continue to safely ease other restrictions within Yukon.

To that end I want to add what I said last week about strongly recommending that Yukoners change how they self isolate.

Over the Christmas season, we had two options for self isolation for those who travel into Yukon to celebrate the season.

We are modifying those options now that variants -- variants have changed the picture.

Both on a national scene and locally, we have seen how variants can rapidly spread despite the best intentions.

It is squarely becoming apparent that variants transmit much more easily within households despite carrying out existing physical distancing requirements.

And as a reminder, with last month's release of the path forward plan, we landed on two basic steps to moving ahead.

Step one, strengthening the overall foundation and step two, with that strengthening foundation, beginning to ease certain restrictions.

Strengthening certain measures to protect against importation is thus a crucial step in how we move forward.

From now on, if you're returning from trouble, I'm struggle -- strongly recommending one of the two ice -- options.

Option one, if you're travelling alone or with other people, you can self isolate alone or with your travel companions only.

This means you must self isolate separate from your receiving hosts.

You can stay in a legal suite, a vacation home, Airbnb or in hotel, -- a hotel, somewhere apart from the receiving hosts.

If you're planning to self isolate upon arrival with your hosts or family in a shared household setting, then everyone in the household needs to self isolate together and follow the rules of self isolation.

We know it is hard to keep apart unless completely separated, and with the spread of variants we need to be extra cautious.

Everyone should self isolate for 14 days keep in mind this self isolation period begins the day a visitor arrives in the household.

Again, I strongly encourage you to follow these recommendations to keep both visitors and guests safe and to support these options, we will be increasing follow-ups to check on those who are self isolating and provide guidance and support.

As we have seen variants become dominant in so many places, I want to ensure we are on track to return to a place of normality and restoration.

We are at a point in this pandemic that we can start to think about easing certain measures but in order to do so, we have to strengthen the areas where we are more vulnerable.

Right now, our weakest point remains travel out of territory and importation risk.

I do want to add one important detail to the above recommendation.

When household members are fully vaccinated, the risk of transmission within that household is much less.

Therefore I am quite comfortable with returning students or visitors staying -- staying in the same household as fully vaccinated adults as long as all the usual requirements of self isolation are still adhered to.

Please note that at this point, the laws around self isolation have not changed.

The new approaches my strong recommendation but is not a change in the CMA orders.

Self isolation continues to be an integral part in our layers of production.

As we have seen in the past weeks since our first announcements of variants, it has been a key tool in containing and maintaining low case activity within Yukon.

There is another item I want to touch on briefly, and I think another positive story.

At this time, I am pleased to report that the government has accepted recommendations around lifting some restrictions within long-term care.

As you know, long-term care facilities in Yukon were locked down very early in the pandemic and these measures have kept our residents safe over the past 16 months.

Long-term care facilities will be engaging with residents and families to work towards community...

And an increase in the number of social visitors for residents.

The goal is to implement these changes by the week of May third.

Finally, in another reminder about the Safe Six plus one.

Sometimes these steps are easy to gloss over.

But these measures remain an essential way that we have been able to stay largely COVID free.

So let's we're beat these once again.

Number 1, maintain physical distancing of two metres or 6 feet with people outside your social bubble.

Number 2, wash your hands often.

Number 3, stay home and away from others when you're sick and get tested if you have symptoms.

Number 4, follow gathering rules whether indoors are outdoors.

Follow travel guidelines wherever you're.

Limited respectful travel is still the prevailing direction.

Number 6, self isolate when you're required to for either travel or public health reasons.

And number 7, or plus one, is wear a mask when in indoor public places.

That is the law and remember, as written in the law, and I will quote from the order, mask means a medical or nonmedical mask and for greater certainty, does not include a balaclava, bandanna, face shield, hijab, neck Gaitor, scarf, or other similar face covering.

That is it for today.

I hope everyone continues to stay well and take care of each other.

Thank you.

>> Pat: Thank you, Dr Hanley.

We will move to the phone lines now and begin with Philippe, CBC Yukon.

>> Reporter: Thank you.

I wanted to ask about social media posts made by Doctor Catherine smart, President of the CMA.

On April 19th, she said today in Yukon, our government asked who would be willing to deploy to Ontario.

I wonder if Dr Hanley, you could tell us your thoughts about deploying resources from Yukon to other parts of Canada?

>> Thanks, Philippe.

You know, if nothing else goes out from Yukon, our hearts go out to Ontario and to the many people who are suffering, whether as patients or as the incredible healthcare providers who are doing everything they can to help and to do what they have dedicated their lives to doing.

So it is a very difficult the situation but similarly, it is also difficult for us when we are, I would say, overall stretched to provide the ongoing care we need to provide.

So I think the way that we run our system, whether we're looking in general at the hospital, the health-care facilities, the community nursing, it is pretty tight.

People are stretched in efforts to carry out the normal healthcare demands.

So even while they direct told from COVID of course has a burden on healthcare, they healthcare delivery during COVID times is particularly challenging and stretching to a territory that already is stretched in capacity.

If you look for instance at our medical specialists, they are a small cadre of skilled specialists that would be very difficult to part with one or more at a time.

So I think, I really appreciate that Doctor smart but the message out, as did the President of the Yukon medical Association, certainly just looking if anyone can do it.

But by all means, I would support that.

I know on the nursing side, I don't think there is enough capacity unfortunately to send anyone to Ontario.

So it is really a matter of, you know, unfortunately these tiny jurisdictions have little practical to offer two large jurisdictions from Ontario.

Having said that, the call has gone out and perhaps there will be some individuals who would be ready to go until.

>> Pat: Thank you.

Second question?

>> Reporter: Yes, thank you.

In the Northwest Territories, residents who have had both vaccines will only need to quarantine for eight days.

Then if they have a negative COVID test on day eight, I believe they are free to go.

Could you contrast your thoughts on that policy?

>> Yeah, thank you.

That is a new announcement that came today from NWT.

And I am really happy to start to see that these alternatives are being implemented where they can be.

And I can tell you again that we are still officially in caretaker mode.

We are working on some options around alternatives to the current regime of the standard two week quarantine for all.

There are a number of possible variations.

We are looking at the risks and benefits of each of these, especially in the face of the variant surge.

So this is a time where everything has to be reconsidered in terms of importation risk in variant spread and the impact.

But at the same time we know that we are starting to mirror the vaccine levels that we have all wanted to see -- near the vaccine levels we have wanted to see.

So while we are analysing and working out some options to present to the new government, the more we can do to get our numbers up, the more comfort we will be able to have to consider alternate options.

>> Pat: Thank you.

We will move to Luke, CKRW.

>> Reporter: hi Dr Hanley, I'm curious if you have certain recommendations around these students or seasonal workers should be in their self isolation prior to

temporarily leaving to go get tested and vaccinated.

>> Yeah, the actual time-- I am not actually very worried about how long they need to stay in self isolation.

I am more concerned that the plan and protocols are worked out.

So there will actually be quite detailed guidance produced for students to maintain that production.

That includes how to get there safely, how to get tested, waiting for the test result, special timeslots at the immunization clinic, to prevent any possibility of exposure risk at the clinic itself.

So I am quite happy, whether that occurs on day zero or day ten, it is more a matter of following the protocols that are set up.

>> Pat: Thank you.

Another question?

>> Reporter: Yes.

I was curious if there was a variant strain identified with the most recent case that came along with the exposure notification in Watson Lake.

>> No, thanks for asking.

I don't have that information yet, on the variant screen.

So in general, we have heard -- when we have heard, we have heard fairly soon.

Regardless it actually won't make any difference to this particular case or the management of this case.

It is maybe a good reminder that because we don't have that information generally when we get the results, we treat all incoming new cases as variants.

We assume they are variants until we prove otherwise.

So in this case the point is moot but we don't have that information as yet.

>> Pat: Thank you.

Now to Tim, Whitehorse Star.

>> Reporter: Yes, good morning.

So my first question is, I recently saw a story from another media source that one of the top doctors in Whitehorse was concerned we had hit a plateau and -- in vaccinations.

Would you agree with that summation, and what could be done?

>> Yeah, thank you.

You're referring to Doctor Ryan, President of the YM who spoke yesterday about his concerns about the slowing down of young people getting vaccinated.

We did talk with each other, we connect with each other regularly.

So I shared with him some of what I was seeing.

So that...

Technically what we have seen and what I have expressed many times here is we saw a very rapid initial uptake amongst all age groups.

Then a kind of slowing down.

We are definitely in that latter part of the slope.

So we need to continue to work with our younger people in particular to make sure that they are aware of all the opportunities they have to get vaccinated and that we address any of those lingering concerns and hesitancy.

An example is, like I said, focusing on pregnant women and making sure they feel confident about coming forward for a vaccine.

Another is the example of students and incentivizing newly arriving students to come forward and perhaps spreading the word about the importance of getting the vaccine.

Particularly many of these students coming from high prevalence areas.

So I think all these pieces are helping, and we have to acknowledge at the same time that we are seeing an increase.

Even though it slowed down, the slope is still going up.

Not that long ago but towards the end of March, March 22nd, we saw 47 percent uptake in the 18 to 29.

Now we're seeing almost 10 percent higher uptake.

So it is moving up, and that is great.

And I think we just need to keep that upward movement going.

>> Pat: Thank you.

Next question, Tim?

>> Reporter: Yes, thank you.

Changing gears a little bit.

With it becoming more and more obvious that it is the spreading of aerosols and through the actual air we're breathing that is spreading the virus, what is the latest advice or should we be looking into improving vents -- ventilation?

What would work and what wouldn't?

Is there any uniform advice available on that?

>> I think there is, and I think there has been increasing recognition over the past months of the role that aerosol transmission can play.

The way that I would think about this most practically is it is coming back to the three sees that Japan promoted and that we also adopted in Canada and elsewhere.

It is about closed spaces and crowded places, and close encounters.

Those are the factors that lead to the increased risk of transmission.

Some have added a lot considerations around ventilation in air circulation.

So well ventilated places are definitely part of the prevention of COVID.

If there is a chance to look at and improve ventilation, particularly in older in or areas, then definitely take those opportunities.

It doesn't necessarily mean everyone has to revamp their existing ventilation.

I think it is just being aware that poor ventilation is a risk factor in addition to those other circumstances.

Once you start to put those Cs together, you have many people in a poorly ventilated indoor space where there is crowding, and no ability to distance, then you're definitely in a high-risk setting for transmission of COVID, should anyone in that room be infected.

I think it is just being aware of those circumstances and mitigating those.

Fortunately at this time, we are in an opportunity where we can be opening windows and burning an outside air.

We know that outdoors is probably 99 percent safer than indoors, just because now you have the advantage of highly reducing aerosol transmission by the sheer effect of being in the well ventilated outdoors.

So the more we can emulate that, I think the better.

>> Pat: Thank you.

Nick, Canadian press.

>> Reporter: thanks for taking my question.

I'm curious if you can talk a little bit about the concern of students and seasonal workers and the potential to spread COVID-19 when they come to the territory.

Thanks.

>> Again, our tool has always been, and remains for the time being, self isolation.

The key to preventing spread of COVID in territory is that two weeks of self isolation.

So if people come in with infection, there is that incubation time that is allowed to identify if that has occurred, and the isolation as well as the identification of the case mitigates that threat or risk for transmission.

So that remains our key tool.

I think that when it comes to students coming back, many are coming back from high prevalence areas but many have been planning to come back for some time so they know what the risks are.

And I think that most of them will be doing their best to avoid high exposure locations in the time that they are preparing to come home.

And if they are not, then they should be.

On the flipside, we have that self isolation period to again, protect against that possibility.

What I look forward to is that, you know, when students are finished their self isolation, they are going to be taking on jobs, meeting friends, so the earlier I think that we can provide them those opportunities to be vaccinated and kind of spread the word of infection, of vaccination, the better set up they will be to prevent the spread of infection.

>> Pat: Thank you.

Do you have another question, Nick?

>> Reporter: That is it for me.

>> Pat: Thank you.

Claudiane, Radio-Canada.

>> Reporter:

[Speaking French]

>> Interpreter: So could you please go back in French on the slowdown of the uptake of the vaccine, and if you're worried about this and what can be done to remediate this?

[Speaking French]

>> Pat:

[Speaking French]

>> Reporter:

[Speaking French]

>> Interpreter: To continue on the same question, what are the consequences of this?

Would it be possible that it would delay the lifting of some restrictions that we have right now concerning the pandemic?

[Speaking French]

>> Pat: Thank you.

We will move now to Haley, Yukon News.

>> Reporter: Thank you.

I was looking for a little more detail if it could be provided about the case in Watson Lake.

Was that a situation where a person left self isolation early?

>> I don't want to again get too much into details which might disclose individual case information.

But-- and as always, I think it is important to keep in mind that our notifications are taken with the fullest precautionary approach.

But there was a situation where I would say self isolation was not carried out to the letter, even though overall, the compliance with self isolation was almost complete.

Sylvan Simon individual who went to many measures to ensure compliance with self isolation.

It just shows again, the possibility of even with a small breach as it were back a small lapse, there can be potential for transmission even when protocols are followed.

So it is with that measure of caution, and in recognition of the possible -- possibility of variants that we post these exposure notifications.

>> Pat: Thank you.

Second question?

>> Reporter: Thank you, yes.

My other question is around the new guidelines for self isolation because they are just guidelines as you noted and not knew CEMA requirements.

I am wondering if you have advice to people who may be in situations where they are in a shared living situation and don't necessarily have control over who their roommates are or what they do if they are travelling back from the territory and an individual would prefer to not be living with folks who are self isolating but who may not necessarily have the choice, if that makes sense.

Would you have any advice for those people?

>> SPEAKER-08: I think that is a really important question.

The first is that although this isn't a change in CEMA orders, the orders are around the need to self isolate and follow the guidance on what that actually means.

And so the orders are that needs to be followed to the letter.

So people need to be aware of what the orders actually say and what self isolation actually means.

But recognizing that there are circumstances where that is going to be more difficult just because of the reality of living-- an example would be adults not from the same family living in a shared household.

And if it cannot be carried out, that there can be completely separate quarters, then I think a call for support, a call to COVID info, incineration of the self isolation facility or of alternative arrangements.

The options then can be reviewed with that person or people so that they are aware of what the other options are and the potential supports that could be available through self isolation facilities when it is just not possible to comply.

The other thing which I think is relevant in this is recognizing how useful and important it is to be vaccinated.

So you know, when we think again of where have we seen transmission, and where do we see transmission when we look around the country, workplaces are a commonplace.

Shared households or another commonplace.

So making sure of what can be done to prevent that.

An obvious thing is vaccinations, so making sure that members of a shared household, the adult members who are eligible, if they were all vaccinated again, that dramatically will decrease the risk of any issues associated with transmission of COVID in the household.

That is also a preventative aspect I would strongly be encouraging now.

>> Pat: Thank you.

I would like to thank everyone for their time today and advised that the next COVID-19 update will take place on Wednesday, April 28, at 10:30 AM.