

COVID-19 Facebook live update: January 12, 2022

>> Renee Francoeur: Good morning to you all. I'm Renee Francoeur with cabinet communications and the moderator for today's COVID-19 update. We are joined today by the Minister of Health and Social Services, Tracy-Anne McPhee, and the acting Chief Medical Officer of Health, Dr. Catherine Elliott. Closed captioning is provided by National Closed Captioning. Thank you to Mary Thiessen, providing our ASL interpretation, and to Andre Boussier for providing our French translation. Following the remarks from our speakers, we will go to the media on the phone lines. I'll call you by name and you will each have two questions. We'll then circle back for another round of questions with reporters until we are out of time. Before we begin with our speakers, I'd like to verify that everyone can hear us. If any reporters are having problems, please email ecoinfo@yukon.ca. I will now hand it over to minister McPhee.

>> Thanks so much, Renee. Good morning, everyone, and thank you for joining us here today on the traditional territory of Kwanlin Dün First Nation and the Taa'an Kwächän Council. I'm pleased to be here with Dr. Elliot this morning to speak to Yukoners about what's happening in our territory with respect to COVID-19. COVID-19 continues to spread in our territory, as it has elsewhere in the country. We've, once again, had to adapt our approach to these new realities, including the new Omicron variant. As Dr. Elliot has noted, Omicron has distinct characteristics that make it much more contagious and difficult to trace and contain than previous variants. We've also had to shift our testing approach in response to rapid increase in cases over the past two weeks. We've taken into account the number of cases, the rate of transmission, the capacity to provide testing to everyone that has symptoms. And we are following Dr. Elliott's recommendations to target testing where it is needed most to protect public health. This has also been done in all other Canadian jurisdictions. The lab based PCR tests remain available to Yukoners where there's a greater risk of severe impacts of COVID-19, including residents and staff of long term care facilities, other congregate living settings, frontline staff, Yukoners over 50 years of age and those who are

pregnant and/or have underlying health conditions, and those who live in communities outside of Whitehorse. We know that there are many people here in Whitehorse who are interested in getting tested, but do not meet that new criteria. The most important thing that you need to know is that if you have symptoms, you should assume that you have COVID-19 and follow the recommendations for isolation. They can be found on Yukon.ca, and I know that Dr. Elliot will speak more about that today. We know some Yukoners still want to be tested for COVID-19 and we have started making take-home rapid antigen tests available to those with symptoms here in Whitehorse if you're not eligible for PCR testing. On Saturday night, we received a shipment of 50,000 rapid tests from the Government of Canada. I want to thank the Public Service employees and everyone involved in the effective and coordinated efforts across governments to ensure that we were in a position to make these tests available as soon as Monday morning. I would also like to thank Air North for getting our shipment of test kits here to the territory in frigid conditions. These tests are available for pickup at a drive thru, which has been set up at Takhini arena here in Whitehorse. It's open on Monday-- from Monday to Friday from 7:30am 'til 3pm. You can pick up one test kit per symptomatic person in your household. Since Monday, we have distributed 1,400 test kits. We're expecting to receive additional test kits in the coming weeks and we will share more information as that becomes available. As we've said before, throughout the pandemic, we have used rapid tests as part of our coordinated public health response to COVID-19 transmission here in the territory. As we receive more rapid test-- take home tests from government of Canada, we will continue to make them available to Yukoners. But it is important to remember that they are not a substitute for being vaccinated or for following public health conditions and public health measures. The most important thing we need to do right now is to reduce our contacts to limit the spread of COVID 19. Practicing the safe six plus one is more important now than it's ever been. And please get vaccinated if you have not already, including getting a booster. You can still get COVID-19 and spread it if you are vaccinated, but if you are not vaccinated, you have a much higher risk of severe negative health impacts and even death.



We have increased capacity at the vaccine clinic here in Whitehorse and it is open from Monday to Saturday. Our priority at the clinic right now is booster shots for eligible Yukoners, and that's everyone over the age of 18 who has had their first two shots. Booster shots are available. You can book an appointment online at [Yukon.ca/this-is-our-shot](https://www.yukon.ca/this-is-our-shot). If you live outside of Whitehorse and you don't see a clinic in your community, please contact the health center and they will work out an opportunity and arrange an appointment for you. Tomorrow, a pop up vaccine clinic will be held in Whitehorse at the health center for children aged 5-11 from 9am to 4pm. To book an appointment for your child, you can call (867) 667-8864. As we get into February, we will shift our focus at the Whitehorse vaccine clinic to second shots for kids aged 5-11, many of whom received their shots in December. The vaccines are our best protection against COVID-19. I really want to thank the dedicated team of immunizers that are helping deliver shots across the territory. I know that we have such dedicated staff and this is their priority, to make sure that Yukoners have the opportunity to get vaccinated and to get their boosters. I also want to acknowledge all Yukoners who have stepped up to take their shot, including our little Yukoners aged 5-11. Every shot delivered helps protect every person in our territory. Before I hand it over to Dr. Elliot, I want to speak about another public health crisis that is affecting every community in our territory. The use of toxic drugs. Fentanyl continues to be a serious concern in our territory, but we are also witnessing an increase in drugs containing benzodiazepines, or what's commonly known as benzos. Drugs containing benzos are very dangerous substances. We know these drugs are here in the territory and that there has been an increase in overdose deaths in recent days. Our thoughts and best wishes are with the families and the loved ones of these individuals, and these terrible tragedies are felt by us all. I am imploring people to be careful. Please get your drugs checked for toxic substances, either through Blood Ties or through the Outreach Van. Do not use drugs alone and carry Naloxone kits with you if you are with-- using, or with people who are using. An overdose from benzos requires more Naloxone to reverse the effects of an overdose than do other drugs, particularly fentanyl. Please know that the supervised consumption site is also available to support those who are using substances and there

to help keep them safe. We are working closely with the RCMP, Dr. Elliott, and the chief coroner, and other partners to address the situation, but the risks are very high and very serious. We want Yukoners to know that there is a toxic supply of drugs here right now, and there are places for support and for help. Please be safe, look after yourselves, and your friends, and your families. Thank you.

>> Thank you, Minister McPhee, and good morning everyone-- bonjour. I'm pleased to join you on this beautiful morning. In Whitehorse, the sky is pink and it's just lovely this morning. And I think-- I hope that we've all had a chance to look at nature over these interesting and chilly past few days. I'm here to talk about some of the more important and serious things that are affecting health in Yukon. Before I begin the COVID 19 update today, I first want to echo the minister's condolence-- condolences for the families and friends of those who have lost lives, or time with loved ones, or pieces of loved ones in drug related events. These deaths that that have been experienced underlie many more who are suffering, and remind us of the importance of our ongoing work to address the opioid crisis through harm reduction and how it can save lives. I want to echo the minister's points that, please, now is the time, more than ever, to use with others, to have Naloxone with you, and to know that benzodiazepines make opioids even more dangerous and higher risk. So please avoid benzos. I'm now going to turn to the COVID 19 pandemic. Here's today's update around the territory. As of this morning, we have two people in hospital with COVID-19. The average new daily case count is 77 over the past week, and in the past three days, that average jumps to 92. There are 471 active cases in the territory right now... ..with cases in all of the communities. Over the course of the pandemic, there have been a total of 2,515 Yukon cases, and 2,071 people have recovered. 15 people have died in Yukon. We have just declared an outbreak in a long term care facility at Whistle Bend Place involving two residents. Control measures are being put in place and further investigation is underway.

As I've said in the past, we have the epidemiologic signature of Omicron, the rapid rise in cases over a very short period. I'd like to share a graphic of what this curve looks like

with you. You should now be able to see the epi-curve of the pandemic in Yukon from September to January 2021-22. Many of us have become very familiar with seeing epi-curves or epidemic curves, which is a visual display of the onset of illness of cases associated with an outbreak. This is our history. This is how epidemiologists and public health doctors look at disease in populations. The vertical line, or y axis on the left, represents a measure or count of the number of cases. The horizontal line, or the x axis at the bottom, is the date, so it gives you the the number of cases over time from left to right. This is a very important tool that we use to to measure the spread of illness. And we can see a lot of patterns and trends in this-- in this curve, and I'm going to talk about a few of them today. First of all... you'll notice that there's a-- the first bump in the curve around November. So that's the growth of the COVID-19 Delta variant that led us to establish the strong measures that were called a "circuit breaker" in the month of November. You'll note the way the cases tail off after mid November, and that's how we knew that the circuit breaker was effective. On the far right of the chart, you'll see there's another peak beginning to develop, and that's the-- the growing impact of the Omicron peak, the Omicron variant. You may note that, despite measures that we've had in place, recommendations and then in law, there still continues to grow in this area. I have to note that the part on the far right that's grayed out is where we don't have the data yet. So we continue to gather data in that time. And that-- when you see it go down, what you're seeing is that those cases, people who have-- have symptom onset within that period may not have been tested or may not yet be in our counts as of January 10. So you can-- what we see in this curve is that despite the measures, the number continues to grow, which is very similar to what we're seeing in other parts of the country. We had a introduction of Omicron a little later than some of the bigger provinces, and we have our curve starts a little later. For example, we're about one week behind BC in terms of the growth and about two weeks or so behind Ontario or Quebec. Based on the trend in this Epi-curve and what we know about the impact of Omicron in other parts of the country, we can begin to understand what might happen in the Yukon. So this is the closest I get to to a crystal ball. At this time, based on this, I anticipate we'll continue to see a number of people off work due to illness and isolation,

and a number more people continuing to get sick. I'll also expect that we'll see more people requiring hospitalization in the next days to week. Tracking Omicron is a little bit different from tracking Delta. And that's because omachron is spreading so rapidly that the curve fills in very rapidly. So if we're missing three days of data, things can change quite quickly in that period. It's also because we've changed the testing strategy, as have other places, and this will change what we can read out of the curve. When I look at this curve, it's important for me to know what I know and what I don't know and can't interpret out of this curve. So as the curve changes over time, I want people to be aware that changes in the testing strategy will mean that less of the number of people tested will end up in our curve. That's because the data is based on the PCR test performed at the government test centers. And if someone who's tested positive using a rapid test, it won't be counted in our official case count. If someone's staying home with their symptoms because they don't require testing, they also won't appear-- appear in our data. Variations in data are a normal part of surveillance and that's why we use statistics and epidemiology to know the patterns, know the trends, and interpret this real data to track disease trends.

This is something that's particularly important to remember if you live in communities. Even if you see a low or zero case counted in your community, it does not mean that no one has COVID in your community. It just means that if a person in your community has COVID, they're not counted in our data, and perhaps that's not counted yet, or perhaps they won't be counted because of the changes that I have just described. In all likelihood at this time, there are COVID-19 cases in every community in Yukon. That's why choosing to be cautious right now is so important. Something else that's important to think about as we look at this growing peak is the volume of spread here. The Omicron variant is spreading very fast in Yukon right now. That's why it's important for people to assume that they may be exposed to the virus in all sorts of settings and, therefore, continue to take those measures to prevent themselves from contracting it. I can appreciate that the change away from things like testing and case counts that many people have been following very closely, might be concerning for some. But please know it doesn't leave us unequipped. It is not concerning for me. It's a normal



part of the evolution of tracking an infectious disease in public health. COVID-19 has from the outset required us to adapt and respond in real time to the evolving nature of the virus. And we're managing this. Behind the scenes, along with many capable clinicians, epidemiologists, and policymakers we're working tirelessly to adapt and respond to Omicron based on the evidence and the science. We are simply at a point of transition right now, and this is a part of what we do. I'm going to show the second figure now. This is the same curve, however, this one is the whole of 2021. And it goes again to January 10. So what we looked at before was a more of a close up. People are wondering why it is more important now than ever to practice the safe six. If you compare now to January of 2021, it's very clear to see the difference in case counts, the difference in the amount of CO-- people with COVID-19 in our communities, and our towns, and schools, and cities, and homes, and, therefore, why it's so important to practice these measures right now.

Okay, I'll move on now, thank you. I'd like to talk a little bit about some of the things that we're likely to see over time. We're likely to see, over the next week or so, the Omicron peak continued to grow. As a result, we're recommending that anyone who experiences the symptoms of COVID 19, isolate and keep themselves safe and away from others. If they need health care, they should seek health care because of, for example, trouble breathing, or they have a high fever, or perhaps it's something other than COVID-19 and they have severe symptoms. They should continue to do that. We are no longer advising people to visit a test center for confirmatory testing if they're not sick. You can be confident that you have COVID-19 if you have the key symptoms, you don't need a positive test to stay at home. These symptoms are cough, fever, shortness of breath or difficulty breathing, or a loss of taste or smell. If you have any of those symptoms, you can be confident that, in all likelihood, you have COVID-19. Some people have COVID-19 without any of those four symptoms. And if you have two or more other symptoms that are not part of your normal health, please check online to see whether it's still likely to be COVID-19 and for what to do next. If you have symptoms and you'd like to confirm whether you have COVID-19, then you can get an at home rapid antigen test from the government. This is good news. Remember, a rapid

test is good at confirming that you have COVID. If it's positive, you have COVID. It's not very good at confirming that you don't have COVID, especially when we have case counts like we have right now. So you should still isolate if the test is negative and you have symptoms of COVID. Minister McPhee described the rapid antigen test drive thru, which is now at the Takhini Arena in Whitehorse, and every day from 7:30am to 3pm, and was opened on Monday. Tests are currently available only for symptomatic people because there is a limited supply. More information about the distribution of rapid tests is available at Yukon.ca. For people in communities, please continue to work with your health center if you need a test. I'd like to make another important point about rapid tests. As I said, a negative test means you probably don't have COVID-19, but you may, and you may still be transmitting that virus. So even with a negative rapid test, as long as you have symptoms, you should continue to self isolate and follow the instructions in the kit.

I hope that most people understand this, you will have heard the same thing on various other sources of good health information. Let's talk about boosters. So, we've got it covered that Omicron is spreading so quickly in Yukon. And the hard truth is a lot of people in Yukon are going to get COVID. Many of us now know people who've had COVID, many of us have had COVID. Even those people who are fully vaccinated with a booster shot may get it. Having the booster will make a huge difference in lessening the severity of your illness. Whether you develop a severe enough illness to require hospitalization or not, those with a booster will have a much easier go of contracting COVID 19. We know that some people are at high risk for-- of severe illness, for example, elders and seniors, and those with chronic conditions. We also know that those who are not completely vaccinated are at higher risk of severe illness. So, what does that look like? In comparison with an unvaccinated person, those who have had two doses of vaccine have reduced their chance of hospitalization by half. Those who have had three doses of vaccine have reduced their chance of hospitalization by 1/5 compared to those who are vaccinated. The booster is a very important part of this protection because it reminds your immune system of how to respond to COVID-19, and it makes that immune system smarter, stronger, and more capable of ensuring that



your illness is mild. This month, we've opened a lot of time for booster shots so please schedule one right away. Next month, we're shifting our priorities. So we'll focus on that second shot for kids aged 5-12, and the first shot for those in that age group who haven't had a chance yet. This is why it's important to get your booster as soon as possible. I'm going to shift now to holiday travel recommendations. So, before I close, many of you will remember that prior to the holiday season, I introduced travel recommendations, including limited contacts for a three to five day period when you get back into the territory. Now, at this time, Omicron spread is so prevalent in the Yukon, as well as in other places in Canada where people are visiting, that these recommendations are not required. At this point, what people should do is to think carefully about the impacts of your travel and avoid travel where you can. If you do need to travel, it's important to check ahead the public health guidance in the regions you're going to, and to-- to also know that many regions have considerable strain on their-- their essential services such as transportation and health care. When you return and when you're away, but particularly for Yukon when you return, please monitor your symptoms during that period after you've returned. And if you have symptoms, follow the Yukon guidance as I've outlined today. If you're planning to travel, please get your booster shot before you travel. In closing, I really think it's important for us all to acknowledge that it's a difficult time right now as we experienced the spread of COVID 19 like we have never before in Yukon, and the impact it's having on our families, our livelihoods, our schools and workplaces, our community, and our own lives. In order to make this the easiest possible for everybody, please follow the safe six and wear your mask. Please get your booster. During this short period while we're in this wave, it's very important to do the right thing. And when you're sick, please physically isolate yourself from others and stay socially connected. Limits your contacts when you're out and about. It's really up to us now, as individuals, as a community, in our workplaces, in our schools, to keep this Omicron peak as low as we can and get over that mountain and head into the next valley on our epi-curve. We will get through this.

There really is light at the end of the tunnel. It's really important for us now to lean on our resilience as Yukoners, to reach out virtually to friends and family for support, and

all the other supports we have, and keep using our COVID sense.

[Offering thanks in Indigenous languages]

>> Thank you, merci. I'd be happy to take questions.

>> Renee: Thank you, Dr. Elliott, and thank you to Minister McPhee. We'll now move on to the question and answer session with media. Reminder to reporters, please identify which speaker you'd like to answer your question before you start. And please also remember to mute and unmute yourselves. As there are no reporters in the room, we will go to the phone lines. And we will start with Luke at CKRW.

>> Luke: Hi, this first question is probably best for Dr. Elliott. Will the government be eventually collecting rapid test data for the purposes of tracking?

>> I don't really like to speak for what the government will do, but I can tell you what I'd like them to do. I-- we are-- so the first question I would ask is, do we need rapid test data for tracking? Really, with strong hospitalization data, and our outbreak surveillance, and our surveillance through visits to various healthcare settings, we can conduct surveillance that's sufficient to know what's going on in the territory. Also, we have algorithms and statistics to look at our case count and, based on our percent positivity and other parameters, we can estimate what our total case count is. So we don't need that rapid test data in order to follow the curve and do the right thing in terms of our measures and steps as we move forward. At this time, we don't have a plan to-- to gather all of the information about positive people who tested themselves positive with rapid tests. We are continuing to follow people who are in those high risk categories or people who may infect other people in their workplaces because of the nature of their work. Thank you.

>> Renee: Thank you, Luke, do you have a second question?

>> Luke: I do. Last week, I read that there were some infectious disease experts saying that the vaccine uptake in the 5-11 age range is quite low considering how long that vaccine has been available for that age group. I'm just wondering if there's anything

that might be done to encourage more parents to have their children vaccinated if they haven't done that already?

>> So the uptake for the 5-11 age group in Yukon for first dose is 53%, which is a strong uptake. As mentioned, we're focusing right now on boosters. And we have some appointments available for those children right now. And they will open more as we move into February and the booster appointments will decrease. This is strong uptake. It's-- it's as good as we would expect, and it's as good as many places across the country. What I will say is I expect this to increase as the opportunity increases as well in the coming months. And I think many people are now recognizing the impacts of COVID 19, not just on themselves, but on the whole of society and the importance of this vaccination. Thank you.

>> Renee: Thank you. We'll now move to Haley at Yukon News.

>> Haley: Thank you. If you can hear me, my first question would be for Dr. Elliot. I was wondering if you could talk a little bit more about the decision to make rapid tests available for symptomatic people since the test might confirm a diagnosis, but doesn't shorten isolation at all. Was there concerns that those tests might also be-- wanted to be used by people who would like them as a precaution rather than a confirmation?

>> Yeah, I mean, we look at our resources and we put the priority on those who need them the most. So for testing, this is what that means. The PCR testing is for those who are most likely to get sickest or infect people who are vulnerable, congregate living settings, people who work in health care, etc. The rapid tests are available for those with symptoms in order to confirm a diagnosis. I think many of us were hoping that rapid tests would get to the quality where they would be able to tell you that you don't have COVID, and even if you have a cough, you can carry on your business. Rapid tests do not tell us that. If you have a cough, a fever, shortness of breath or difficulty breathing, a loss of taste or smell, you need to isolate and follow those recommendations. So, for those who perhaps thought-- and I've heard people say that it's a "get out of jail free ticket," it really isn't. However, many people want to know,

they want that confirmation, and so that's why we're offering these rapid tests. As availability of rapid tests increases, we will broaden who we can offer them to. And eventually, over the long haul, I expect the government won't offer-- offer rapid tests to the entire population, but there'll be available through the usual means of getting other types of tests like pregnancy tests and-- and other types of tests that people use in their day to day lives. We're not there yet and at this point, we need to really prioritize those resources where they're most needed. Thank you.

>> Renee: Thank you. Haley, do you have a second question?

>> Haley: I do, yeah, thank you. My second question had to do with confirmation tests, and sort of an emerging conversat-- conversation about workers compensation. We saw in Saskatchewan that Workers Compensation Board is requiring a PCR test in order to prove a COVID-19 diagnosis. I was wondering, I think it's a question for Minister McPhee, if there's any conversation in the government right now about how the Yukon Workers Compensation Health and Safety Board will be dealing with COVID-19 diagnosis?

>> Thanks, Haley, thanks for that question. I have not had that conversation with the Yukon Workers Compensation Health and Safety Board yet. I assume there is conversa-- I know there'll be a conversation about that in their offices and determining that. But I think what the important point is that we're trying always in that world, if individuals are being adversely affected by an illness that they-- or-- or an injury that it's obtained in the workplace, to reduce barriers and to make sure that individuals can have their claims properly reviewed and properly assessed. I don't anticipate that, you know-- medical information is always a part of those assessments, and-- and the reduction of barriers will be the priority there. If PCR tests are required for such a thing, obviously, we can make those available to individuals who need them. There's-- there's always an exception-- I think Dr. Elliot says there's an exception to every rule, but I think that's something that I know though there'll be working out with individuals who have such a claim.

>> Renee: Thank you. We'll now move to Maya at CBC Yukon.

>> Maya: Hi, my question is for Minister McPhee and Dr. Elliot. I'm just wondering, why isn't Yukon regularly reporting COVID-19 hospitalizations, and other data like positivity rates online. Dr. Elliot, you said yourself last week that hospitalizations are the important number to focus on right now, seeing as true case counts are being underreported with testing systems overwhelmed. And, you know all provinces and NWT are regularly reporting their COVID-19 hospitalizations online. Why isn't the Yukon making this data public? And will you consider reporting, hospitaliz-- hospitalizations and more data regularly on your website soon?

>> Thanks for the question. Yeah, the decision has already been made to expand the information that's available on the public-- to the public on the website and through a dashboard that will be regularly reporting that kind of information. We're actively working with the IT folks and the E-services teams, Health and Social Services and the Department of Highways and Public Works on a dashboard that will share that that kind of data. We know that people have-- Yukoners have a strong interest in the numbers of hospitalization, and we know that that is the shift that's happening across the country, as Dr. Elliott has described, and are now exploring how we can have that information up as soon as possible to Yukoners so that they can assess that for themselves.

>> I think Minister McPhee covered most of the question. I think the other important point is that I do report hospitalizations weekly, and they've been at one or two. As this changes, and if the information changes quickly, these will become part of our regular news releases as well. Thank you.

>> Renee: Thank you. Maya, do you have a second question?

>> Maya: Yes, and it's for Dr. Elliott. Last week, you suggested that Yukon, if needed, could tap into help from other jurisdictions, health care systems, if ours is overwhelmed. But health care systems across Canada and are already very strained. How can you be sure this-- this is a realistic option? And what happens if other jurisdictions don't have the capacity to help?

>> Thanks for the question, Maya. So last week, I was asked, what will we do if our hospitals get full or over full. And I-- I described the different options that we have, including expanding the hospitalization capacity here in Yukon, bringing in health care-- exploring the possibility of bringing in healthcare workers from other places, and exploring our options for moving patients to other places to get the care they need. These are all the options that we will consider at that time. Plans are in place with Yukon Hospital Corp at this point to-- to accommodate those patients that are coming in now, and that are predicted to come in in the coming days, weeks, and months. And, yes, we are part of a bigger system. So when we make a request to the federal government, they too prioritize how they need to distribute resources around the country. In general, we've had very good support from the federal government for various resources, for example, the rapid tests and getting them there-- here quickly by coordinating with Air North and other partners is a very good example of that. However, resources are limited, absolutely. And what people can do now in order to prevent that eventuality is to practice the safe six, get their booster, keep themselves physically distanced from others and socially connected, and follow the public health measures. And that's why we have to go to such a length with these public health measures that are quite stringent in order-- at this point, is because of the possibility of what is to come. Thank you.

>> Renee: Thank you. We'll now move to Tim at the White Horse Star.

>> Tim: Yes, thank you, can you hear me?

>> Renee: We can, thanks, Tim.

>> Tim: Okay, my first question is-- I want to go a little bit off the COVID topic and back to the drug overdoses. How many deaths have we seen recently? I see there are three and Carcross that has declared the-- or has caused the First Nations government to declare a state of emergency. Do we have any at other parts of the Yukon?

>> It's a-- it's a-- it's a good question, Tim, and thank you for that question. When we have deaths which are related to drug use and drug-- potentially drug toxicity, it takes

some time for the information to come in around the specifics of the-- around the death and also the type of drug, and-- and whether that toxicity may have contributed to death. So we are aware of some work being done on-- on some potential deaths. And I'm aware that people or families have have shared this information. It's really important for us to get our facts right and to announce the deaths when they are confirmed. And - and so at this point, we have one confirmed and a number that are still under investigation around toxicity. If we look to last year, the coroner released numbers from last year which was in the 20s. I believe it was 23 deaths last year from from drug related deaths and opioid related. And that number puts our rate in Yukon higher than any other province or territory. So there's no doubt that this is a serious situation. And it is an ongoing situation and one that we are continuing to partner in order to address

>> I-- I won't add anything other than to say I know that the corner-- I've been advised that the corner is working on a number of matters. And I think we should respect that work and respect the-- the families that are being notified. Or, as Dr. Elliott has said, the circumstances that are currently being investigated. But suffice it to say, it is absolutely critical that the message go out to Yukoners that there are toxic drugs here in the territory. Please don't use alone, please have them tested, please make sure you have Naloxone kits with you and that you-- there are safe places for you to go and-- and either use at the safe consumption site or have your drugs tested at Blood Ties or the Outreach Van. And we're really encouraging people to make sure they're being safe.

>> Renee: Thank you. Tim, do you have a second question?

>> Tim: I do and it's probably an expansion on some of the questions about rapid testing. Are you confident that people aren't going to be hoarding these rapid tests, either for their own use or, in the case of some of our more rabid anti-vaxxers, to prevent other people from using them?

>> I think it's really important for all of us to do the right thing and to think about the population as a whole right now. I have seen that over and-- time and again in crises,

whether it's a wildfire, or a flood, or a wave of the pandemic, that people really take care of each other and reach out. And one of those ways is to share and-- and take the resources that you need, but not more. So for tests, that means for those people who are symptomatic, who want a rapid test kit in order to confirm their diagnosis, those test kits are available. Please don't take more than you need. And we've seen, time and again, that that's what Yukoners do because we know that taking care of every one of us is important for taking care of each of us.

>> Thank you, Dr. Elliott. We have asked Yukoners to-- to come and get the tests that they need and in the event that that somebody else needs to test behind them, if they only take what they need, then there will be something available for others. We do expect more tests to come into the territory. And we'll be working with the Chief Medical Officer of Health's Office to make sure that they're used in priority and available to Yukoners. But there will not be an endless number of those, despite the fact that the Government of Canada has procured 140 million tests. They are being distributed per capita. And I think the message that the Dr. Elliott has brought here is one that Yukoners believe in, which is, take what you need and make sure that there's something available for for your neighbours, for your friends, for the person in line behind you, and-- and I have every confidence that that will be the case.

>> Renee: Thank you. We'll now move to Stacey at CBC.

>> Ceci: Hi there, my name is Ceci.

>> Renee: Oh, sorry, Ceci.

>> Ceci: My first question is to Dr. Elliott. With the announcement that people with symptoms don't need to get tested, how can we know what the situation is in the Yukon if people are no longer being encouraged to get the PCR tests? I can see the arguments for not keeping track or maybe not even getting tested in larger places, but it seems to be [indistinct] that in a place with such a small population will be so quickly to let go of PCR testing and tracking what comes with it.

>> Thank you for the question, Ceci. If I look back in November, when we started to prepare for the Omicron wave and what might be ahead. And then in December as Ontario was hit hard, and Quebec, with the Omicron wave and we were preparing for what was ahead, testing was one of the areas where we knew it was very important to prepare. And that is why we were prepared when we saw that testing was getting very busy. And we knew that we needed to keep testing available for those people who need it most. We have been able to do that. We have not seen people who need testing-- PCR testing turned away from that testing. And that is because many people have chosen to do the right thing if they're sick, to check their symptoms, if it's most likely COVID, to stay home and not seek testing. Some people are concerned, therefore, that we won't be tracking, that we won't know what's happening in the wave. I think what's really important for people to remember is that tracking of communicable diseases has a number of methods, and the other methods we've been using before the pandemic and-- and currently, still exist. So these are things like tracking visits to seek care, tracking hospitalizations, tracking outbreaks, tracking how many people are absent for school from-- due to illness. None of these systems are perfect, however, we look at patterns and trends, and we study-- and I've been doing this for 15 or 20 years, and there are methods and-- both statistical methods and experience, and these contribute to our ability to track this disease over time. We do not need to count every single case in order to track the disease and, except for way back, I am certain that not every person with COVID in-- in Yukon has been diagnosed. So that is a part of, as this disease moves into an endemic disease, that knowing about every single person with a mild illness because they have a booster or they have two doses of vaccine, is not critical to tracking and responding. What is critical is, first of all, that people do the right thing, that they-- that they-- in order to prevent transmission. And also that we have the other systems in place and we continue to monitor them. Thank you.

>> Renee: Thank you. Ceci, sorry about the incorrect name. Do you have a second question?

>> Ceci: No worries, um, and yes, I do have a second question. This one's for either Minister McPhee or Dr. Elliott. You both mentioned the opioid crisis today, that we're seeing in the territory, and I was wondering what is the response to the Carcross and Tagish First Nation declaring a state of emergency? And could you confirm that the three deaths that that we saw in their community is due to opioid overdose doses? Thank you.

>> Well, thank you for the question. I think what we just said in the last response, before your your first question, was that we cannot confirm those, that we're being respectful of the work of the coroner, that we're being respectful of the information that has to come to the Chief Coroner's office and be assessed, as well as information provided to families and loved ones. And so we won't be able to confirm that at the time. I think-- I know that-- that Minister Streicker, who is the MLA for the area you're describing here in the territory, has been in touch with the Chief. I know that he has been in person to-- to Carcross and in touch with members of his constituency with respect to this situation. I don't have-- this isn't the place for an official response to their state of emergency, but we absolutely support their statements and the work that they'll do in their community to keep it safe and to keep their citizens and their community members safe. We have been working with many communities across the territory, with respect to the opioid crisis, that concerns about mental wellness and addictions, alcohol and drug use, and will continue to do so. We support every community that makes a statement as bold as as the Carcross Tagish First Nation has done. And I can say that that's part of the reason that I've spoken about it today and Dr. Elliott has spoken about it today. Because we want the message to be out there to Yukoners in communities all across the territory, that there is a tainted drug supply, that people must be safe, and that our work continues on-- on mental wellness, addictions, drug use, and supporting communities

>> Renee: Thank you. We'll now move to Vincent at Radio Canada.

[Vincent asking question in French]

>> Andre Boussier: So Dr. Elliot, could you please repeat in French why you will not be collecting the results of the rapid testing and how you're going to follow the evolution of the pandemic without it?

[Speaking French]

>> Renee: Thank you. And as the doctor already answered that in English, I won't ask her to repeat it in English. Vincent, une autre question?

[Vincent speaking French]

>> Andre: So given that we're not going to count these-- these tests, how are Yukoners going to justify towards their employer, or for other measures, that they are effectively touched by COVID-19?

>> I can start. I'm not-- I obviously won't do it in French-- maybe that's not obvious, I won't do it in French. But I don't think we have had the requirement throughout COVID of individuals being required to show that they have COVID by virtue of a test or otherwise to have the opportunity to stay home, to be supported through government programs. For instance, in fact, we removed the requirement for doctor's notes to be required for individuals to have additional sick leave or sick leave-- access to their sick leave. So it's a-- it's a matter of shifting the way in which we have been recording the tests of-- or positive tests, and it is a matter of-- of not shifting the way in which we have not been requiring individuals. Perhaps some individual employers require that, but it's not been a practice of government, it's not been anything we've recommended, and in fact, we had-- have measures to make sure that doctor's notes and those kinds of things have not been required throughout so I don't see that that would change.

[Speaking French]

>> Renee: Thank you. We'd like to circle back with reporters. Given the time, we will give you one additional question. Luke, we'll start with you at CKRW.

>> Luke: Uh, no additional questions for me, thank you.

>> Renee: Thank you, Luke. Haley at Yukon news?

>> Haley: Thank you. My one question had to do with the overdose situation, other than COVID. I'm wondering where the information on benzos is coming from, where we've had that confirmed that we're seeing more of those in the supply, and they might be connected to their recent overdoses?

>> I can start, maybe.

>> Sure, go ahead.

>> So there are a number of ways that we determine whether benzos are contaminating the safe drug supply-- the drug supply. One is the drug testing sites, another is the urinalysis that we do at the emergency department and other places around the territory, and another is sometimes we see the toxicity come out of autopsies over time. And all of those methods are used to to detect any contamination of the drug supply. Across Canada, and particularly we've seen in Western Canada and in Yukon, we have a contaminated drug supply. We're putting out this warning today because we want people to be aware and concerned at this time that we're seeing impacts of that. I think people should-- should continue to follow these safe measures, even when we're not saying it in the press because the-- the contamination of the drug supply is cyclical, and it will come back time and again. Thank you.

>> Thank you, Haley. The only thing I'll add is that there's also been warnings issued in northern British Columbia by health authorities there and, in conjunction with their coroner's and RCMP, and they're seeing a similar activity at the moment. And it is critical that the message get out that people need to be safe and how to make themselves safe.

>> Renee: Thank you. We'll now move to Maya at CBC Yukon.

>> Maya: Hi, so in the Yukon, 53% of 5-11 year olds have received one dose of the vaccine based on the recent numbers online. And you mentioned that this is, you know, a good uptake. But, you know, most other age groups are over 80%. Is this, how could

we see this as a good uptake and what is going on?

>> So the pediatric vaccine uptake at this point is 53%. This is good for where we're at in the vaccine program and in the pandemic. Would I like to see it higher-- yes. Would I like to see it at 99-100%-- yes. So it doesn't mean we're there, it means we're making good progress. We shifted our focus to boosters because of the need to protect those people who are most vulnerable from hospitalizations in the midst of an Omicron wave. And we will shift again and-- and-- toward pediatrics, meaning that we always have appointments for both, but it's about how available those appointments are. And we'll do that shift in February when the time is right. And we will see that number go up. I strongly encourage all parents to vaccinate their children in order to protect them, and also to get their own boosters in order to protect their children as well as themselves and their family. Thank you.

>> Renee: Thank you.

>> I just wanted to take the opportunity to repeat that there will be a clinic at the Whitehorse Health Centre here tomorrow for children aged 5-11. And you can call there and get an appointment. We're trying to make every opportunity available for kids. I think Dr. Elliott's answer is-- is full, but I think it's also important to remind ourselves that there has only been a child's vaccine available for little Yukoners since a number of weeks, really, and that there was a big shift, including a full week of vaccines available just here in Whitehorse, just before Christmas so that kids could get vaccinated before the holidays. And now, in February, we'll shift so that they can have their second shot.

>> Renee: Thank you. We'll now move to Tim at the Whitehorse Star.

>> Tim: Yes, hello. My question would be, what do the current numbers show on the percentage of vaccinated people versus on vaccinated coming down with Omicron?

>> Yeah, thanks for this question, Tim. Um, so what we know about the vaccine and Omicron at this point, we know that the vaccine is protective against severe illness and

against death. And it is protective, to some extent, against infection, but nowhere near as good as it was against Delta. In fact, you know, people-- we are seeing people infected with Omic-- Omicron, who have had two doses, and to a lesser extent, those with three doses. We're also seeing that their illnesses are much more mild. We know that compared to someone who's who's unvaccinated that those with two doses cut their chance of severe illness in half, their chance of hospitalization in half, and those who have had that third dose and that extra protection, cut their chance of hospitalization in to 1/5 of-- compared to someone who's not vaccinated. So we are seeing, really-- our typing is showing that all of our cases that are typed are Omicron at this point, including vaccinated and unvaccinated people, and-- and that that protection is what we're seeing against severe illness. I also, Tim, I want to mention something, but this is for all the reporters, it's been brought to my attention that there was a typo in my speaking notes and that the outbreak that we have at this point in long term care is at Copper Ridge Place, and I wanted to make a point of correcting that before-- before we end this. I-- I-- my colleague, Dr. Kovach is leading this particular outbreak response and doing a fantastic job. And she brings things to my attention when it's necessary because there's some complexity or some difference. In this case, there are two residents and the measures are in place. And long term care knows how to respond to these things and we support them to do that. Thank you.

>> Renee: Thank you. We'll now move to Ceci for final question at CBC.

>> Ceci: Yes, thank you. My question is for Dr. Elliott. Are there any recommendations for how long someone who has had COVID should wait before getting vaccinated or boosted? I know some people that have had two vaccines may get COVID so they don't know if they should wait before they get boosted. So is there a timeline recommendation?

>> So if someone has had a vaccine, one or two, and they develop COVID, they need to wait until their symptoms are over and they're no longer infectious. And it's a good idea to wait until they're feeling all better before having their-- their next vaccine. But there really is no need to wait a long time after that infection in order to have-- to have the

vaccine. People who have had two doses need to wait six months before they have a booster. And then if they have-- if they're ill, they need to wait 'til they're feeling better and non-infectious. Thank you.

>> Renee: Thank you. We'll now move to Vincent at Radio Canada, final question.

[Vincent speaking French]

>> Andre: So, Dr. Elliott, could you please repeat in French what you said about the opioid crisis in Carcross and other communities, and what is being done right now on this?

[Speaking French]

>> Renee: Thank you. All right, well, that concludes our COVID-19 update today. We will see you again for another update next week. Thank you again to our speakers, and to the media, and everyone who joined us live over Facebook. Have a wonderful Wednesday and stay safe, everyone.