

COVID-19 Facebook live update: Thursday, January 27, 2022

>> Oshea Jephson: Good morning, everyone. I'm Oshea Jephson with the Executive Council Office and the moderator for today's COVID-19 update for Thursday, January 27th. Today we're joined by the Yukon's acting Chief Medical Officer of Health Doctor Catherine Elliott, and Yukon pediatrician and President of the Canadian Medical Association Doctor Katharine Smart. Closed captioning is provided by National Closed Captioning and thank you to Mary Tiessen for providing our ASL interpretation today.

Following the remarks from our speakers we'll go to the media on the phone lines for round of questions, and we'll call you by name. Before we begin, I'd like to verify that everyone can hear us. If any of the reporters are having any problems, please email ecoinfo@yukon.ca. I'll now pass it on to Doctor Elliott.

>> Doctor Elliott: Thank you so much. Good morning. It's a pleasure to be speaking here on the Traditional Territory of the Kwanlin Dün First Nation and the Ta'an Kwächän Council on this beautiful day, here in Yukon. And I'm very pleased to be joined by Doctor Katharine Smart, who's a long-time colleague of mine and a very knowledgeable and experienced pediatrician as well as the head of the Canadian Medical Association.

I also wanted to acknowledge some of the sad news that we've had as a nation over the past couple of days and that's the finding of what looks to be nearly 100 new children in Williams Lake who didn't make their way home from residential school. And I want to acknowledge the loss that we have in our country because of the loss of these children. My hearts go out to all those people suffering due to this and I hope you reach out for help when you need it.

I'll start by talking about what's happening with COVID-19 around the territory today. Today there's one person in hospital with COVID-19. We have 32 new confirmed Yukon residents who have COVID-19, and the previous seven-day average of new

cases is 34. There are 209 active cases and 3,038 total confirmed Yukon residents have contracted COVID since the beginning of the pandemic, with 2,852 of those recovered since the beginning of the pandemic. We've already lost 16 people due to COVID-19 since the pandemic touched our shores two years ago. And 120 people had been hospitalized among Yukon residents since the beginning of the pandemic. The per cent positivity for the three-day average is currently 38 per cent. I also want to know that Copper Ridge Place and Whistle Bend Place are two long-term care homes where we have outbreak protocols active at this time. And I can speak more about this during the question and answer.

Today's a very exciting day across Canada, it's National Kids and Vaccines Day. And this year, of course, the focus is on COVID-19 vaccines. We are so lucky in this country to be able to have access to government-covered and safe vaccines for this disease that has swept the globe. And I know Doctor Smart will tell us a lot about this exciting initiative and what's going on today. So, I'll keep my remarks brief, and I'll focus on the National Advisory Committee on Immunization [NACI] and their recent recommendations. I was very pleased when NACI released its most recent report on COVID-19 vaccinations for children aged five to 11. As we know, they had released a report in the past, which recommended that children may get a vaccine for COVID 19, given the safety profiles that they'd seen in the trials, and the safety profiles in adults, as well as the effectiveness of the vaccine at preventing disease and severe illness. And based on the recent findings with many more millions of children who have received this vaccine, NACI has now strengthen their recommendations. They are now recommending that children should receive a vaccine. And that one little word means a lot in the scientific community. It speaks to the safety of this vaccine and its effectiveness. And it is a great move ahead to know that we have such a wonderful vaccine. I also want to add that NACI now recommends a third dose of the Pfizer vaccine for children in this age group who are moderately to severely immunocompromised.

And if you think that you have a child or you are somebody who might fall into that category, please reach out to the to – go online to see the category or reach out to your health care provider to help you determine whether you are in that category.

For children eligible for that third dose, the recommended interval is four to eight weeks after the second vaccine. At this time, a booster is not recommended for the average child in this cohort and I know although our children haven't reached that four to eight weeks after their second vaccine, I think it's good to plan ahead and know what's coming. There are, however, of course many 12- to-17-year-olds in the territory who have reached their six months of their second vaccine and many parents are wondering whether that vaccine will be made available. I know that NACI is studying the issue right now and looking at it and I expect some recommendations in the near future, looking at how best to use a booster dose in these youth and whether it is necessary at this time.

We must remember that children are at very low risk for severe outcomes for COVID-19. And even that is true with the Omicron variant. Nonetheless, many of us have been touched by having children in our lives who have become infected. And because of the spread that we're experiencing right now, in Yukon. There have not been any children who have been hospitalized in Yukon for the Omicron variant. And one might wonder, well, why is this important here? Well, if we look across the country with the number of children who are infected, more children are being hospitalized, and requiring care, and more children have died in this Omicron wave than any previous wave. I hope that doesn't happen here, but this is one – I want you to know that this is one way to protect our children.

The other thing is that many children have loved ones around them, and those loved ones are in those categories of people who are more at risk of severe disease. And this is another reason why children should be vaccinated. When updating the recommendations, NACI review the available evidence on the Omicron variant new and

reassuring real world data on the use of the Pfizer vaccine and children and the current evidence on the use of mRNAs in those who are immunocompromised. I know Doctor Smart will speak more to this so I will leave my remarks on that here.

I do encourage Yukoners to check out the summary themselves at canada.ca/public-help. The bottom line is that COVID-19 vaccines approved in Canada are safe and effective, and they save lives. The greater the number of Yukoners who are fully vaccinated, the less chance there is of Yukoners becoming infected, developing severe illness and requiring hospitalization. Our health care team has now coordinated and delivered over 90,000 vaccines here in the territory. That is a huge milestone. And we need to keep going.

If you need information on vaccine safety, please reach out. You may call your health care centre, or you might – you could look online at Yukon.ca. We're so pleased that about 55 per cent of Yukon's children aged five to 11 have received the first dose. If you want to be in that in that group, you can book an appointment for children online at yukon.ca/this-is-our-shot. For those people in Whitehorse who would prefer to phone you can call 1-877-374-0425. There is also a list of clinics available online if you don't see any – if you don't see a clinic time listed in your community be sure – rest assured that these will be held in the in the coming weeks. Residents in rural communities can also book an appointment by calling the local health care centre.

This is a very flexible and responsive vaccine program that will help you get the appointment that you need. Let's get our vax rates up here in Yukon so we can protect the whole family and by protecting our little ones, let's help keep our Elders, seniors, communities, and those who are unvaccinated safe. Before I turn to Doctor Smart I wanted to remind everyone about at home rapid testing availability. These tests are being made available to staff and students at schools and early learning programs throughout Yukon.

For people in Whitehorse, you should know that there are two ways to get a test. If you're – have a family member who's part of a school early learning program that program will provide information directly to parents and caregivers about when and how to pick up a test.

For those people who are experiencing symptoms who are in Whitehorse, you can pick up a rapid test kit from the drive-thru distribution available at the Takhini Arena, Monday to Friday, from 7:30am to 3pm.

In the communities, you can visit Yukon.ca for a list of the places and times to pick up the at home rapid test. These tests should be used when you're symptomatic and are not meant for asymptomatic testing. We do ask that you pick them up when you don't have symptoms, or someone who doesn't have symptoms picks them up, or you follow the safety protocols when you go to pick up your test.

In closing, thank you again for all Yukoners for toughing it through these current situations. We remain in the middle of this wave and I know it's already been a long haul, it's been a long haul for all of us, we have a little ways to go. However, the days continue to get long – longer. And, as we make these sacrifices, change our ways, in order to keep our communities safe, I'm really very grateful. As I look around the world and around our country, I realized that this is one of the hardest waves that we here in Yukon have had so far. And also, that we did not suffer many of the early waves of the pandemic. And so, we're not as used to this as many other parts of Canada. I really do hope we can downgrade our stringent public health measures in the coming month or two. However, in the meantime, please continue to do your part for Yukon's Elders, for seniors, for little ones, and to keep our community safe.

I'll now turn it over to Doctor Smart, who will speak more about the safety and about children's vaccine day. Shàw níthän, Gunalchîsh, Màhsi' cho, and thank you, merci.

>> Doctor Smart: Thanks, Doctor Elliott, and I'm very pleased to be back today to speak to Yukoners about vaccinations and children which is, of course, for me as one of your local pediatricians a very important topic, something I feel very strongly about. And I want to make sure that you have the best information to make decisions for your children and your family. I just want to start by saying, you know, I fully recognize how challenging this time has been for parents. And there's a lot of uncertainty. I know people have been concerned about going back to school, people have been concerned about their children's safety. And so many things are changing so rapidly with COVID. And particularly with this wave of Omicron that has been very, very stressful.

As a parent myself, I think, you know, so often what we're thinking about is how do I make the best health decisions for my children? And how do I make sure that they're safe. And that's why I wanted to speak to you today on National Kids' Vaccine Day about what you can do in terms of the COVID vaccine for your children. So, what we know right now is over eight million doses of the COVID vaccine have been given in North America to children five to 11. And they have been both extremely safe with very few adverse events and also very effective. We're seeing almost a total elimination of hospitalization in children that have been vaccinated. So, I think this is very encouraging news.

I think most parents, their main concern is the vaccine safe? And I think we can clearly say that it is. And also, is it effective?, and it's very much showing through this Omicron wave that it is very effective in preventing hospitalizations and severe illness. As Doctor Elliott said, we're very fortunate that COVID in children remains usually not a severe disease, most children do well. However, some children do end up requiring hospitalization. And in even more rare cases, children can be critically ill. And of course, those are the outcomes that we're wanting to prevent. And vaccination does that. Why would we want to be taking that risk when we have a safe and effective alternative?

And I think that's really the message that we want parents to hear. Right now, across the country COVID is one of the leading reasons children are being hospitalized with viral illnesses. And this is typical. In the winter, we usually see an uptick in children requiring hospitalization for the many viral illnesses that we're much more used to. Right now, the main virus that we're seeing causing children to need the hospital is COVID and what's great right now for us is we do have a vaccine. Many of the other viruses that we see, typically in the winter, we don't have a vaccine for so from my perspective, as a pediatrician, it's very encouraging that we can have that protection for children five and up.

We know that in – you know, a lot of parents, I think are wondering, well, how at risk is my child? We know about two thirds of the children who end up needing hospitalization, do you have other medical conditions that make them more vulnerable to COVID? But it's also quite clear from the data that about one third of children requiring hospitalization do not have underlying medical conditions. So, I think really the message is we can't predict which child might be that rare child to have that severe outcome, and again, we can reduce that risk significantly through choosing vaccines.

I think the other really good news that we're learning about this vaccine is how effective it is at preventing some of the post-COVID complications. So, some of you may have heard of something called multi-inflammatory systems condition, which is really sort of your body having this inflammatory reaction to COVID and it's causing children to be sick several weeks after having had COVID even if their disease was asymptomatic or very mild. The conditions called MIS-C can be quite serious and it impacts about one in 3,500 children who contract COVID. The vaccines are also very effective at preventing that outcome showing over 90 per cent efficacy in preventing that, so that in my view is just another reason to choose vaccination.

We're also seeing emerging literature around the effectiveness of vaccines in terms of preventing long-COVID. We don't have a lot of data yet in children; we are seeing this in adults. And I suspect that we'll see some benefit there as well. So, in my view, again, another positive. As Doctor Elliott touched on this week, we've seen the National Advisory Committee on Immunization upgrade the recommendation around vaccines for children five to 11, from may give the vaccine to should. And as I think she well described, that small change is actually very significant. What it signals is that the benefit is clear that the vaccination is much safer than not being vaccinated and that the evidence in terms of safety and of effectiveness allow us to feel confident in making a strong recommendation that this should be a routine child vaccination at this point in time.

So, I think, you know, what I really want people to understand is that the science I think right now is very clear; these vaccines are safe, they're effective. Most children, if they have any side effect at all, it's soreness at the site of injection or some fever, both of which can be managed with over-the-counter medications like Tylenol and Advil. Some children will have a bit of fatigue, but your child will then have long standing protection against COVID. And right now, with just how contagious Omicron is, we know most of us are going to at some point be exposed to it and we want to have taken those steps to make sure that our families and our children are protected.

Some parents may also be a bit concerned about anxiety their child may have around receiving the vaccine. And that's a real concern and I think sometimes that can be a barrier for wanting to have your child vaccinated. So, I wanted to share a few strategies that I think would be helpful for that. There is a medication called Emla, E-M-L-A, and it's a topical numbing cream that you can buy over the counter at any local pharmacy, and you can put it on your child's arm just here over the deltoid muscle where they'll receive the vaccine about 45 to 60 minutes before their vaccine appointment. And that will numb the skin so that they don't feel the needle.

And that can really help for children that have that fear of the feeling of the prick itself. The other thing that can be really helpful is to work with your child around what to expect. Children generally do better when they're empowered to make choices that are theirs to make. So around being vaccinated, you can talk to your child about what they want it to look like, you know, what things do they want to bring to maybe distract them from what's going on? Maybe that's an iPad with some music to play or a video on YouTube, maybe it's a special stuffed animal. That way they're able to set up an environment where they feel safe and comfortable.

The days at the vaccine clinic where they're immunizing children, they've created a child, friendly environment to try to make kids feel comfortable as well. So, I think you'll find that when you go to the centre. The other thing that can be helpful is planning a celebration after to reward your child for having made such an important choice for their own safety and the safety of their family. And that can be something as simple as a fun activity or maybe it's picking up an ice cream cone or something else your child would like. So often when we frame it positively, show our children that we believe in them, we know they can do it, our children generally can be very successful and learn that they can do hard things and take that sense of pride.

Tonight, as part of Children's Vaccine Day myself, two other pediatricians, one from Vancouver, one from Ottawa, and an expert in managing needle fear and anxiety from Nova Scotia will be doing a panel discussion to answer any other questions you might have about the vaccine that will be taking place at 6 p.m. Yukon time. And if you're interested, you can go to the website, www.scienceupfirst.com and register for the event. We're going to go into any questions that you may have. We've got a long list of questions that people have supplied ahead of time. And I think you'll find that any hesitancy you might have or questions that might remain will be answered there, so I certainly invite you to join. Thank you and happy to take any questions.

>> Oshea: Thank you Doctor Elliott and Doctor Smart. We'll now move on to the question-and-answer session. A reminder to reporters, just remember to mute and unmute yourselves and if you could just let us know who your question is directed to. We'll start with Luke from CKRW.

>> Luke: Hi.

This first question is for Doctor Elliott.

I know you mentioned you talked about this a little bit earlier, but I wonder if you could update us on the situations regarding Copper Ridge Place and Whistle Bend Place?

>> Doctor Elliott: Thank you, Luke.

Of course, many of us are concerned about the outbreaks that are happening at this point in Copper Ridge Place and Whistle Bend Place.

Long term care facilities – can you hear me okay?

>> Oshea: Yep, we can hear you.

>> Doctor Elliott: Yes. Okay. Good. So, it's natural to be concerned when we have people in long-term care facilities who have contracted COVID. And this is because many of these people are older and have other risk factors for severe illness. On the – on the good side, we've had many months, in fact, a couple of years now, to prepare for the scale of outbreaks we're seeing right now. And in this Omicron wave across the country, the outbreaks in long-term care are more than they've ever been in the past. I also am reassured that 94 per cent of our residents of long-term care have had two doses of vaccine and 79 per cent have chosen to have their boosters. This is all very reassuring information. We do have protocols in place at the long-term care facilities and we have at this time, nine residents in Whistle Bend who are infected and three in in Copper Ridge Place. And we are monitoring them very closely, making sure they have any medical attention that's necessary.

And also, that we are limiting the spread as much as we can at this time. Thank you.

>> Oshea: Luke, do you have a follow up?

>> Luke: No, just the one question for me. Thank you.

>> Oshea: Thank you. We'll go to Haley Ritchie, Yukon News.

>> Haley: Thank you.

I think my question would be for either of the doctors today. I guess, with the childhood vaccination rates being around 55 per cent, you know, we're pretty comfortable as far as the rest of Canada goes, we're on track. But obviously, it's a lot lower than the adult vaccination rate. I'm wondering if you could talk a bit about why we think that – is that vaccine hesitancy, is it just hasn't been available long, like why are we seeing it pretty consistent around 55, 53 per cent after the last few weeks?

>> Doctor Smart: I can talk about that. So, great question. And again, I think really highlights the importance of today and making sure that we're getting good information out to parents about this vaccine for children. Before the vaccine was approved, there was actually quite a lot of polling that was done asking parents about their intentions regarding vaccinating their children in this age group. And what we're seeing now is actually what we were hearing before the vaccine was even rolled out.

There was about 50 per cent of people who were really keen right out of the gate, were certain they wanted their child vaccinated and then there was a large group of parents who I think fell into the category of wanting to wait and see. And most of those – those parents expressed that they were just concerned, and their two main concerns were, is this vaccine really necessary and is it safe? And I think what we know, for any of us who are parents that it's often much easier to make decisions about ourselves and our children, because we just worry more about doing the right thing when it comes to our children's health.

So even though many of those parents are themselves vaccinated, they just felt a little bit more uncertain when it came to their children. And that's why I think the timing of today is so important because we have so much more information about this vaccine now than we did even two months ago, you know, we were very confident it would be safe and effective then, but now we have had over eight million children immunized. And it's very clear the vaccine's incredibly safe and very effective.

But what's also clear is with this Omicron wave, it's getting harder and harder for people to avoid exposures to COVID-19. This variant is highly contagious, it's – as we all know, it's spreading rapidly across the country. So, the reality is most of us are going to be exposed and developed some immunity, whether its immunity through vaccination or immunity through exposure to the virus. And you know, I think my lens always as a pediatrician is about prevention. What things can we do? What decisions can we make as parents that allow us to prevent danger to our children? And I think we can be really confident today to know that this vaccine offers that safe and effective protection against those potentially rare outcomes from COVID and COVID's not going anywhere, it's going to be with us likely for a long time. And having your child vaccinated now allows you that protection and allows us to avoid some of those serious complications, being hospitalized, the inflammatory condition, potentially long-COVID.

So, I think we can feel just that heightened sense that we know even more than we knew before, that this is safe and effective, and I hope that that message gets through to parents and that we can see that number increase. It's going to allow our kids to get their lives back, to be able to go back to normal and not I think as-- for all of us as parents also a hugely important issue, is how do we let kids be kids again, and vaccination is one of the steps in that direction.

>> Oshea: Thank you Doctor Smart. Haley, do you have a follow up?

>> Haley: I do, Yeah, I had a second question for Doctor Elliott. I was looking at the Yukon Hospitals' webpage that's linked from the COVID case count data page. And right now, it has inpatient bed availability for Whitehorse as red. So, space extremely limited, still space in the ICU. I'm wondering, is that red kind of status normal? Is that related at all to COVID-19? I just want to know if that's sort of a valuable page to be watching, as we see Omicron cases continue to rise.

>> Doctor Elliott: Yeah, I mean, there's a lot of things – there's actually two pieces to the answer to this question. So, it's great that Yukon Hospital Corps is now putting its status up and I think that's very useful for all of us. And there are many reasons that a hospital can be in the red in terms of bed status. Our hospital is a very busy hospital, and it's always very busy. It's not always in the red, but it's a very busy hospital. At this time also, with two years of the pandemic, some people have been waiting to go to hospital, in order to wait until they felt it was safer time. And sometimes we're seeing people who are presenting at hospital late in their condition, whether that's a heart condition, or, you know, sometimes a late diagnosis of cancer, and other illness. And in some of that is also putting pressure on the healthcare system.

And I really encourage people, even in the Omicron wave to go to the hospital, if you need that acute care, if you need help, whether it's for COVID-19, or for any other illness. I think it's very important to seek care when you have a serious condition. Of course, at this time, it's a good idea to not go to the hospital if you have something that can be treated in other ways through a primary health care provider or another clinic or a community health centre.

At this point, the hospital status is not in red due to COVID-19. But there are – there are a number of reasons such as the ones I've expressed, as well as the fact that healthcare workers are tired. And many of them, of course, are contracting COVID-19 at this time, or isolating due to due to having family members or chara – having somebody who they're caring for or themselves being exposed.

This is not, as you can see, with one patient in the hospital, this is not a reflection of the hospital, this is actually reflection of the spread of COVID 19 in our community and how it impacts our health care workforce. When we have significant spreads, such as we have now every workforce is has been impacted. Many working people have seen this in their own workplaces and health care workers are not immune from this, from being affected. And so luckily, most of our health care workers in fact, in the hospital, they're all vaccinated and so therefore their illness will be mild. And so that's very reassuring.

However, people are also wondering what should we be watching now that the case counts are different. And there are many things to watch. I think what's really important is to like to, to listen to the updates and really get a sense of where we are in the wave. Very early, when we started talking about Omicron, we anticipated that it would grow. We had that period where it had a rapid acceleration. And then we also had, we're now in the middle of the Omicron wave and we're sitting right in the middle. And you can see that because the case count is very consistent, the per cent positivity is very consistent. We see a consistent number of outbreaks at this time. And these are all some things that people if they want to have a sense of what the risk might be at this point is. This means that as Doctor Smart has said, many people will be exposed to COVID-19, including children. And it's really going to be very hard over a child's lifetime to avoid getting – being exposed. And this is why the vaccine is just so important right now. Thank you.

>> Oshea: Thank you.

We'll now go to Tim, Whitehorse star.

>> Tim: Yes, good morning. I think my first question is for Doctor Elliott, but Doctor Smart can chip in as well. Just wondering about – I know you quoted that the national officials are recommending the vaccines to children in this age range. but how great is that consensus? It was perhaps two weeks ago that the Ontario Chief Medical Officer

of Health expressed some reservations and a lack of enthusiasm for prompting the vaccines, the way that's being done here. So just how good is that scientific consensus at the moment?

>> Doctor Elliott: The scientific consensus about the safety of the vaccine is excellent. This is a safe and effective vaccine and it's been chosen to – it's been shown time and again to be to be effective at preventing severe illness, long term effects of COVID and also transmission. So, this is really a important thing for people to know, I think in science, you know, we always like to question, and I think it's important that we question the evidence. So, you'll hear me sometimes in media, saying, Well, this is where we are now and there's some uncertainty about this and now there's more certainty and now there's even more. When NACI makes a recommendation from should, from – sorry, from may to should, that's a significant step, indicating that these millions of children who have been vaccinated, the safety profile of this vaccine is excellent. There's very strong scientific consensus that this vaccine is very effective and safe and is the best choice to keep children healthy.

Thank you.

>> Oshea: Tim, do you have a follow up?

>> Tim: Yes, I do. I was just wondering if any figures are available, as to how many children have been hospitalized in the Yukon, especially during the Omicron wave? Or is that something you'd have to look up?

>> Doctor Elliott: We have not had any children admitted to hospital during the Omicron wave. To my knowledge at this point, if, if that's different, I will, I will correct myself and I'll make sure that you get that information, Tim. There's no children in a hospital right now and there hasn't been for a few weeks, definitely. We have had many children's seen in the emergency department because when children are short of breath, have a prolonged fever, or they're otherwise very unwell, it's important to get

them assessed. And I think that's a good sign, if parents are taking their children to the emergency department to be assessed when they're very ill. If we look across the country, there are many children hospitalized at this point. And, and I'm not sure, Doctor Smart, if you want to add to that, at all. Thank you.

>> Doctor Smart: Sure. Yes, I definitely can. Um, I think a few things. You know, as Doctor Elliott said, we're seeing a few things with children across Canada, absolutely increase visits to emergency departments. What's been different with Omicron is it's acting more like an upper respiratory virus in children in some ways than previous waves. So, a lot of children are actually presenting with croup, which I'm sure most parents have experienced at some point in time, the hoarse voice, barking cough, and that is something that is very uncommon to need to be hospitalized for, although it can be severe. But it's very distressing for children to have croup. And it's very, very scary for parents. So that's been one of the things that's been common.

There's more children hospitalized now with COVID, across Canada than we've seen throughout the pandemic and that's partly just because the numbers are so much higher because this variant is so contagious. When you look at our statistics throughout the pandemic, about 0.3 per cent of children who have gotten COVID have ended up in hospital. So, it is a rare outcome. But again, I think the message that's important for parents is it's uncommon for children to get seriously ill, really, from any infection. And those are the outcomes that are still worth preventing when we have a safe alternative.

You know, I think of it a little bit like wearing my seatbelt, right? You know, I've got two children 11 and 13. They've worn their seatbelt every day, they've been in a car with me, we've never been in a car accident as a family. But I take that precaution because I don't know what might happen next. And I think when we think about prevention in pediatrics, it's really that same lens. That's the reason for routine childhood immunizations and that's the reason for this COVID-19 vaccine. It's safe, it's effective, and it prevents those rare outcomes that can be avoidable. So, I think that's really the

important message and again, we just know that with Omicron and so many more people being exposed it just increases that likelihood of your child being infected and then there's always that chance that they could either feel really awful which isn't fun in and of itself or potentially need the hospital.

>> Oshea: Thanks, Tim. We'll now go to Claudiane, Radio Canada.

>> Claudiane: Oui, merci.

[Speaking French].

>> André: So, the question is for Doctor Elliott. At this point, there seems to be a dichotomy between two possibilities. On one side, you want to increase vaccination with children. But at the same time, it's very difficult to get appointments. And then in daycare, there seems to be another approach to the whole vaccination question. So how are you going to reconcile these two positions? And what is actually the goal that is aimed for at this point from your office?

>> Doctor Elliott: Thank you for the question Claudiane.

[Speaking French].

>> Doctor Elliott: I think I'll answer it in English first and then French, because this is going to be a question that a lot of parents are going to be wondering. Parents are sometimes wondering why we're promoting the vaccination, but when they log on, there might be five or six different appointment times on a day and maybe it's, you know, sometime this week. So, you know, it doesn't seem to many people that there's many appointments available.

I want you to understand a little bit about how we work here in Yukon with vaccines appointments, because it is a little different than how they work in a larger jurisdiction. We have had already an opportunity for every child to have a vaccination who wants

one and we will continue to have that throughout this pandemic and for as long as I can affect that.

So, when you log on, and you see a certain number of appointments, the first thing to know is that that is not a single appointment, that is a large number of appointments around that time that you book. And so, you know, say there's a 9 a.m. That's 10, or 20, appointments at 9 a.m. So, this is the first thing to know. The second to know is that our vaccine program is very responsive.

So right now, we have two goals that we're meeting. One is to help people get a chance to get their booster appointment. And the other is to get their pediatric vaccine appointment. Every day or two, our vaccine staff look at that demand and they alter the appointments in order to meet the demand that that is there. So, and this is for in Whitehorse, and I'll speak to communities in a minute. So please don't be afraid that if you don't see a large number of appointments, that there aren't appointments. Of course, there are appointments. Of course we want every child vaccinated. And we'll make special arrangements as Doctor Smart spoke to around different things that children need to help them feel comfortable. And we will work with you if you have a child with a severe needle phobia, or who's uncomfortable getting vaccinated or anywhere in between.

This is our goal to keep children so healthy and safe. So that's for you, for Whitehorse. For the communities we are offering clinics and communities at set times. In addition, the nursing community health centres are communicating regularly with the vaccine team and ensuring that they have appropriate access to vaccines. Sometimes that means that there's a number of children who would like a vaccine and they offer a clinic. Sometimes it means making other arrangements to ensure that children are able to access those vaccines. These are the ways we can work in Yukon; I call it you know, really responsive public health. And I've never seen anything like it in the many jurisdictions that I've worked in in the past.

The second is people wondering what the goal is, in particular, with the changing the way we've approached, we're approaching schools now, with the changing ways we're doing our investigations in schools, we're moving to that routine surveillance model that is really long-standing public health science here, here in Yukon and across Canada and around the world. And this is monitoring signals of disease. We're looking at whether children are absent from school, we are looking at, if they're absent, what type of illness are we seeing, because it could be COVID-19. It could also be another illness that's infectious and that we need to help schools and people manage.

Maybe there's a treatment. Some of our illnesses that we see, there are treatments for that we need to reach out to people and ensure that they have that opportunity to get the treatment if they need it. So, this surveillance system that we're using in schools, and in day and early learning child centres, is a tried and tested surveillance tool that we're using. We've also now been able to offer rapid test so families will be able to access a rapid test when they don't have symptoms in order to keep it at home so that they can do that test if they do have symptoms. Of course, if it's a positive, that's COVID-19. If it's a negative it means the virus was not detected. It still may be present in the child's body and they need – you need to follow that public health advice about isolation and protecting those around you.

Our goal is to keep children as healthy as possible. Keeping schools open and early learning child centres open has been shown to be the best thing for children's mental and physical health throughout the pandemic. And this is Yukon is leading the way in keeping these important health – these important communities going and healthy and really work to support the Department of Education and parents and kids – parent council, school councils in order to really go through this time. I know it's been hard. I'm a parent myself, I can tell you that you know, it's, it's hard for children to move from remote learning into in-person learning but I can also tell you that from my own experience and also from the very vast now scientific literature, that in person learning is the healthiest and best thing for children. Thank you.

Now, I think Claudiane, you would like the answer in French, and I will, I'll keep it a little shorter in French, but I will still answer your question.

[Speaking French].

>> Oshea: We'll now move to Jim Butler, Whitehorse Star.

>> Jim: Yes, good morning. Doctor Elliott. We were wondering with parents not having to report positive tests to schools how would you counsel education professionals who are anxious about not knowing the precise number of infections presence in the school environment?

>> Doctor Elliott: Thank you so much for that question. I think many people have been following the number of exposure notices the number of children that they know about in the class or staff members who might be ill. And using this to help them judge whether there's COVID-19, potentially in a school or in a community or in the learning environment or not, I think we're in the middle of a wave like now with the amount of transmission that we're seeing, the potential for exposure is there in in many, many settings, including schools. And this is why we have all the measures in place in order to protect children and staff. I think it's important to know that, you know, that's why we ask children to wash their hands, to wear their masks at all times, even when sitting at their desks, to take them off for eating, wash their hands, eat, wash their hands, put it back on and wash their hands, and that's because these are the types of things that keep people safe.

We know that children need that contact, that in person learning and so these measures are the ways that we mitigate that harm; we cannot get it down to zero. And that's why it's important to think about your family your circumstance, if you have a child, for example, who has particular susceptibility to severe disease because of severe immunocompromise or moderate immunocompromise, that's the time to be extra cautious. And you can work with your school to talk about what that looks like.

And if for your family, it's not a comfortable place and you feel that virtual learning is the best way for your family, this is an option. However, we know that all children benefit from in person learning and we can see that. We have opened the schools and we have done this throughout this wave, and we've seen the benefits and children. We've all had to shift and pivot we've had to move online for a day or two, sometimes a week or two. And then we have to shift back into the classroom. This is not a normal school year for anybody. However, it is the best learning that we can provide in this time. Thank you.

>> Oshea: Jim, do you have a follow up?

>> Jim: Yes, in a slightly different topic. I'm wondering what information or assurances either doctor can provide to Yukoners about the Omicron subvariant that is now showing up in Alberta?

>> Doctor Elliott: Yeah, so we know that viruses change, and this COVID-19 virus has changed time and again, throughout this pandemic. Some people will recall early in December we were talking about the Omicron variant that was recognized in late November and it was recognized as a variant of concern at that time by the WHO and we started talking about it. And then, you know, I announced the first time that we had a case here. And then I announced, we have community transmission of Omicron here, and now we're living with community transmission. Very early, I would – I let you know that we thought perhaps it was less, the Omicron variant was less severe. However, we weren't sure. Later, I was able to say, we've got good evidence now that this is a less severe, severe variant. Similarly, we could tell that pretty early that it was very transmissible. Again, we weren't sure about the vaccine. Would the vaccine be effective?

Now we know that the vaccine is effective against infection about 50 per cent of the time, and it's highly effective against hospitalization and severe outcomes. And now we

have a new some variant of the – of the same strain of the Omicron and we're learning about this variant every day. It has been recognized in Canada, there's 50 odd cases, the last update I had, and this, this is something we're going to watch and learn about. We know what I can say that this tells us is that COVID-19 will be with us for a very long time. It will morph, it will change. And we also have seen time and again that that vaccines continue to protect and with each wave that the vaccines still work, they prevent that hospitalization, they prevent that severe outcome and they prevent transmission 50 per cent of the time.

So, this is what we – this is what we do in communicable disease, we watch for new variants. We study them, we learn about them, we use the science and we use that science, then to translate into what should we do here. We have seen time and again the vaccine is the safest and most important tool that we have in this – combating this pandemic. The vaccine is what the most – one of the things that I'm watching. When I'm thinking, can we take measures off, I look at the immunity in the population, how many people have been vaccinated, because that will give us a sense of our population risk of people going to hospital or needing that extra care. And, and these are some of the things that we, you know, we learn as we go through. I want to, you know, again, put a shout out to National Kids' Vaccine Day, I think it's a very important day. And I also want to let you know that this is normal for variants, new variants to arise, sometimes nothing comes of it, sometimes it becomes the dominant variant. We shall see as we go together through this pandemic. Thank you.

>> Oshea: We'll now go to Chris MacIntyre, CBC.

>> Chris: Good morning. So, my question is regarding the reporting the results. So, there'll be about 11,000 tests being sent to communities across the territory, yet parents are still not required to report any of the results. So how can we possibly know accurate numbers if positive rapid tests aren't being included in the daily case count?

>> Doctor Elliott: So, what can we follow – how can we know accurate numbers if rapid tests aren't being included in their in the daily case count? This is a, this is – this is a great opportunity to talk a bit about surveillance. So, I'll give you an example. It's not the same disease, but it gives you a bit of a sense. We have been through many seasons of influenza. Influenza vaccine preventable disease, like COVID-19, and it's one that affects certain populations more severely pregnant women, older people, people with lung and heart conditions. We certainly never count every case of influenza; we don't test every person with an influenza like illness. And we don't follow the case counts.

We do use surveillance. We're now using this tried and tested tool for COVID-19. COVID-19 is not influenza, it is different and we are doing some things differently. We are using some further tools as well as we roll out vaccines etc. We're offering rapid tests and we're offering other tools for children and people to know whether to return to school or work etc. We no longer do follow every case and we – those case counts therefore, are not a census. They don't count every person. However, the criteria for who requires a test is consistent.

And if you look at the test, the number of people testing positive it's actually been incredibly consistent. I'm very proud of Yukoners for making this shift in such a consistent way. Because we – this – the steadiness of those case counts is important. Of course, time and again, I said I'm looking at hospitalizations and I will continue to look at that. We're looking at absentee from schools. We're looking at absentee from work. We're looking also at emergency department visits. We're doing all of these things in order to follow the disease in the population using surveillance, which is a tried and tested tool. I think that that covers it.

I know it's uncomfortable for many people not to know the case numbers. However, when we're in the middle of the wave, I think we do need to rest assured that the measures we have do protect us from transmission because they're – we will all be exposed. We will all be in an environment with somebody who's infectious with

COVID-19 and whether we're exposed or not, has to do with whether we follow the rules and keep our distance. We wash our hands, we wear our mask and we keep our contacts small. Thank you.

>> Oshea: Chris, do you have a follow up?

>> Chris: I do. So, what are you seeing in children who contract COVID-19 and who have only had one of their shots. The second shot is only now becoming available for children five to 11 years old. And given the contagiousness of Omicron has there been any thoughts to reducing the time between shots for that age group? For example, in the US, it's only four weeks versus here where it's eight weeks?

>> Doctor Elliott: Yeah, I'll start, and I'd like to ask Doctor Smart to speak to this too. I think we're so lucky to have Doctor Smart here today and we should take every opportunity as well to have her weigh in. So, to start, we are seeing illness in children who are – have had a single vaccine. We've seen mild illness here in Yukon. I also want to go back to a previous question and let you know that there have been no children in the Omicron wave hospitalized here in Yukon. I did get that confirmed during the media today.

We also are seeing – I'm sorry, could you repeat the second part of the question?

>> Chris: Totally. So, given the contagiousness of Omicron, has there been any thoughts to reducing the time between the shots for the age group of five to 11?

>> Doctor Elliott: Right. So, we asked parents to wait eight weeks between the first shot and the second shot and I want you to also be reassured that when NACI revised the pediatric updates for – updated guidance for children and vaccine that they also reviewed that, is in this time of Omicron eight weeks still advisable between the first shot and the second shot for children? The answer was yes. And here's why.

When you get that first shot, your immune system gets a little smarter. It recognizes certain parts of the spike protein and it's able to then if you get infected respond to that. You have a pretty good response. If you get that second shot very close, your immune system doesn't have the time to build up the deep T-cell memory, that memory that lasts a long time. And when we're vaccinating children right now we want them to be protected now. We also want them to be protected for the long term. And so, waiting that eight weeks just give some time for the immune system to learn deeply about COVID-19 and be able to recognize it when it sees it again.

The second shot is because the immune system has put that deep into the body, into the bones, into the immune system. And that second shot is what we call a part of that primary series in order to ensure that that second shot can give the immune system what it needs in order to have that long duration of immunity. Eight weeks is still the right time between dose one and dose two. And I'd like to turn it over to Katharine Smart to give a little more detail on [that]. Thank you.

>> Doctor Smart: Yeah, for sure. Thank you. And that's been a really common question from parents for sure. You know, what's the best thing to do? And, as Doctor Elliott said, the main reason behind NACI's recommendation for the eight-week interval was they felt that the other information and research we have on vaccines and children show a more durable immune response with that longer interval. The other reason that they chose the longer interval at the beginning was because of myocarditis as a complication we were seeing in vaccination in kids 12 to 18. And there was some suggestion that the shorter interval made that more likely as a complication. So of course, when we're looking at vaccines in children, the most important thing always is safety.

So, that NACI, felt that perhaps that longer interval would also make that adverse effect less likely. What we've seen, which I think is very encouraging and is sort of what we expected was in the United States where they have used the shorter interval,

myocarditis in kids five to 11 has still been very rare. With almost nine million doses given there's only been 12 cases of myocarditis in that age group and they were all mild and self-resolving. We thought that would likely be the case just because myocarditis is much more uncommon in that age group to begin with. So, we expected that. We expect our numbers will likely even be less than that in Canada because we are using the extended interval.

So, I think there's sort of a couple things here. There may – I absolutely agree that I think for the vast majority of children, the eight-week interval makes sense. You may be a family with a specific situation where your child has a medical vulnerability or underlying medical condition where your risk is higher. And in your situation, the shorter interval may make sense. And there may be families that have already done that. And that was a safe decision. And there's no problem with having done that and made that choice, your child will still be well-protected. But for the vast majority of children, we expect we're going to see a longer and more durable response with the eight weeks and that's why that has remained the recommendation. We do still see some protection against hospitalization and severe disease with the single dose of vaccine. So that's also been encouraging.

>> Oshea: Thank you. We'll now go to Nick at the Canadian Press.

>> Nick: No. Thanks, but my question has been answered.

>> Oshea: Thank you. And that concludes our event for today. Thanks to Doctor Elliott and Doctor Smart for their time and thank you also to the media and everyone who tuned in to watch live over Facebook. Stay safe, stay kind and have a wonderful Thursday everyone.