

COVID-19 Facebook live update: July 7, 2021

>> Pat: I'm Pat Living with the Department of Health and Social Services and moderator for the COVID-19 update.

We are joined by the Minister of Health and Social Services Tracy Anne McPhee and the Chief Medical Officer of Health Doctor Brendan Hanley.

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

After speakers we will go to the phone lines for questions.

Minister McPhee?

>> Good morning and thanks for joining us today.

We are speaking to you from the territory, the traditional territorial Kwanlin Dün first nation and Taa'an Kwächän Council..

Last week with our was our 100 COVID-19 update and as we passed this milestone our journey continues and as we have said many, many times we are all in this together.

I want to thank all the volunteers who have been out in the southern Lakes region packing sandbags and offering support as water levels continue to rise and we work to stave off major flooding.

Times are uncertain and tough and seeing strangers come together can help and makes all the difference.

We should be proud of our community.

Keep up the great work and I encourage everyone who can lend a hand to do so.

Much of what Doctor Hanley and I have to say, we said last week but as we continue to see the virus spread it bears repeating.

We are still in the middle of the first true wave of COVID-19 in the Yukon and our behaviours need to change.

This remains a serious situation.

There is a great deal of disruption and uncertainty in the territory and we are worried about floods and fires but we need to concentrate on how we can all adjust our behaviour and keep each other safe.

We continue to see community spread of this virus and COVID-19 has continue to strongly affect our vulnerable population.

Our teams are working closely to ensure necessary supports are made available.

We understand self-isolation can be extremely difficult for some individuals and are working to provide appropriate placements supervision and support.

Once individuals are identified support is provided to help with the transition in to self-isolation and other wraparound services.

The spread of COVID-19 through our more vulnerable community is only one issue.

The spread of COVID-19 has not stopped in our wider community.

Yukoners with COVID-19 symptoms have been continuing to be out in the communities and to show up in workplaces which need to stop.

While runny nose or sore throat may seem minor we cannot forget they are also symptoms of COVID-19.

In our current reality a cough or runny nose or muscle ache or sore throat must all be considered serious.

Stay home and stay away from other people and go get tested.

So you have some closure and certainty.

Even if you are fully vaccinated you should get tested if you have symptoms.

Testing turnaround time has remained very quick and negative results can be accessed online often within 24 hours.

Anyone experiencing symptoms in Whitehorse should call the COVID-19 testing assessment Centre at 8673933083 to book an appointment or book online at YUKON.ca.

Drive-up testing is also available without an appointment at the centre from 6:30 PM to 9:30 PM daily.

An appointment is encouraged but if you cannot make one the drive-up centre is available at 49 a waterfront place.

Just near where motor vehicles is located, most people know where that is.

People enrolled community should contact their rural health centre for testing.

Please take the time to look after yourselves and take the risks you need and to keep those around you safe.

Staying home and you don't feel well is how we protect others including children under 12 who cannot get the vaccine.

That's being said I know that choosing not to go to work can be stressful decisions.

There are always bills to be paid and a fridge to fill.

Your government is here to support you.

I want to remind everyone about the paid sick leave rebate program which is available to Yukon businesses and self-employed people.

The program supports Yukon workers that do not have paid sick leave if they need to stay home because they become sick, if they are caring for another household member who is sick or if they are required to self isolate due to the COVID-19 provisions.

The program was launched in March 2020 and has been renewed for 2021.

If you use the program last year you can still access it again.

Please spread the word about the program and tell your friends and family and colleagues.

Encourage private employers to apply.

There are also other programs to support Yukoners during this pandemic.

Yukon business relief program helps with specific business costs and this program was also renewed at the -- until the end of September of 2021.



Eligible Yukon businesses may receive up to \$30,000 per month and up to \$60,000 in total to help cover fixed business cost.

There was also other relief programs for the tourism industry.

You can learn more information about the supports at YUKON.ca.

We have committed to continue these supports for as long as they are needed to support Yukoners.

So many Yukoners have helped have helped and stuffed up and phenomenal ways to combat this health crisis.

There are 100 public servants who have mobilized and change their roles at work and across the territory community members from all professions with all kinds of value skill sets have provided additional support last week I mentioned resources from other jurisdictions that were on the way.

I'm pleased to say we have had 11 additional healthcare staff on the ground supporting our teams thanks to the Canadian Red Cross and thanks to several public health districts in Ontario and people who have self identified for their skills to calm and support us.

There is one additional individual set to arrive today or tomorrow from Ontario.

These considerate and compassionate professionals will be supporting immunization testing case management contact tracing and wellness supports.

We are truly grateful for the support.



I know everyone here who is responding to this pandemic in one way or another has put in relentless energy and many, many long hours.

We are all very aware of the fatigue and burnout and mental wellness and mental health impacts this pandemic is having on you all.

Yukoners appreciate your sacrifices and professionalism and your resilience.

This additional support will provide some very well deserved despite.

Thank you to everyone who helped make this happen.

We know our current wave is still spreading quickly among our unvaccinated population.

The vaccines provide the best level of protection that is currently available against COVID-19.

We have enough vaccine for everyone that wants one here in the territory including our youth between 12 and 17.

We are fortunate, many other countries do not yet have the kind of vaccine access they need.

Our dedicated vaccine teams are back in communities this week.

They are visiting Mayo, Pelly Crossing, Carcross, Dawson city and old Crow.

You can get your first or second shot at these clinics.

Clinic in Whitehorse is open to everyone 12 and up.

You can book an appointment and find out more information at <https://yukon.ca/this-is-our-shot>.

Thank you to every single person who has helped with the vaccine rollout.

You have made history and save lives and I hope you know how much Yukoners appreciate your dedication and care.

More than 84% of eligible adults have received their first shot and over 76 percent have received a second shot.

For our youth population 68 percent have received their first shot and 35 percent have received their second one which is progress we can all be proud of and we must keep going.

Yukoners like all Canadians are feeling frustrated and tired.

COVID fatigue is a real thing.

And it is upsetting for us here in the territory because we were so close to lifting our final restrictions.

Our actions and the actions of each and every one of us can reflect -- can affect the spread of the virus.

Doing your part does not need to be complicated.

There are simple steps to take.

Get vaccinated.

Stay home if you have symptoms and get tested.

Wear your mask.

Practice social distancing.

Only gather in small groups of six people at a time.

When we keep our groups to only six at any given time tracing contacts if necessary is more manageable.

When we follow the simple recommendations we will see changes for the better.

We must all do our part.

Lastly I hope you are enjoying the summer weather within your small groups.

We live in one of the most beautiful places in the world.

Enjoy and be kind to one another.

Thank you.

[Speaking Indigenous Language]

[Speaking French]

>> Pat: Doctor Hanley?

>> Before I begin my further notes I want to echo her sentiments on the recent nurses and support staff.

They have travelled long of fire to assess Yukoners COVID-19 response and I know that those who have arrived have been welcome with open eyes and smiles of relief.

We are seeing a consistent number of cases on a daily basis.

And the numbers are still concerning and we are seeing a climb in our daily active cases so we do have a stretch to go.

And we are now seeing the serious impact that this wave is having on people getting sick and seriously straining our hospitals and acute-care systems.

And we are well into this wave but we have weeks ahead of us yet.

And just over five weeks we've seen 350 people infected from the age of one year to 90.

I expect we will continue to see daily cases for a few more weeks.

For those of you who think they should have ended a while ago, I'm with you.

But if we continue to hold tight and stick to six and follow safe six we will work through this together and gradually contained this wave.

Vaccination and public health measures are weigh out of this.

And it will determine how our case count will look if we will ask too soon the numbers will likely stay in double digits but if we hunker down for another week or two weeks we should start to see a significant decrease.

It's really up to all of us.

And there are some trance we can begin to describe and as we accumulate more of days and weeks our ability to determine trends will improve we have seen many secondary contacts and we are seeing transmission and the Whitehorse urban network of housing and stable citizens.

Although we have had cases and 12 out of 14 communities we

are so far not seen widespread transmission within anyone world community.

We are seeing pockets here and there primarily seeded from initial contact dating back to the Whitehorse gathering events.

The one that spurred this wave in the first place.

We have also seen the effects of showing up in workplaces while sick and it is timely that the minister is reiterating those messages and reminding everyone about the compensations available for people to stay home when sick.

This is critical for our short and long-term adaption to living with COVID and I will come back to this later.

Before I start reviewing our current case status for those who are paying close attention to the numbers and I know there are some, I understand you may have seen discrepancies in our reporting these past couple of weeks.

This is due in part to how we account for out of territory cases and probable cases.

Probable cases are ones that are defined on positive based on symptoms and assessments.

But there are many reasons where individuals may not get tested so even if not tested these individuals when confirmed through their links and story are still included in our case count and analysis.

Active case counts includes those individuals who were diagnosed regardless and we include them in our active case count and they are accounted as the case where they live for the purpose of tracking and national reporting.

And that's why sometimes there these discrepancies.

For the time being our reporting of zero two a few cases per week seems a distant memory and our reporting from multiple sources now of testing has become a much more complicated endeavour and while reconciling all these case count and who is recovered and who is in hospital, to what time do we stop counting we have established more consistent processes.

And this is a work in progress and I believe there will be more clarity as we go.

What's important to remember as we got into high case numbers is not so much how many about what is my risk.

And how in general or people doing and who was getting sick and to is not and why.

How was vaccine helping us.

And how are we taking care people when they are sick and for the status of cases there was 146 active cases, 238 people have recovered since this wave again.

Three Yukoners have died since early June and we have five deaths overall since the onset of this pandemic.

As of yesterday in terms of numbers of people in hospital seven people have been medevac to out of territory, six of these are still presently as of yesterday in hospital care down south.

And additional 12 people are on the hospital senses yesterday and you have heard me talk quite a bit about the difference between vaccinated and unvaccinated people but also in outcomes.

Of our seven people medevac doubt six were unvaccinated.

Of the three death none were vaccinated.

33 people hospitalized, three were fully vaccinated.

Do Thaxton people get COVID?

Yes, they do win exposed to a lot of virus but much less often than people who are not vaccinated.

In our situation, they are those who were unvaccinated or are partially vaccinated.

11 percent of cases and one in ten are fully vaccinated, if we look at just adults as 16 percent, are fully vaccinated and there is a chance to older people who were fully vaccinated more susceptible to infection while vaccinated and to more serious outcomes such as hospitalizations and we believe based on global experiences these people who were fully vaccinated and there is still much to be learned from looking at more depth from our own data and experience.

What we can conclude is if you are vaccinated follow the current recommendations and public health measures including getting tested when you have symptoms as the minister emphasized.

If you were unvaccinated follow the measures and recommendations closely as this COVID does not allow much room for error.

Do vaccinated people get sick when they get COVID?

A few people do mostly and those who were already more susceptible by age or compromised immune system and even then

severe outcomes are rare but they will appear once in a while especially of large numbers of people get infected.

What is clear is how this outbreak or wave is being driven by the Gamma variant tearing it's way through unvaccinated people and the networks they gather in.

So what are some of the other aspects we are seeing?

We are seeing case is becoming increasingly concentrated within the urban vulnerable populations.

Three quarters of the cases are linked to other known cases and that is good but means we are seeing a significant number of cases not clearly linked to others.

So people are getting exposed without knowing it.

And I think infection continues to predominate and as I've said, the majority of -- unvaccinated and those individuals who are vaccinated and require hospitalizations are having comorbidities or other things and/or have been of advanced age.

The royal situation we have begun reporting by community from request by First Nations.

And that's a change in practice so because COVID is widespread we have changed our usual practice for communicating communicable disease as is more practical for communities to communicate.

To keep them updated on COVID risk.

And we will do our best to keep on publishing these numbers but exact numbers can be hard to reconcile as people don't always

identify their community of residents, people move around and tracking of all the rapid tests and gene expert results at the hospital and a standard test we send to BC in addition to tracking hospital admissions and recoveries is challenging and may lead to occasional inaccuracies.

But that should help to give communities an idea of their current COVID risk.

Do recognize that you should not change our personal behaviour based on community case numbers.

While we have COVID circulating in the Yukon assume COVID as present in your community and act accordingly.

That means following safe six sticking to six, limiting your contacts and keeping gathering small and get tested if you have any symptoms.

We have responded two new cases and certain communities especially where we've been concerned about possible hidden spread and that's in part by sending out rapid response testing teams.

At the moment as a minister sent we are deploying a team to old crow and another is in Mayo and they are offering accessible rapid testing for the public.

A team is in Mayo at the JV Clark school and an old crow the testing clinic will be open from today at 1130 to 330 through Friday at the school.

As we follow the virus activity throughout communities we will continue to support health centres and communities with

increased testing were necessary as part of our management of COVID-19 cases.

I know there's a lot of anxiety in communities.

But we have been working closely with leaders and health staff organizing and assessment of risk per community and that's based on COVID activity location of the community, the population, the vaccine uptake and other factors.

At this moment we are mobilizing every effort to ensure communities have the resources and support they need.

We have people on the ground and we have supporters and very engaged leaders and the capacity to manage and contain the current cases.

The activity in daycares appears to have levelled off but we have seen exposures to COVID with a number of daycares.

Therefore we have posted several notifications about exposure and have postexposure for a local hotel and other areas prior to that as well.

About working while sick I understand symptoms can sometimes be so mild you want to put them to the back of your mind.

Whether in daycares or restaurants or mines or other settings where exposure can occur we have repeatedly seen people who have gone to work while sick.

Please remember this has caught us with repeated outbreak since last year.

Stay away from others and get tested.

And again for those who cannot easily take a sick day leads remember the sick leave rebate program is in place.

Whether you are an employee or employer that the minister listed they are available and should be used.

Going to work sick can be avoided.

Please avoid going to work even if you have mild symptoms.

Arrange for a test and self isolated and the advice from YCDC on what to do next.

Now we have one of the highest vaccination rates in Canada and we have the highest rate of COVID activity within the country if not the continent.

Though we may have surpassed that 75 percent of the eligible adult population now fully vaccinated unfortunately is not a time to celebrate as our time with COVID-19 is far from over.

So this situation has proven we still have a heavily susceptible population at risk for COVID-19.

If we consider our current population which is fully vaccinated Minus the age group under 11 and ineligible to receive immunization we are left with 10,000 individual susceptible to COVID-19.

For a population of our size that is not just a number.

That are people who were in our lives, people we pass by or wave to on the street, maybe live with.

People who take part in a family gathering.

Whose cubicle we are next to it work.

We all know someone who was unvaccinated and his intern susceptible to this aggressive virus.

As mentioned this ongoing wave has heavily affected a large portion of our vulnerable populations and there are individuals who don't have socioeconomic supports in place to lean on during a time such as this and due to predominantly congregate living situations, living with others, transmission can occur rapidly.

Whether you are vaccinated or unvaccinated you need to assume you have the virus or the people you come into contact with have the virus and act accordingly.

We do have this social firebreak in place with the restrictions on gatherings and asking you to abide by and we need at least another week to evaluate if this has worked or is working.

To bend the current curve and bring us closer to normal.

Where do we go from here?

Of course our focus is on getting through this outbreak and preventing further illness, treating it while my C8, relieving our tired healthcare and public health workforce with some extra relief and using this prolonged and difficult period to help us learn to live the next years of living with this virus.

In order to do so we still need to ensure as many people are vaccinated as possible.

We need to work together on decreasing the real threats from the virus which are hospitalizations serious illness and death which we have seen much too often in these past weeks.

Recognizing these outbreaks are having such an impact on Yukon's marginalized populations and seeing a need for vastly increase social and wellness supports, we are working closely to provide resources for individuals to lean on.

And one thing I'd like Yukoners to think about is with this pandemic and this wave it really is taking a heavy toll on Yukon and the more this virus is percolating in the territory the more cases we will see emerge alongside more hospitalizations and serious illness.

It will also as it is in the world as we see and watch behave in ways that we can't predict.

It is putting many people's lives at risk.

We are all affected by this weather vaccinated or unvaccinated.

So we need to keep together and ban together and follow the guidance and focus our efforts on protecting this community.

We have lost three people to the virus in one month more than we did in the previous year and many others are hospitalized.

There maybe individuals who will be entering long-term effects for weeks or months or perhaps years to come.

So for today and tomorrow and next week please make sure you follow the safe six plus one and self monitor your symptoms and get tested if you become ill, self isolate when needed and get vaccinated.

And stick to six for now.

We know this virus won't stop unless we take the necessary steps and do everything and our power to get it back under control so we can carry on with our lives.

That's it for today.

Thank you.

Be kind and stay patient.

Stay strong.

Stay together and stay well.

Thank you.

[Speaking French]

[Speaking Indigenous Language]

[Speaking Indigenous Language]

[Speaking Indigenous Language]

>> Pat: We will begin with Luke from CKRW.

>> Reporter: No questions from me.

Thanks.

>> Pat: We will move to Haley from Yukon news.

>> Reporter: I was wondering if you could provide some more specific information on what supports have been offered to people who as you mentioned might not have the resources.

For those who may not had to the shelter or having difficulty self isolating.

>> That's an important question and I will list a few maybe examples of things I can think of and one is, and maybe the most important is having people -- of course can't think of it as self

isolating and you were off in a hotel such as the high country Inn at Whitehorse in a room and it's hot and you are used to being outside and gathering with your friends and you may have needs and those needs maybe as simple as a soft drink or something to eat.

But they maybe more complex such as needing drugs or needing a cigarette.

Or a drink.

Soap..one of the key things as well is needing companionship and a familiar face.

That's kind of the spectrum of things that we are trying to bolster and supports and I think those are fairly dramatic examples of when situations have been escalating because the people getting restless and getting into encounters and situations can escalate rapidly and then having support workers and caseworkers and social workers who can come in and be familiar, people who know these clients can and has made a significant difference so it's just having people and familiar case management and social workers and counsellors more on the ground and more steadily on the ground as self-isolation facilities.

It's mobilizing people and asking for supports and really having people around to help to keep people calm and keep them providing the supports they need.

And part of it is some of those harm reduction measures such as providing access to tobacco or to a drink providing alcohol where it's indicated or providing access to withdraw management for those who don't want to drink anymore if they have been drinking.

And they need to go through supervised withdrawal.

And a lot of it is around addictions management whether it's a support or harm reduction with ongoing supply or withdrawal.

And its access to people by phone and helping those communications and of course organizing the best place to stay for that individual and often individual is staying at home or if they have a home ensuring that that's a safe place to stay.

It might be in someone else's house and making sure that can be organized safely or if it cannot be supported finding the best facility whether that's at the shelter or one of the self-isolation facilities or another hotel.

And it is that whole spectrum of supports as much as can be managed.

>> Pat: Next question?

>> Mother question is on a different track.

There was a mention that healthcare supports, people have come in from different districts and I was wondering if you could be more specific about where these helpers are coming from?

>> I can say an earlier version of my notes had listed all of those locations.

And I know some have come from Durham region, I know -- I think Niagara Falls but why don't we get back to you on the specific health districts and Ontario that have supported us?

That work has been done by health and social services, counterparts across the country and Ontario in particular because

they tend to have more people available.

And including working closely with British Columbia to see what supports they can manage, you are aware and I know that the federal government is responding with respect to our flood relief request with some Canadian forces staff and all of that is much appreciated but our work continues to make sure we have additional people to help us manage this process.

I can get you those locations and we can get back to you.

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

Hannah?

>> Reporter: I was wondering if you could send me whether there are any additional cases that may not have been -- that you may not have been able to get through testing?

Were there more cases and you actually have?

Do you think there might be -- some people have mild illnesses and maybe didn't get tested so do you think there are more cases and there are reported?

>> That's a good question.

You know, I think one of my biggest concerns is exactly that.

People have symptoms and are not getting tested and when you start to see sick people and as you may recall at the beginning we did have a few people sick and hospitalized cases and what that tells you is there has been transmission undetected leading to enough people getting sick that some people start to get sick.

And they know that this is a mild illness and you need lots of people infected to get sick so there is another number we are looking at closely and that is our positivity ratio and right now that's 15 percent so 15 percent of the tests being done are turning out to be positive cases and that suggests that we are not getting to the bottom Yats of this and we are not really showing we are beyond the peak until we can see that number going down.

We want to test lots of people so that we are finding lots of negative results and we should be gradually going down to a 2 percent or 1 percent test positivity ratio.

I think there's lots of undetected disease.

We don't know how many.

But in situations like this it maybe two or three times what the actual confirmed cases are and that's why I would rather find lots of cases today and tomorrow and next week, lots and lots of cases and find them and detect them and contain them so we will prevent more people getting sick so I hope we find lots of cases in the next little while so we can show we are getting ahead of this.

>> Pat: To have a second question.

>> Reporter: Thank you for that Dr Hanley.

I was wondering if you had seen any cases of the Delta variant?

I know most transmission here is gamma but have you seen anything with Delta?

How concerned are you about the spread of this virus?

It seems to not be responding to vaccinations and is highly transmissible.

>> >>: Firstly we have not detected any Delta cases.

It is -- it is a concern of course but I think that Delta may add additional challenges to gamma but I also think they aren't that far apart.

Really, any COVID particularly a variant can spread easily amongst unvaccinated people.

But the Delta seems to throw even more challenges in terms of how easily transmissible it is and there is potential for spread.

We have not detected it as of yet and we are getting regular updates and updates through through screening for variants and we have not as of yet detected Delta.

I will say the vaccine data so far is reassuring.

There is more and more real-world experience but watch what doses, you need to look at the effectiveness of to watch what doses and watch what doses do appear to be substantially protective against the Delta variant.

If we can get higher and higher in our population uptake and we can get high population uptake that will be protective against the Delta variant.

>> Pat: We will now move to Tim from the Whitehorse star.

>> Reporter: Good mourning thank you.

The first questions for Doctor Hanley.

The minister can jump in as well regarding the dose you are encouraging people to get tested when they have symptoms but is not a little simplistic?

A lot of people have asthma and other lung conditions are diagnosed that will mimic the symptoms and even people with seasonal allergies could flood departments getting a test when they know it's just allergies or is it better to go with a better safe than sorry approach?

>> And Q. Tim.

I would just go back to basics year.

It's a really good question by the way and something I think every one with symptoms should think about and do the COVID screening.

Go through the online assessment and there are cases where if someone has that and is coming on a contemptible way, think about what might have triggered something.

Sometimes this can be -- I'm not too worried about flooding testing centres.

We have lots of capacity for testing and we can always increase capacity so look online and do the assessment and see if your symptoms fit with the recommendations.

We've done a lot of work on trying to sift through when is the right time to get a test.

The threshold for testing should be very low because we want to find people with symptoms and identify them and get on top of this transmission.

>> Pat: Do have a second question Tim.

>> Reporter: I know this has been asked before and will get asked again but you talk but another week or two and do you have any threshold on when maybe lower the boom with more restrictions if this doesn't respond the way you hope?

>> We have a series of layers but we need to treat what we see and I think part of it is where are we seeing transmission and how do we respond to that create if we are seeing transmission through this current urban network it's our biggest contributor and trying to identify strands of transmission, it's important to limit gathering so if there is unidentified disease it will not be spread by gathering sizes.

I think we have the right level of measures in place as long as people are following what to do.

If you are asking about lockdown measures would we be shutting down workplaces, and we be curtailing retail, those are things that would not really make a difference in the spread or transmission based on what we've seen now.

The reality of public health measures in a population with this high a level the vaccine is different from what we might have had to do and would have done a year ago.

So is trying to assess where we seeing risks and transmission and are we getting a lid on it.

There is always a time lag between the time that you ask for something to be done and seeing what the effect is but this is why it's so important for people to assume there is loss of disease out there.

There is much activity and much undetected activity.

We need to limit gatherings and limit contacts between people and any transmission or threads of undetected disease.

>> Pat: Thank you.

[Speaking French]

[Reporter speaking in French]

>> Andre: Just to be absolutely clear do all the measures that you have in place right now applying to everybody even those that have been vaccinated?

[Speaking French]

[Speaking French]

[Speaking French]

[Reporter speaking in French]

>> Andre: Is it possible for people who have been vaccinated to not have symptoms and pass on the virus to other people around them?

[Speaking French]

>> Pat: That in English please.

>> The question was whether it's possible for vaccinated people to have a some dramatic infection and to pass along to others.

That's been a question globally with studies and everyone's been trying to find that out.

We have had many reassuring studies that show a cinematic infection appears to be vastly reduced and the chance of transmission is most likely cut and half even if you are infected but is still an ongoing question before we have definitive answers.

We know there is a Germanic a fact from the vaccine particularly those who are fully vaccinated for transmission.

[Speaking French]

[Reporter speaking in French.

>> Andre: I'm also --

>> Reporter: Am also interested in the details of the deployed nurses from outside the territory, where they are, how many.

I'd like to be provided with that information as well to paint a picture of it.

As for my question,.

[Reporter speaking in French]

>> Andre: Can you repeat in French your worries about the number of cases that have not been detected at this point that might still be out there and infecting other people?

Would it be a possibility at this point to open testing to people who do not have symptoms so you would have a better picture of how many of these cases might be out there.

[Speaking French]

[Speaking French]

>> Pat: Do have another question?

[Speaking French]

[Reporter speaking in French]

>> Andre: Can you repeat in French the challenges the vulnerable population presents for testing and treating them at this point?

>> We --

[Speaking French]

[Speaking French]

[Speaking French]

>> Pat: We will now go to Jackie.

>> Reporter: I'm wondering about whether self-isolation checkouts have gone out?

I got a text message over the 14 days and I'm wondering if there's been any new measures?

>> This is for domestic self-isolation for check ins and it has been -- we been trying to -- and this is before the wave, they are strengthening the foundation and it was looking at how can we reinforce existing measures around quarantine and one of those was reinforcing the calls.

And we have glitches with IT.

And I believe it's daily and has been we started or continued or amplified for check-in's and those who are part of a wave need to be is isolation of contacts and we been strengthening and working on daily calls.

To ensure there was a supportive call, some people might just need a check in every day or some people might need much more and cases always get daily calls.

And contacts depending on status get daily or every other day and sometimes amplified or even multiple calls.

That's a really important part of the response, kind of according to risk of the contact and making sure they are there for cases.

>> Follow-up?

>> Reporter: This might.

>> Reporter: The answers you give around discrepancies for numbers but I noticed on the community portal some are listed as having five or under five cases.

I'm wondering why that is and at least as of yesterday at the top of the webpage it said there was 149 active cases.

But he said Whitehorse had 200 elsewhere.

It is not related to confirming people who have recovered and home communities?

>> I will tell you a couple of the complexities without the exact answer around numbers.

One complexity is we have had the request to publish less than five and we are looking at that right now for that potential revision.

And it is a standard way we report communicable diseases and it's a way of protecting identities.

But we also heard from the communities that they wish to see given the magnitude of the current cases the smaller numbers.

And it's very difficult to give precise daily information and there's a difference between testing location and residents.

Someone might be for example from one of the communities and tested in Whitehorse and so then we are trying to do it by where you were tested and whether you were present.

And sometimes it's hard to ascertain that level of information so there's that lack of knowing where someone is and where they were tested and where they are.

And moving people around from one place to another.

>> Pat: I'd like to thank everyone for their time today.

The regular update will take place on Wednesday July 14th at 10:30 AM.