

## COVID-19 Facebook live update: March 24, 2021

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

I'd like to advise our viewers and listeners that during the next several weeks of the election period the format will be different.

Doctor Hanley will be our only speaker and in addition to updates we will focus on the technical aspects of COVID.

We will announce a week prior what the topic will be and will solicit questions.

Questions can be sent to HS as Facebook or eight at chess at YUKON.ca.

Sign language interpretation is provided by

Mary Tiessen and Andre Bourcier from

French language services directorate will translate questions from French-speaking journalists.

We will call you by name in you will each have one question and a follow-up.

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

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

I will now handed over to

Doctor Hanley.

>> Good morning.

Asked Pat indicated these updates will look different in the coming weeks now that we are in this election period.

I will still provide regular updates but we will focus on the clinical and technical aspects of the COVID situation for the next few weeks our month of anniversaries continues, Monday March 22nd which marks the anniversary of our first confirmed cases.

It's hard to believe that was 12 long months ago.

We have all injured hardship.

For some, more than others but we have managed to maintain locates counts and the relatively light restrictions compared to most of the country.

We continue with no active cases.

Recent concerns about cases at a mine in Northern BC has settled.

There are no new cases at the mine.

This matters to us because many of those from the YUKON work at this mind moving back and forth between the mine site and their YUKON home.

Once the mind announced COVID cases on site our risk for transmission went up.

When we were advised of the outbreak we issued a notification to all of those who are employed at the mine and reached out to all the workers who had been on the job site.

We advised anyone who have been working at the mine and had left in the previous two weeks to self isolate and monitor for COVID-19 symptoms.

Since the situation is stable those who have been requested to self isolate have been instructed to resume their regular activities.

People have asked why we would issued as notification.

We took this approach for the same reason we have acted with caution in many other circumstances to prevent possible spread of COVID infection.

In addition to the Yukoners who work at the mine there were suppliers who moved back and forth.

People who were not necessarily workers but who may come into contact with workers.

Although we were provided with a list of workers who work at the mine we wanted to ensure anyone who might have been left off that list got the information.

Lastly it was important to let the public know of the risk, our concerns and the actions we took.

Be asked to self isolate on short notice is disruptive and never easy and we took the additional step of offering self-isolation assistance for some individuals who do not want to return home until they were sure they had not contracted the virus and we mobilized a vaccine team to Watson Lake to offer a vaccinations to any workers who had not yet been vaccinated.

Obvious action to retake it in the spirit of a precautionary approach.

The greatest risk of COVID in YUKON is through importation and those cases out of the mine could have meant new cases.

I've received many questions about variants and why they are so important to consider and any recommendations we make to the government around the lifting of public health measures.

I would like to try to address these questions.

By looking at the patterns of variants spread not just around the country but in the US and Europe and elsewhere we must remain concerned about their risk of importation of variants into YUKON.

The growing presence is increased and has increased our susceptibility to a potential rapidly spreading COVID infection which could lead to large transmission.

The behaviour of a variant and how effective the vaccine is against them are to watch while key factors that will be included when we look at what changes we can make two restrictions.

To review, what is a variant?

They are viruses that have mutated.

Viruses basically, clumps of protein that can reproduce themselves are continually changing or mutating buy random switches in the immunoassay patterns.

Sometimes some of those random mutations give the new strain an advantage over the old one.

Three variants of concern, once we are worried about, have been identified in Canada.

The B.1.1.7 or UK variant, the South African variant, B.1.351, and the P. one, Brazilian variants.

A common feature is that people can pass them to each other more easily so case rates can rise much more quickly.

Increased transmission means rapid explosive growth within a setting where people share a space especially where they are close to gatherer such as a household or workplace that may not have good physical distancing in place.

Even though a knew and still not totally familiar, we are learning quickly.

Here are a few things we have concluded about these variants.

B.1.1.7 is easily transmitted one and a half times as easily as a regular COVID strain.

All three of these variants are more transmissible than traditional COVID which is wide there -- they are successful variants.

B.1.351 -- B.1.1.7 has been identified in all provinces and will likely become the dominant strain in many areas in a matter of weeks.

It is hard to determine whether B.1.1.7 because is more severe disease but we think this might be so.

As higher numbers of people become infected more people, even younger people will get seriously ill.

That is what has been reported in other parts of the country.

B.1.351 and P1 are just as easily transmitted and P1 appears capable of causing repeat infection after regular COVID.

This variant is very concerning because of disability and we need to watch this one closely.

There is also concern about these variants being possibly resistant to the current vaccines.

Earlier modelling of COVID spread with variants is proving true as we watch COVID cases increase in Canada.

The modelling suggests if variants are not successfully managed there is the chance of an unprecedented increase in case counts prior to the ability to vaccinate enough people.

What's the good news?

Every day we're learning more about the variants and that helps us plan and adapt our public health response and measures to combat the virus.

Moderna and Pfizer and AstraZeneca have been shown to protect against B.1.1.7 and vaccine is the best tool we have to fend off variants.

And public health measures work well against these variants.

Outbreaks such as the one in Newfoundland have been controlled with a lockdown measure that we now know so well.

Newfoundland showed us that B.1.1.7 is controllable if public health measures are applied in combination with testing and thorough contact tracing.

These three key tools, public health measures, testing, and contact tracing -- work best as a trio.

Our best defence against the introduction of these variants especially the fast spreading B.1.1.7 remains getting as many

people vaccinated as possible while continuing to follow public health measures.

Together with the continuation of public health measures and a high level of adherence we can fend off the variants.

As we do this we are cheering for the rest of Canada to do the same and our international neighbours and then the rest of the world as soon as possible.

Even a place as far away as Brazil with rampant spread of variant COVID poses a risk of new variants, of international spread and vaccine resistant variants and the potential for havoc.

As we move forward we must keep in mind decisions about relaxing travel restrictions will rely on vaccine uptake and the ongoing risk assessment.

For now we still advise that whether vaccinated or not travel should be for essential reasons until we understand where the variants will take us.

Travel for Canadians will get better soon but we as Canadians need to get past this third wave and get to a highly vaccinated state.

In this interim period while we wait for a way of spring and summer every person vaccinated makes a difference.

Over 65 percent of Yukoners have received their first dose of vaccine.

We will release numbers by age group once they are confirmed but there are differences between older and younger Yukoners.

As we draw from the 70 plus age category that percent vaccinated drops with every decade.

Believe me, every additional YUKON resident vaccinated makes a difference.

Vaccine uptake is our key to freedom and key to protecting us.

I'm pleased that the vaccine has shown to still be effective against B.1.1.7 but that may not be true for others.

The faster we can get to be protected globally the less opportunity there will be for new variants to emerge particularly those more resistant to vaccine.

Weather for your own protection or to protect all of us can't please don't wait any longer.

Get your vaccine whether here in Whitehorse or your home community when the vaccine team's return.

In Whitehorse the mass clinic is still accepting walk-ins so no appointments are needed.

Vaccine and continued adherence to the safe six plus one will see us through to the better days ahead.

It's now up to us.

Even though we don't know for sure the magic number of how many we need vaccinated to be fully protected we do know the more people that get vaccinated faster and safer we can go through the rest of this pandemic and protect ourselves.

Many areas are appearing to go through a third wave.



We have had outbreaks and clusters but we have not yet had a true wave of communities spread.

I mentioned at the beginning this is a month of anniversaries.

Looking a year back, we have new challenges but we know this virus much better.

We have a year of experience managing this and have so many more tools and much more sophisticated tools.

We know that quarantine works to keep people from spreading the virus.

We know the effectiveness of public health measures and we know that masks can help.

We know how to prevent transmission of COVID.

Variants were not.

And now we have vaccine and we're so close to getting over this.

I'm not in a position to announce dates over lifting restrictions but this is the time to get ready by getting vaccinated.

We will get there and we will get there soon.

That is it for today.

Inc. you.

>> Pat: We will now go into the phone lines and began with Nick at the Canadian press.

>> Reporter: Thanks for taking my questions.

I believe you had talked earlier about hoping to achieve herd immunity during the announcement back in January.

Is a territory any closer to that or has there been any update on herd immunity itself?

>> Banks.

We have mentioned it many times, herd immunity comp at the trouble is we don't really know what that number is and if there is one number.

An example of that is, what if you have certain segments of the population vaccinated more and others last?

An example as I alluded to, our elders are very well vaccinated and we're still going ahead with some first dose is an older people but our rates are much higher in older people versus younger people so if we have a pool of susceptible younger people who have parents and families there might be risks for transmission.

Even while we have a high overall rate of vaccination.

That influences our susceptibility.

And the other thing that affects herd immunity is what is the transmissive ability of the virus?

That will determine -- that will depend on the presence of variants or notch.

There are lots of things in the mix including, although we've set our goal at 75 percent as a first goal, that was -- which we think

roughly corresponds to herd immunity, we don't have a definitive figure and may never have one.

But, that's why I think, 75 percent uniform goal across all segments I think would be a good number your.

I think that would put us in a strong position, whether or not that is herd immunity but the more we can get the more confident we can be.

As high as we can,.

>> Pat: Do you have another question Nick?

Sous vide to one more if possible.

Your comments on encouraging people to get a vaccination.

Have health officials encountered any hesitancy or objection to getting the vaccine?

>> For sure.

There are a number of reasons and we are working with people and various communities and individuals and groups to try to understand the reasons and to be able to give people the information they may need to make that decision.

They then have that comfort and confidence.

Hesitancy can be for a number of reasons and there have been situations when people have medical conditions and they are concerned about whether they might be more at risk because of a medical condition and usually that requires an explanation of the vaccine and the nature of the vaccine and that it is perfectly safe unless there is a serious allergic reaction, unknown reaction to one of the constituents.

You know, some people need that conversation.

We've had situations where people might be more hesitant because they are pregnant or planning pregnancy.

I'm saying being able to give the reassuring knowledge that we have on vaccines in general and the nature of this vaccine, there are these individual reasons.

There are people who were concerned about the time it took to reach this vaccine.

It's a matter of, yes this vaccine took a shorter time than it has historically taken but we had many, many people working on this with huge funding around the globe allocated to this intense research so all the right measures were done in a more accelerated fashion.

No stop was missed and people might need to hear that and red it until they are convinced.

We realize that people are on different timelines of acceptance.

I hope that with continuing to gather the global experience we have in the remarkable safety record, we can continue to chip away at the remaining people who are still holding back.

>> Pat: We will now move to Luke.

>> Reporter: The first question, I'm wondering if the territory has received its full allotment of vaccine doses from Moderna.

>> I think there is still two more shipments.

We have -- I can probably get you those numbers because I don't have them in my head but we have been getting our numbers on time.

We got that large allotment a couple weeks ago which was the 16,000.

We have -- I think so far can we have the assurance at the next allotments will calm on time.

I am told by Pat, two shipments, the first quarter shipments are complete and we have two more shipments in our allocation for second-quarter which will allow us to continue with second dosing on schedule and have enough for those wanting first dose.

>> Pat: Another question, Luke?

>> Reporter: Is the slow distribution of vaccines around the rest of the country combined with this recent third wave and a lot of the more densely populated areas is discouraging you and causing you to rethink the tentative dates your team has about reopening?

>> I would say not at all.

In fact, I think with the recent accelerations in vaccine uptake in Canada, I find that information reassuring and optimistic, that those Canadian goals of -- violate summer into September getting up to a high uptake of vaccines is looking pretty good.

More and more confirmed for the visor vaccine and Moderna.

And others.

I think things look good.

I think, we need to recognize that I won't be speaking to specific timelines during a period when we are in an election because these are government decisions based on my recommendations but our team continues to work on this analysis.

Even if you read Doctor Tam's statement from her last conference, we are all internationally figuring out the right way forward in this kind of current struggle between variants and vaccines.

There is still some analysis and some planning to do.

And we are in this -- we will be housing high vaccine uptake so there is this kind a period where we will be in a strong position but much of one we have done is rely on importation risk and calculations will always factor in that risk of importations based on the vaccine uptake in the provinces and the activity of the variants.

>> Pat: We will move to Maurya on radio Canada.

>> SPEAKER-03: Good afternoon, good day everyone.

You mentioned we are in the middle of an election and loosening restrictions as a government decision.

What impact are the elections having on the work you do and your relationship with the government right now?

>> I can give a little bit of an overview.

This is so called a caretaker governments of are made, we'll make them but it's also a decision -- it's a time when noncritical decisions are deferred in the normal everyday business is being carried on through the caretaker government process.

In terms of the work we're doing it has little impact.

It's not us if it puts us in a delay.

We are in this end between interim period regardless and it gives us a bit of breathing room as we watch how large these third waves will be.

And benefit from the rapidly accruing evidence around vaccines and what the vaccines will do for us.

The role of the vaccines and preventing a systematic transmission.

It factors into this and we will be able to robustly advise the next government.

>> Pat: Another question?

>> Reporter: Yes, sorry.

I was on mute.

I missed a little bit of this.

The drop of vaccinations when we look at younger ages.

Can you talk a bit more about that part?

>> I can talk more in future updates as well about that.

We have higher uptake with older age groups which I think is not an uncommon phenomenon.

We tend to have more -- I think a little more hesitancy around the younger groups than the older groups.

That can relate to many factors.

The younger people did not have as much of a chance and the older people have had more time to come forward so we are still in this upward slope.

The second thing is that older people tend to have more individual reasons and know they are higher at risk for more serious outcomes and I think there is more -- the older people will see

themselves appropriately and therefore will be more motivated to come forward more easily.

Younger people are working and they have families and many other things to do so I know that factors in to vaccine uptake.

They also might just be looking for more information and holding back for numerous reasons.

We still are in a remarkable period, over 65 percent overall.

I'm optimistic this will continue being the case but we need to keep working to make sure they have the information and comfort level to come forward.

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

>> Reporter: I.e. motor couple questions to your office regarding new information coming out about those who happen expected or exposed are have a much stronger and intense reactions.

A two-part question, is there any way to use that kind of information to track the extent of COVID which could be anywhere from for to ten times higher.

>> I think it speaks to -- we have seen the second dose where we know that side effects associated with the second dose are more prominent than with the first dose and I think this speaks to the same phenomenon of the booster affect where someone who has been primed with COVID infection gets the vaccine, it really is like a second stove so they may well feel those effects more strongly.

We see so much variation as I'm sure you have heard, we have people who have -- who feel nothing and people are worried they aren't responding to the vaccine because they felt nothing and



even people with first dose have felt significantly unwell enough to miss work.

Because of eggs or fatigue.

And we see that more commonly with the second dose.

Ed with the majority of people, the effects are minor.

What I'm saying is it's not reliable enough to determine, judging by the degree of side effects, whether that could be correlated with a previous infection and very, very unreliable so there would be no way.

I know that there have been those estimates.

I would say those are largely areas where there has been communities spread.

I don't think we've had significant COVID COVID activity.

We have had hospitalization.

I would say we have many signals that do not indicate that we've had a significant undetected COVID cases.

I suspect we have had individuals who have statistically, who have come in from other areas and stayed in self isolation and gotten over it and never came forward for testing.

None of those have led to spread or outbreaks.

Volume large people have done the right thing.

>> Pat: Do you have another question Tim.

>> SPEAKER-03: --

>> Reporter: I don't.

>> Pat: Chris from the CBC.

>> Reporter: Thank you.

I'm wondering if you could talk about, do we have a firm date for the return of full-time heart school classes and the second part of that, how much concern about the variants in terms of the timing?

>> I intend to have more to bring to you next week.

I know the work is ongoing between the department and between councils in the Yukon.

I am not -- when the decision was made and the recommendations were made we knew where the variants were going.

They haven't surprised me at all.

I think they are doing what they predicted to do.

That has not influenced my feelings or recommendations.

It's more of a matter of the logistics and making sure everyone is on site.

>> The most recent update on the website is that we've got 55 percent of adults when their first shot and on gas, is there a point at which is there a point at which an and you stop playing nice if the vaccination, the second shot doesn't come up to something closer to 75 percent.

There is nice and there is nice.

It depends what you're alluding to.

And it's more of a matter of trying to understand those reasons more to come.

We are continuing to do a lot of work.

With people who -- just trying to address those concerns.

Is never going to be an overnight phenomenon.

The O's expect that you get a large rush and detailing off and this is what's happening.

I think we still have time to address that kind of remaining ten to 15 percent to get us to that good level.

It's not so much Catholic global number is important I think if we don't play nice as it were, we can also alienate people and force people to think that they are being unfairly coerced which can have a lot of negative consequences.

It doesn't necessarily work and what works better is digging in and understanding the reasons.

And then we will see where we got to.

And we can make progress and get near those target numbers.

>> Reporter: We are hearing about conversations at the federal level about vaccine passports and have you been a part of that conversation?

Representing the Yukon?

>> My involvement is mostly in the conversations with the public health agency and the other chiefs.

There is a lot of work being done.

That possibility and the rationale.

And I think, you know, it's an obvious question around the world about, should there be a vaccine passport, what would it look like and what would be the benefit and what would be the risks and the downsides.

My focus again is continuing to work away on getting our whole community to a level of uptake where we can have that freedom as a community rather than it depending on an individual's vaccine status, that we have enough community protection to be able to open up widely.

Both as a territory and as a country.

>> Reporter: Just the one question.

>> Pat: We will move to Lori.

>> Reporter: I don't have a question.

Thank you.

>> Pat: I'd like to thank you all for your time and advised the next update will be March 31st at 10:30 AM.

Next week's technical topic is based on testing for COVID-19 and I wrapping test a strategy.

You have questions please e-mail us or post a question to the Facebook page.