

COVID-19 Facebook live update: April 14, 2021

>> I'm Pat Living with the Department of health and social services Andrea moderator for this COVID-19 update.

Joining us today are the Chief Medical Officer of Health Doctor Brendan Hanley, Mary Tiessen who is doing our sign language interpretation and we are also joined by Andre Bourcier from French languages who will provide French translation.

Two days briefing will look slightly different and Doctor Hanley will take us through a technical briefing on a variety of matters.

We will then go to questions from reporters on the line and we will call you by name and you will each have the chance to ask two questions.

I want to ask if everyone can hear us creeds if you are having problems with hearing please contact ecoinfo@gov.yk.ca.

>> Thanks Pat.

With our continued different approach over the last few months this briefing will be different in a number of ways.

Keeping in mind we are still currently and what is called caretaker mode until all of the new members of the legislative assembly have been sworn in.

Today I want to be walked through a review of variants and vaccines and risk and our usual case updates and I will use some slides which I hope will give more visual context.

We remain quite fortunate with our current progress in the vaccination campaign and we continue to push forward and remained steady in the midst of this pandemic.

First, the case updates.

Since I was last here, we have had no two new cases 75 and 76 new since today plus three public notifications recently which have been published for the two air flights into Yukon and some businesses as well.

These two newer cases are part of a family household cluster and it is linked to a family group that travelled in from out of territory.

We have treated this as a variant we first heard about the case and this was confirmed as clusters reflecting variant COVID and this is the P1 variant and these are the first cases.

Of this variant in Yukon.

All of our recent cases whether out of territory or the ones we last spoke about, visiting here or Yukon residents, they have been variants of concern.

Of course if we look back the vast majority of our cases have been acquired from travel or linked to someone who has travelled.

Through the last year and beyond I hope for the time we see ahead of us we have avoided and I think we will continue to try to avoid community spread of COVID-19.

A bit about the P1 variant.

There is relatively little-known compared to the others and we are learning more every day.

This is the variant originally associated with Brazil.

And has appeared in many provinces in Canada and we are concerned about it coming to the Yukon.

But it is a variant and like all variants the same public health measures work for variants that work for the everyday COVID we've been dancing.

Back to a bit of an overview.

I'm going to stay with this introductory slide while I talk about this overview.

We need to recognize our successful efforts have been due to a combination of strategies.

Most credit go to all Yukoners.

That's been our key to success.

We've also had the good fortune to remain moderately open while we have had to watch our friends and family and other parts of Canada reenter lockdowns.

As the variants spread and cases search I'm sure there are those who wonder if these more restrictive measures will come here we do have plans in place for what to do things get worse.

If we were to see a large increase and hospitalizations kind we may need to take additional steps.

Along with public health managers vaccines remain our best way out of this pandemic.

The early evidence is that the modernity vaccine has good effect against the B.1.1.7 variant but we know less about the effectiveness against the other variants of concern including P1.

Our vaccine progress is admirable.

We have provided 247,621st doses and 18,095 seconds doses.

Our vaccine team have completed their third visit and even without third visit our providing more first doses to Yukoners.

There have been no confirmed serious adverse events related to Moderna and we are aware of some minor reactions that have all been reported to the Public Health Agency of Canada.

I know a couple individuals have publicly reported severe in -- reactions.

Take reports of serious adverse events very seriously and we try to ensure people reported vaccine reactions that for them are unusual unexpected or severe.

We've always had a system for reporting vaccine reactions.

The nurses who run the vaccine program collect this information and work with physician advisors review the documentation.

And that table a so-called causality analysis is carried out.

Or if the timing of the vaccination was a coincidence in the event would've happened due to other reasons.

As a limited -- there's a limited amount I can say about the actual diagnosis or individual cases but what you may have heard has nothing to do with the rare thrombotic or clotting events that have recently been attributed to AstraZeneca and Johnson and Johnson and we also heard about the first Canadian attributed case of this in the news today.

But we are not hearing those signals with the mRNA vaccines including MADD.

Nothing about these particular cases make me concerned and after literally millions of these vaccines including Pfizer and Moderna distributed and injected, it's showing to be remarkably safe as well as effective.

We reached in the area of 70 percent of the eligible population having their first dose.

These -- the next slide might have the actual numbers but the numbers I route out to you earlier are the numbers as of the end of today.

When you think of that many people vaccinated it truly is an astounding accomplishment.

At the same time it isn't yet where we need to be.

This COVID virus has never been forgiving and the variants, even less so so after a rapid upswing in the first few weeks the progress is slow but there is progress.

You now see 54 percent, and the week before that 52 percent.

So this is the breakdown by age group but you can now hopefully see in front of you.

As we look across that span, vaccine uptake by age goes down so we look to the right that's the highest and now at 88 percent uptake, I fabulous uptake and then there is a decrease towards 54 percent in the youngest adult age group.

Hopefully this paints a picture of the proportion of the population that is still not vaccinated and vulnerable to the virus.

If we can find that 46 percent, almost 50 percent susceptible, we think of incoming newer people who may not be vaccinated and we think of the 20 percent of our population that is below age 18 which means thousands of people are still susceptible.

Enough are not immune.

And with variants, that threat is more pressing because of the increase ability in the transmissible ability.

This is a little more on variants and we know that the variants of concern are set in COVID activity in most of Canada.

Variants have definitely disrupted our efforts.

It's as if someone keeps adding corners to turn in the variants of concern are growing as our hospitalizations.

Younger people are being particularly hit, provinces that are aggressively trying to contain variants are reporting quite a substantial increase of younger patients who require intensive care.

These numbers present the reality of how pernicious these variants are its estimated one in every three patients hospitalized with COVID-19 will be admitted to intensive care and if we were to take these numbers in to consideration an estimate if a variant of concern were to get out of control the impact could be serious.

We can see the number of variants with the number of variants as well as presumptive variants.

And you can see Ontario God Alberta can't British Columbia, and the confirmed numbers go up to relieve daily.

Canada surpassed 40,000 cases and over 5,000 in BC alone.

If we were to live and COVID-19 in the territory without measures in place we could lose control.

We cannot yet just rely on vaccination.

And with case numbers being solo it's easy to thing to worry about and therefore to let our guard down.

Want to talk about how it has been such an important tool and its allowed us to live in a relatively open Society.

We often talk about importation risk.

What is the risk we're facing of COVID being carried in by people across the border?

That risk has been higher with every search and it is quarantine or self-isolation that has kept people from spreading.

This Swiss cheese model is a good representation of how public health measures work together.

This model likens it to all slices of Swiss cheese, stacked side-by-side and each hole BC represents a weakness in any individual part because every slice has weaknesses.

So the risk of anyone hole could be leading to COVID infection and it is reduced by the lack of that and you see that route going through three holes in a row which is kind of the concept.

When you stack up multiple spices you get that protection.

What does this mean?

No single measure alone will protect our population.

And it attests to how well our public health measures work.

Once BEC certain restrictions we are creating more holes and ultimately increasing susceptibility.

For people who have received first or second doses they may feel the holes don't matter but given that we don't yet know how long the vaccine will last we don't know how well the vaccine works and we know that with 90 to 95 percent real-world effectiveness that meets five to 10 percent of the time the vaccine may not work so even vaccine alone may not be as efficient layer of protection until there is a uniformly high uptake and until the risk of importing a virus from across the border gets back down to manageable levels.

That doesn't mean self-isolation will be permanent.

We are planning possibilities as we speak.

At this time we are not yet confident enough to feel a sufficient majority of Yukoners are protected.

Our border measures are critically important to slow the spread of any cases or importation be we are exploring some options in which we could lift or amend the self-isolation requirement.

We've also been asked why we can't reduce the self-isolation period for those who were fully vaccinated.

Believe me, we and many other places and people are exploring how this might work.

First end Beth Mairs does the best method is to prevent infection and it is keeping infectious people away from others.

Testing can help but it's clearly not a sufficient method entirely on its own end there are a number of factors to why testing is not perfect.

One of the reasons it is not full proof is because the risk of transmission is not constant throughout the duration of infection.

With apologies to Tim who I presume is online, this is a fictitious Tim.

To demonstrate why we don't test everyone.

On the slides you see the visual of Tim and let's say he took a visit outside somewhere even for an essential reason, he spent a few days in Vancouver for example and let's say he was exposed to COVID while out a small gathering.

He's nervous and arranges for a test the day after he returns.

The day off he has no symptoms and gets a negative result so he returned to daily life and by day eight he gets a tickle in his throat and a dry cough and runs a fever.

He has the wisdom to get tested again and two days later he receives a positive result. Since going to work and hanging out with friends he was infectious even though he only began experiencing symptoms eight days after.

I use this example to show the potential pitfalls of overreliance on testing. There are many ways to run testing programs with some degree of self-isolation but some degree is also generally required for that to be effective.

Clearly testing can be useful and I'm talking here about asymptomatic testing. It might in the future play a more prominent role in how we screen for COVID. But whether we test on day one or five or ten or all of those there is a risk of missing infection or diagnosing infection when none is present.

Testing takes time, interpretation and resources as we continue to reach high vaccination levels testing could play a more useful and manageable role when the consequences of a missed case are reduced because there are less susceptible people which is part of the work we are presently doing. To see when the time comes to relax current requirements.

Now is not that time.

Everyone entering YUKON weather for the first time for returning are required to solve isolate unless deemed a critical worker.

With the University semester ending shortly and students who are overweight returning home this is a good time to remind students and parents they will need to solve isolate.

Variants are spreading rapidly.

We need to ensure we limit that risk not just of invert at -- of introduction but possible spread. We know it spreads extremely easily even when people think they are living separately. As we see variants rising dramatically I want to offer the following strong recommendation. Everyone returning from travel must self isolate.

I recommend that household members self isolate with travellers for the 14 days which means not going to work, going shopping or mixing with the public.

When not possible please be extra vigilant and maintain at the Baltimore metre distance, wash your hands and clean all shared services and do not eat meals together.

Do not be in common areas without masks.

Do not share serving utensils.

And we are looking at more information and advice for returning students and parents and incoming seasonal workers.

I know we never thought this pandemic would surpass 12 months but here we are. We cannot predict what this will look like in a few months or a few weeks as the virus continues to go through drastic changes.

That part is beyond our control.

Even with this news and even though it may not seem like it we are in a good position and we are having these conversations and looking forward to beginning to lift some restrictions.

We need to keep finding within that resilience and strength to keep moving forward as this will keep Yukon in the place we currently are and that's my update.

>> We will now move to the phone lines.

We will move to Philippe from CBC Yukon.

>> What is the latest science on surfaces?

People still might be washing their groceries?

>> We are getting some feedback from someone who was on a different line so if I can ask people to please me there lines.

Philippe, please repeat the question.

>> I heard him okay.

He was asking about what is the signs about surface and what does that mean for things like washing groceries or maintaining surfaces.

We think they have come Sunway and it's not all in my head but what we find is that the COVID virus can linger and last on surfaces.

Not to the extent I'd be worried about groceries and watching groceries possibly touched by others in a common setting as well.

I think this the normal hygiene in terms of things you can carry home from a store.

Washing your vegetables as you always do, anything is what you should usually do.

It is important that in any public settings, including workplaces and where there's a mixing of people that we are conscious of the potential role of commonly touched surfaces.

Infection can be carried through dried droplets, and carried on the hands.

That's where things like something you might carry and give like a phone are a door handle are a desk area or a table are a meeting room, a lunchroom table, where there is frequent touching needs to be regularly cleaned.

It's really just a matter of that frequent cleaning.

It's mostly common sense but paying attention to that regular custodial care.

>> Thank you.

Do you have a second question?

>> What is the latest on nonemergency medical features for Yukoners.

Have we seen these procedures delayed?

>> There might be individual areas where there have been delays or backlogs so I can't speak specifically to that but medical travel is still occurring.

A lot of that has been occurring remotely or through zoom for primary care.

A lot has been happening by phone and by video and by remote technology such as Zoom or others and a lot of that is to facilitate the spacing required within medical clinics so to attend to in person care.

But the care has been happening virtually.

So I think to some extent that's happening with specialist care as well or whether that's even world care from specialists centered in Whitehorse.

Medical travel is still definitely happening.

We also need to plan for that self-isolation requirement and that needs to be factored into the booking.

>> Ten Whitehorse Star -- ten.

>> Did you narrow down the general location for these cases we.

>> If you prefer to wear the origin was, we don't disclose jurisdiction when we have cases that are "imported" as it were.

We, of course,, we know where his family came from is not jurisdiction we will disclose for confidentiality reasons and they are not "our" case is as it were.

We count them but they are also counted in another jurisdiction.

They come from another province where P1 is known to circulate.

>> Do you have another question Tim?

>> I appreciate the information but since it is a family cluster where are they located in the Yukon John Nunley.

>> We disclose if cases are in Whitehorse or enrolled Yukon.

These people are in Whitehorse.

>> We will move on to a reporter from radio Canada.

[Speaking French]

>> Can you explain in French why the progress we are making will not necessarily mean a change in the restrictions and the recommendations you have made.

[Speaking French]

[Speaking French]

[Speaking French]

[Speaking French]

[Speaking French]

[Speaking French]

[Speaking French]

[Speaking French]

[Speaking French]

[Speaking French]

>> Can you tell us, in French, how the situation with the collections is changing the process to make decisions in terms of restrictions are otherwise.

[Speaking French]

[Speaking French]

>> I'm just reiterating some of the aspects of a caretaker government.

I will quickly explain what I was saying in French about how a caretaker government works.

When there are significant decisions to be made such as those around public health measures, although they are usually based on recommendations from me and my position they are nonetheless government decisions.

Those sorts of decisions usually will await the swearing In Avenue government when I've had a chance to have ministers be sworn in and have had a vote in the legislative assembly.

We are currently in that in between stays for the deputy ministers make those day to day decisions.

That does not mean if we needed to make an urgent decision we don't have that capacity.

We do to bring together deputy ministers and cabinet if needed.

Otherwise, we await and will bring forward recommendations to the new government.

>> Haley, from Yukon news?

>> I'm sure I can read between the lines of the press conference so, this public exposure announcement, was that from a nonisolating household member with the first group?

>> If the question is was the person violating self-isolation, the answer is now.

It was someone that was not required to be in self-isolation.

And there was a setting in which evident transmission within the household despite best efforts to maintain the relation.

Points to the vulnerability we do have especially with variants which is why we have been cautious with our notifications which -- we have seen transmissions within households occur uniformly very easily with a demonstrated ability to spread rapidly.

Despite what appears to have been careful measures.

>> Those actual recommendations.

Around taking more precaution, going forward is there any possibility we will see -- is this a requirement for all members of the household to isolate?

>> It is possible.

We are looking at some options in terms of how we might tighten or recommend tightening of requirements.

It's not, I would say, directly related to these recent cases.

We know that this is rapidly rising numbers.

We know our importation risk have significantly increased which means the chance of someone trampling has gone up significantly.

So we know this is an ever present risk and people are being careful and are doing the right thing.

As our of said before variants are not forgiving and if we can find better ways to guide and support people in doing the best self-isolation possible while we ride through the wave those are some options we are currently looking at.

>> Let's move two-bath from the Canadian press.

I'm hearing nothing from Beth.

At like to thank everyone for their time today.

The next update will take place on Wednesday April 21st at 10:30 AM.