



**Yukon Communicable Disease Control  
#4 Hospital Road, Whitehorse, Yukon Y1A 3H8**

## **Memorandum**

**Date:** 2022-03-24 22-04  
**To:** All Health Care Providers  
**From:** a/Chief Medical Officer of Health (a/CMOH) & Yukon Communicable Disease Control (YCDC)  
**Subject:** COVID-19 provider update # 24

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Dear colleagues,

While we are moving from mandatory to discretionary use of public health measures for COVID-19, disease continues affect the Yukon and ongoing risk of transmission remains high. While vaccination continues to be a tool for reducing one's chances of severe disease, it is still important to stay home when sick, mask, wash hands and maintain space and air between yourself and your contacts to mitigate transmission and protect our most vulnerable.

### **Key Updates:**

1. Changes in public health measures and mask use
2. Epidemiology Update
3. COVID-19 testing for HCP
4. Paxlovid

### **1. Changes in public health measures and mask use**

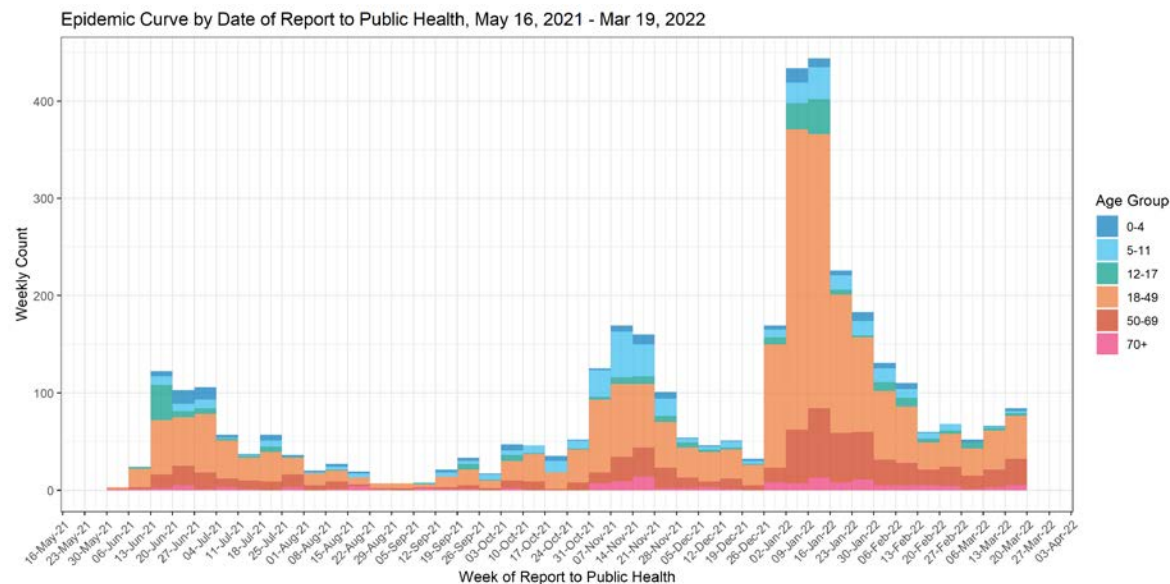
On March 18, the Yukon Government lifted their requirement for mandatory mask use in public places. This signals a shift from mask use being required to discretionary use. Mask use is recommended in crowded spaces, areas of poor ventilation, when in close contact with large/new groups of people and around those who are at risk of developing severe disease. We encourage health care providers to continue to critically assess their risks of acquiring COVID-19 in their interactions with others when not a work and make informed decisions.

At this time, we would like to remind all providers and staff in health care settings to follow existing personal protective equipment (PPE) requirements for staff and clients/patients including the use of a well-fitting medical mask when entering a clinical setting. Mask use is highly effective at preventing spread in workplaces by preventing transmission from the person wearing the mask (source control).

There have be no changes in the PPE guidelines for the healthcare clinical and administrative staff at this time. Please continue to follow the most up-to-date PPE guidelines available; found here: <https://yukon.ca/en/health-and-wellness/covid-19-information/health-professionals-covid-19>

We will continue to closely follow the epidemiology of COVID-19 and will inform you if any additional changes regarding mask use or PPE are recommended.

## 2. Epidemiology Update



The peak of the omicron wave has passed, however there is still high case activity, with community transmission in Whitehorse and many rural communities. In addition, the BA.2 variant is present and is likely to become dominant in the next few weeks.

Over the first two weeks of March, case activity has increased from a low at the end of February. This increase in transmission is attributable to increasing contact between people without using masks, distancing et cetera. We are also seeing severe outcomes. There have been 8 deaths so far in the omicron wave, comprising 1/3 (33%) of the deaths among Yukoners during the entire pandemic. While the individual risk of severe outcomes is lower with omicron than prior variants, we are seeing these deaths because a higher number of people have been

infected including the most vulnerable. Deaths have occurred among people who are older, not vaccinated or not up to date on vaccinations, and with one or more comorbidities. The evidence is clear that the booster is significantly protective and particularly important for those who are most at risk, and those who could transmit virus to them including those in health care and high risk settings.

“Case activity” is a term to describe the overall number and complexity of cases, and their distribution. High case activity at this time is demonstrated by increasing case counts, high percent positivity (>35%), a high proportion of cases without known source (50%), increasing complexity of cases and clusters, presence of outbreaks, transmission in communities and absenteeism from school and work.

Starting March 16<sup>th</sup> YCDC began seeing signs of increased workplace clusters in health care settings as well as in workplaces that provide critical essential services. Transmission is occurring in the workplace from individuals who are infected elsewhere. This is preventable by:

- Maintaining 2 metre distance between people meeting, in break rooms and while eating
- Wearing masks in meetings
- Using PCR (not rapid antigen testing) for symptoms. This is important to identify infections in health care settings.
- Careful and proper use of PPE with other colleagues in addition to with patients
- Keeping provider and staff immunizations up to date with COVID-19 which means:
  - o If 6 months have passed from 2<sup>nd</sup> dose, then get a booster shot.

We see the above prevention measures not being done in situations involving workplace transmission.

### 3. COVID-19 testing for health care providers

As a reminder all first responders (e.g., RCMP, EMS), residents and staff of congregate settings (e.g., correctional centres, shelters) and all front line health care workers with direct patient care (e.g., family physicians, nurses, dentists) meet testing criteria for PCR testing. While use of rapid antigen tests (RAT) play a role in community based testing for COVID-19 for persons at low risk of severe outcomes, **their use is not recommend for person who meet the high risk testing criteria, including HCPs and first responders who could expose those vulnerable to severe disease.** PCR testing is important for HCWs and persons who work in locations at increased risk of outbreaks, including hospitals, clinics, correctional facilities, long-term care homes, shelters, etc.

Use of antigen testing in symptomatic health care workers and staff have led to outbreaks because of false negative results. As such, **a negative RAT should not be used by these groups, who are symptomatic as a “green light” to be in the workplace.** A negative RAT means the virus

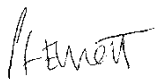
was not detected, and we know that RATs are not as good at detecting the virus as PCR tests. This is why PCR testing is recommended for all first responders, staff in congregate settings and front line HCWs.

#### 4. Paxlovid

YG and YHC are in the final staging of completing the preparations for Paxlovid to be available throughout YT for individuals who meet certain criteria. This medication will be offered to persons most at risk of severe outcomes. Eligible patients include those with mild disease, within 5 days of symptom onset and they must have good renal and hepatic function and not be on one of the many medications with significant interactions. More specific details will be provided at the time of launch.

Next week a provider quick reference guide to use, along with process pieces and health care provider support numbers will be released when the program is ready to be start. In addition, engagement with specialists who are actively involved in a patient's care, is highly recommended for patients with complex medical conditions as well as those who are immunosuppressed. Doses will be prepositioned in all 3 ERs in Yukon, as well as the primary care health centres in rural Yukon, in addition to a few pharmacy locations in Whitehorse. The allocation of stock is based on internal data analysis that maps to **the prescribing criteria**, not community population. As such there are significant difference between communities that may have similar populations. Stock for all of Yukon is limited and will be monitored closely. The ordering process for this medication will follow existing established processes for vaccines throughout YT.

Thank you for your continued cooperation and support,



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