



Yukon Communicable Disease Control
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Memorandum

Date: 2022-01-05 22-01
To: All Health Care Providers
From: a/Chief Medical Officer of Health (a/CMOH) & Yukon Communicable Disease Control (YCDC)
Subject: COVID-19 provider update # 22

Dear Colleagues:

The Omicron variant of COVID-19 is now present in the Yukon and we anticipate the territory will follow a similar epidemiological path as elsewhere in Canada and we can now consider Omicron as the dominant circulating variant of concern (VOC). This is a highly transmissible variant that causes milder illness than Delta. The booster is important to provide best protection against severe illness. In response to this guidelines will continue to shift over the next several weeks as we learn more about the Omicron variant and continually reprioritize and reallocate our limited healthcare resources toward those who are at most risk of severe illness based on our ongoing assessment of appropriate management and what we expect to be a significant demand on the system.

1. Epi update
2. Updates to case and contact management
3. Testing recommendations **will be effective as of January 6, 2022**
4. On the horizon

Probable and confirmed cases in Yukon
(YT residents + non YT residents diagnosed in YT)

Dates	Number of cases*
Jan 1	78
Dec 31	46

1. Epi update

Over the last week of December there has been a significant shift in the number of COVID-19 cases in YT. COVID-19 Case counts over the last few days for person diagnosed with COVID-19 in YT are:

Dec 30	27
Dec 29	23

Based on the clinical presentations, vaccine modified infections, significant increase in positivity (currently over 30%) as well as rapid rise in case counts, widespread Omicron in Whitehorse and Dawson City is likely the cause. The arrival of community transmission of Omicron brings with it a change in where YT is at in this pandemic.

2. Updates to case and contact management

Cases of COVID-19 YCDC prioritizes supporting isolation of the individual while they are considered infectious in an attempt to limit further transmission. Nursing roles remain in gathering case information, providing education and ensuring cases are able to safely and effectively isolate to decrease the risk of ongoing transmission. Individuals at increased risk of adverse outcomes (including pulmonary disease, immune compromise, pregnancy) have been directed to contact their primary care provider for ongoing clinical management.

Contacts of COVID-19 The reallocation of resources has resulted in a shift in the personal responsibility of cases to inform their contacts within the community settings. Resources have been developed to support cases in identifying and notifying close contacts as well as direction for those who are informed they are contacts. The resources are available online at <https://yukon.ca/en/what-do-if-you-test-positive-or-are-contact-covid-19>. These online resources for cases and contacts will be updated regularly as the guidance is updated.

At this time, YCDC will maintain in the role of contact tracing and notification for the following high-risk exposure areas:

<ul style="list-style-type: none">• Long term care/assisted living /group home• Shelters• Aggregate addiction services – withdrawal support (detox); and intensive treatment programs• Correctional Centres - WCC, YOF	<ul style="list-style-type: none">• Person who work in or received clinical services (e.g. acute care facilities, doctor's offices/health centre, etc)• Receiving non-urgent AGMP• Schools/ Daycares
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Isolation of close contacts

Immunization and previous history of infection will remain criteria for determining if close contacts require isolation.

Asymptomatic close contacts, who isolate away from a case, will be advised to self-monitor and will not require isolation if:

- they are immunocompetent and have received **2 doses** of mRNA COVID-19 vaccine, with the second dose received within the last 6 months and at least 14 days before the contact; OR
- they are immunocompetent and have received **3 doses** (2 dose primary series + 1 booster) of mRNA COVID-19 vaccine at least 14 days before the contact; OR
- they have a history of lab confirmed COVID-19 infection within 90 days of the exposure.

Close contacts who do not meet the criteria above will be directed to self-isolate for 7 days following the exposure, followed by self-monitoring for 7 days. This includes those with moderate or severe immune compromise infection as well as those who have not received mRNA vaccine due to increased risk of breakthrough infection.

All symptomatic contacts are very likely to have acquired COVID-19. . These contacts do not require testing, but rather should assume they are a case if they have the symptoms. . A negative test will not change the isolation requirements for those advised to isolate.

3. COVID-19 testing recommendations

COVID-19 is present throughout Whitehorse, rural communities and across Canada. While adherence to public health measures and vaccination help to reduce the spread and severity of disease, symptomatic testing plays a critical role in early detection and containment of cases. As cases surge, the priority for lab-based PCR testing will be reserved for situations where there is highest risk to individual or public health outcomes.

With this in mind, the **COVID-19 Testing Recommendations** for Whitehorse, Rural Yukon, and Saline Gargle have been significantly updated. This change be in effect starting January 6 2022. Please review these in detail, and post them within your facility.

Instructions will be available publically for those symptomatic individuals who do not meet these new testing recommendations.

Clinic or lab-based NAAT testing (i.e. PCR or Abbott IDNOW) may also be used upon direction by MOH/YCDC within this criteria as a part of surge or outbreak approaches depending on the clinical context.

4. On the horizon

COVID-19 Outbreak Guidance for Long-Term Care Homes has been reviewed and updated. This guidance will be available on the Health Care Provider section on [Yukon.ca/covid19](https://www.yukon.ca/covid19)

PPE and Infection Prevention and Control measures PPE guidelines for Medical Clinics/Outpatient Facilities as well as Community Health Centers including home care setting have been reviewed and will be released in the near future.

End of isolation period for cases The most appropriate time to remove isolation is being reviewed in YT as well as nationally to best balance risk of disease with the viral characteristics of omicron.

Self-test COVID-19 kits Work is ongoing in the best allocation of this tool within the quickly changing context of COVID within YT.

Thank you for your continued cooperation and support,



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