

**Yukon Communicable Disease Control
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Memorandum

Date: 2022-01-24 22-02
To: All Health Care Providers
From: a/Chief Medical Officer of Health (a/CMOH) & Yukon Communicable Disease Control (YCDC)
Subject: COVID-19 provider update # 23

Dear Colleagues:

As we continue to adapt to the changing landscape of COVID-19 in the Yukon, we'd like to provide some updates on the many changes that have occurred during this Omicron surge as well as the rationale for these changes. This memo has been carefully crafted to contain key information, so please do take the time to consider it in its entirety.

Immunization has been a way for us to decrease morbidity and mortality by stopping or decreasing the spread of communicable diseases. COVID-19 vaccination has been successful in priming immune systems to recognize the SARS-CoV-2 virus, so when encountered, the risk of severe outcomes or death is decreased. In the Yukon, a large percentage of the population is immunized and therefore majority of the population will have mild symptoms and thus able to be managed at home. Both the rapid rise in cases related to the Omicron variant and a highly immunized population have informed changes for a transitional period as we move toward managing COVID-19 in a similar way to how we routinely manage respiratory illnesses.

In the Yukon, we have benefitted from seeing what has happened in other parts of the world where Omicron is spreading. The approach of containment of the Omicron variant is not possible without extreme restrictions. These restrictions are not needed because although this virus spreads more quickly, due to immunologic memory in those who have been vaccinated or had infection before, there is less risk of each person getting very sick or dying from this variant. This means that there are a large number of people with mild disease, for every person who is

hospitalized or dies. For this reason, hospitalizations and deaths have become more accurate indicators of how the Territory is managing with the Omicron surge.

COVID-19 vaccination, workplace COVID safety protocols and the Safe 6 +1 measures have the greatest impact on decreasing the spread of COVID-19. Public Health Measures are needed when the current levels of vaccination are insufficient to protect from a large number of people getting severely ill. At this time, public health measures through CEMA have been implemented to slow the spread of COVID-19. Yukon community members now have the tools they need to protect themselves and there is now a shift for people to take personal responsibility for their health and for protecting the community as we move toward an endemic state.

We understand that this shift can increase levels of fear and anxiety for some people both within the health care system and in the general public. We have found that what has been most effective at preventing spread of COVID-19 is the adherence to the Safe 6 +1 recommendations and workplace COVID safety protocols, while immunization provides strong protection against severe disease. We ask that you continue to follow these guidelines and provide education and reassurance to your clients or patients on what they can do to protect themselves and the community.

Key Updates:

1. Epi update
2. Updates to case and contact management
3. Testing recommendations and the use of Rapid Antigen Tests
4. Why is there a change in how we are managing COVID-19 in Yukon?
5. PPE recommendations
6. Paxlovid

1. Epi update

The incidence of COVID-19 in Yukon cases continues to be elevated as we continue to manage the ongoing Omicron surge. This rate is substantially higher than both the Gamma wave in June 2021 and the Delta wave of October/November 2021 which is consistent with the Omicron experience.

As rapid antigen tests (RAT) and testing criteria changes become increasingly common place, the case-confirmed numbers will continue to reflect a lower portion of the true number of people infected as we move away from counting cases and transition to monitoring of more appropriate measures of severe outcomes including hospitalization data. Thus far, the hospitalization and severe outcome rates have been encouraging, and are being monitored closely.

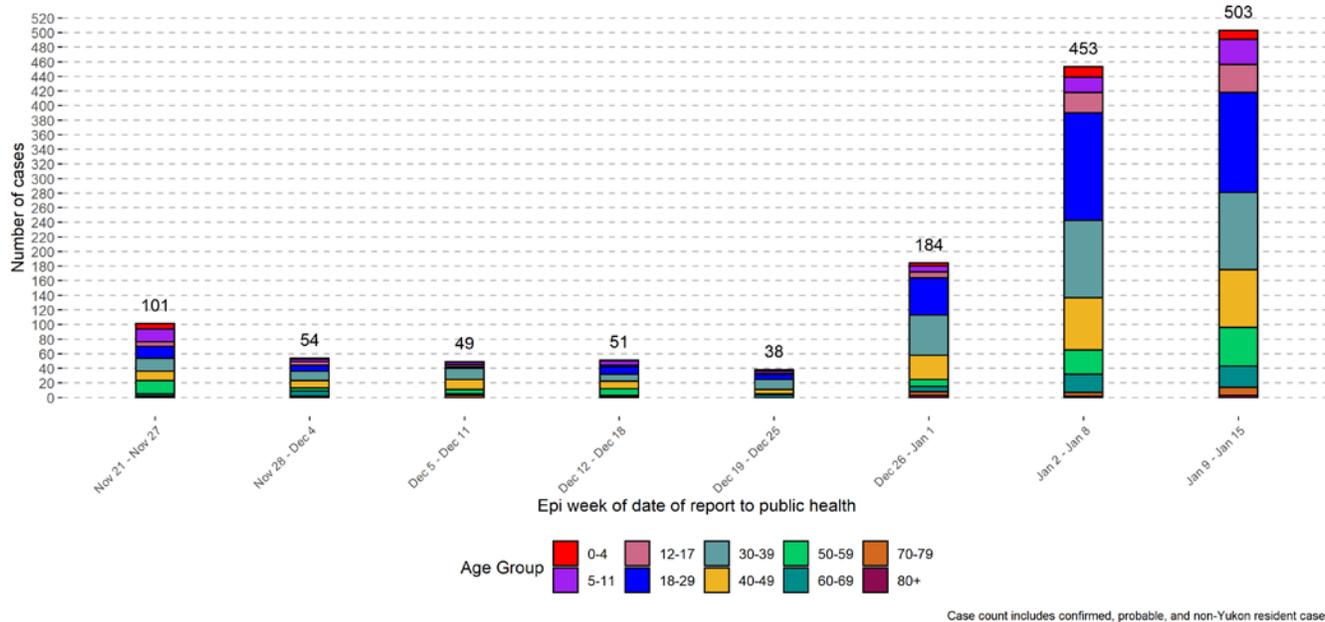
Unlike other jurisdictions, Yukon is also seeing higher rates of RSV in the YT population. As such, it is even more important that HCPs and Yukoners stay home when they are unwell, and that a negative COVID test when symptoms are present should not be used to support persons to be at work or school.

See selected epi data below.

Total number of COVID-19 cases - 1 September 2021 to January 18 2022

	January 2022	December 2021	November 2021	October 2021	September 2021
Number of cases	1,001	304	565	193	69
<i>Confirmed- YT cases</i>	<i>969</i>	<i>296</i>	<i>564</i>	<i>191</i>	<i>67</i>
<i>Probable- YT cases</i>	<i>32</i>	<i>8</i>	<i>1</i>	<i>2</i>	<i>2</i>
<i>Persons diagnosed with COVID-19 in Yukon and managed in YT, in non-YT residents</i>	<i>91</i>	<i>20</i>	<i>6</i>	<i>49</i>	<i>19</i>
Deaths	0	2	3	1	1
Hospitalizations	1	8	23	5	7
Medivac to a tertiary care center out of territory	1	1	2	1	1

Number of COVID-19 cases by Epiweek of Date of Report to Public Health, Past 8 Weeks (n = 1,433)



2. Updates to case and contact management

Please find attached the updated *Interim Guidance: Public Health Management of Cases and Contacts Associated with Novel Coronavirus (COVID-19) in the Community Public Health Management of Cases and Contacts*. We ask that you review the entire document. Key clinical highlights include:

- **Incubation period for Omicron:** median incubation period of 3 days (range 0-8 days).
- **Management of cases of COVID-19:** Isolation requirements for cases of COVID-19 have been updated to differentiate based on immunization status:
 - Definition of “Up-to-date” have been incorporated and defined as:
 - 2 doses of vaccine with the last dose less than 6 months ago or
 - 3 doses of vaccine (2 doses + booster dose).
 - Immunocompetent cases with an “up to date” COVID-19 vaccine status are advised to isolate for 7 days.
 - **Those without up-to-date immunization remain at 10 days isolation.**
 - Those who are moderately to severely immunocompromised and those with severe disease, including a diagnosis of COVID pneumonia regardless of severity remain at 20 days isolation.
 - As a reminder, cases of COVID-19 are required to self-isolate. As such there should be no ongoing contact with others, unless a group is isolating as a unit. This means, **household contacts or primary caregivers who are in continued contact with cases are required to isolate with the case regardless of immunization status.**
- **Management of contacts of COVID-19:** Isolation requirements for contacts of people with COVID-19 have been updated based on immunization status.
 - Definition of “up-to-date” has been incorporated as defined above, as well as persons with confirmed COVID-19 infection in the past 90 days for persons to meet a self-monitor approach.
 - Those without up-to-date immunization, nor lab confirmed COVID-19 within the last 90 days, **need to isolate for 7 days followed by self-monitoring for 7 days**
- **Home based COVID-19 tests: New section added.**
- **Contact management/contact tracing:** 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 	<ul style="list-style-type: none"> • Correctional Centres - WCC, YOF • Person who work in or received clinical services (e.g. acute care facilities, doctor’s offices/health centre, etc.) • Receiving non-urgent AGMP
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YCDC has transitioned out of school notification as of Monday January 17th and anticipate transitioning out of daycare notifications sometime next week.

School closures have been found to have a negative impact on the mental health and healthy development of children. Children have a lower morbidity and mortality from COVID-19 and now that we have offered immunizations to all school-aged children, that risk is even smaller. Decisions are based on the best interests for the whole population of children in Yukon. At this point in the pandemic, within the context of omicron and a highly immunized population having closures of classes/schools based on COVID-19 exposures, would result in a more negative outcomes and unintended consequences. It is important to note that we continue to see that COVID-19 is more commonly spreading to children outside of school settings within households and in close social contact.

3. COVID-19 testing recommendations and the use of Rapid Antigen Tests (RAT)

COVID-19 Testing Recommendations for Whitehorse, Rural Yukon, and Saline Gargle were updated January 5, 2022 to prioritize those as highest risk. With this change, Yukon Government has made available RAT for symptomatic individuals who don't meet the criteria for PCR testing. This direction is available at <https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals>

Symptomatic HCPs should continue to arrange for PCR testing and not rely in the results of a RAT. Please see attached FAQ for health providers with more detailed information on who is eligible for rapid antigen tests and how to interpret results.

4. Why is there a change in how we are managing COVID-19 in Yukon?

In general, the focus of public health and specifically communicable disease, is to look at things from a "population" level. We look at how to best protect everyone with the resources we have in a manner that is consistent with the context of care in Yukon. We look at who is impacted by communicable diseases and what resources we have to protect our vulnerable and those most likely to be impacted by disease with the ultimate goal of decreasing morbidity and mortality. There have been significant developments in the last year that have changed how we are managing COVID-19, including immunization, testing technologies and the emergence of the Omicron variant. These changes require us to change our response as well.

The objective of communicable disease response to COVID-19 is to prevent severe outcomes by protecting those who are most at risk for getting very sick or dying, those who work with individuals at most risk for getting very sick or dying, and those who live and work in communal settings to quickly identify and mitigate outbreaks. Testing strategies have changed to meet this objective. Testing strategy is designed so that we can focus our attention on these high risk

individuals and settings and act as quickly as possible to control spread and prevent severe disease.

Resources are publicly available to help people understand what to do with a positive test and how to inform their contacts. You, as a HCP, may receive more call from clients related to this change or may be activating engaging patients directly, so it is important for you to be aware of these resources as well. The main landing page of Yukon.ca for this information is:

<https://yukon.ca/en/what-do-if-you-test-positive-or-are-contact-covid-19>

Here is where we are seeing ongoing transmission at this time. We see transmission happen in households and other social gatherings as well as unknown acquisition suggestive of ongoing significant community transmission. We expect that most people who have COVID-19 who are in these groups will have mild symptoms that can be managed at home, which is in part due to Yukon's highly immunized population. We continue to see some transmission in work settings where there is ongoing shared break rooms, when there is inappropriate spacing and mixing of staff. Notably, we are **not** seeing evidence of transmission in our schools or transmission from patients to frontline health care providers.

5. Personal Protective Equipment (PPE) recommendations

PPE guidelines have been updated to include the discretionary use of N95 masks for health care providers who are providing direct patient care to those with suspected or confirmed COVID-19 infection. Staff should conduct a Point of Care Risk Assessment (PCRA) with every client interaction to determine if additional precautions are indicated. HCPs will not be considered high risk close contacts if they provided care without the use of N95s, as long as they wore continuous facial protection (medical mask and eye protection). Please see attached guidance and FAQ. HCPs working in hospital settings should follow hospital policies which may differ from the guidelines.

6. Paxlovid antiviral therapy

On January 17th, Health Canada approved the use of an oral antiviral Paxlovid – which consists of a 5-day course of 2 medications: nirmatrelvir and ritonavir. Like all antiviral therapy, early initiation is key to efficacy and positive treatment outcomes. At present, there is a recommendation for the initiation of therapy within 5 days of symptom onset.

Yukon has participated in the federal procurement process and will be strategically implementing its use shortly. Eligibility criteria and process for approval/distribution to follow to support territorial access within a defined eligibility criteria as well as a reporting requirement for when this medication is prescribed. We will send an update on this program to correspond with the roll out.

We recognize that being in another wave of a new strain is trying for many of us, and we appreciate your dedication and ongoing service to help keep us all healthy. Working together we will get through this. Thank you for your continued cooperation and support,



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