



Message from
Dr. Verna Yiu &
Dr. Laura McDougall

AHS Update: Case, hospitalization numbers show vaccines work, Wisdom Council issues statement on residential school mass grave

Please print and share with your teams as needed

Dear staff, physicians and volunteers,

Today's Update

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Top News

Alberta Numbers Show Vaccination Works

Since the first COVID-19 vaccines arrived in Alberta last December, we've been urging Albertans to get vaccinated as soon as they're eligible because it's the best way to prevent infection and/or severe illness caused by the virus. We'd like to start this week's message by sharing compelling evidence that vaccines work.

Since Jan. 1, 96 per cent of all confirmed COVID-19 cases in Alberta were either unvaccinated or diagnosed within two weeks of getting their first dose, when immunity is still developing. That's how effectively vaccines prevent infection.

Our hospitalization numbers tell a similar story. Since the start of the year, 93 per cent of individuals hospitalized with COVID-19 were either not vaccinated, or diagnosed within two weeks of getting their first dose.

We share these numbers with you today to illustrate how incredibly effective vaccines are at preventing infection and severe illness. Through immunization, we can bring this pandemic to an end. Please get yourself fully immunized as soon as you are eligible to do so, and please encourage others to do the same. As healthcare workers we also have a duty to our patients and families to keep them safe. Please get immunized as soon as you can to protect yourself, your family, and all Albertans.

Wisdom Council Statement on Residential School Mass Grave

The AHS Wisdom Council provides valuable guidance and advice to AHS leadership to support our organization's journey toward ReconciliACTION. I (Verna) received this letter from the Council Chair and Vice-Chair following the tragic news from B.C. last weekend and I wanted to share it with you.

Re: Statement on findings of residential school 215 children mass grave

It is with heavy hearts we share this statement on behalf of the Wisdom Council. Approximately six days ago the Tk'emlúps te Secwépemc First Nation shared their preliminary findings from a survey of the grounds at the former Indian Residential School. What they uncovered were the remains of 215 children buried at the site. This news reverberated across Canada and for the Indigenous people who knew of this genocide, and those residential school survivors who witnessed the atrocities first-hand, they were reminded once again of the pain and suffering they experienced.

The news brought many to mourn the tremendous loss. There is an outpouring of grief and calls for other residential schools to be searched so we can bring all of our children home. The rest of Canada is now aware of this truth and when we talk "reconciliation" what does it mean for mainstream society? In the Truth and Reconciliation Commission (TRC) report a number of calls to action were made to address residential schools, one we are sharing below:

Call to Action 75. We call upon the federal government to work with provincial, territorial, and municipal governments, churches, Aboriginal communities, former residential school students, and current landowners to develop and implement strategies and procedures for the ongoing identification, documentation, maintenance, commemoration, and protection of residential school cemeteries or other sites at which residential school children were buried. This is to include the provision of appropriate memorial ceremonies and commemorative markers to honour

the deceased children. We must hold the Federal government accountable and continue to push for those TRC calls to action that were developed to be honoured. We talk reconciliation but it is time for reconciliACTION!

Our recommendation is for AHS healthcare providers, volunteers and leaders to read or re-read the Truth and Reconciliation Commission of Canada Report to reinforce their knowledge and understanding as one step towards reconciliation. The website to access the report is [NCTR - National Centre for Truth and Reconciliation](#).

If we are to make a change to begin truly healing as a Nation, not only the Indigenous people but all Canadians need to come together in hearing our truth with compassion and humility.

In closing, focus on staying well spiritually, mentally, physically and emotionally. We have experienced many challenges but we have and will overcome.

In the Spirit of Health and ReconciliACTION,

*— Casey Eagle Speaker, Chair – Wisdom Council, AHS
— Wally Sinclair, Co-Chair – Wisdom Council, AHS*

COVID-19 Status

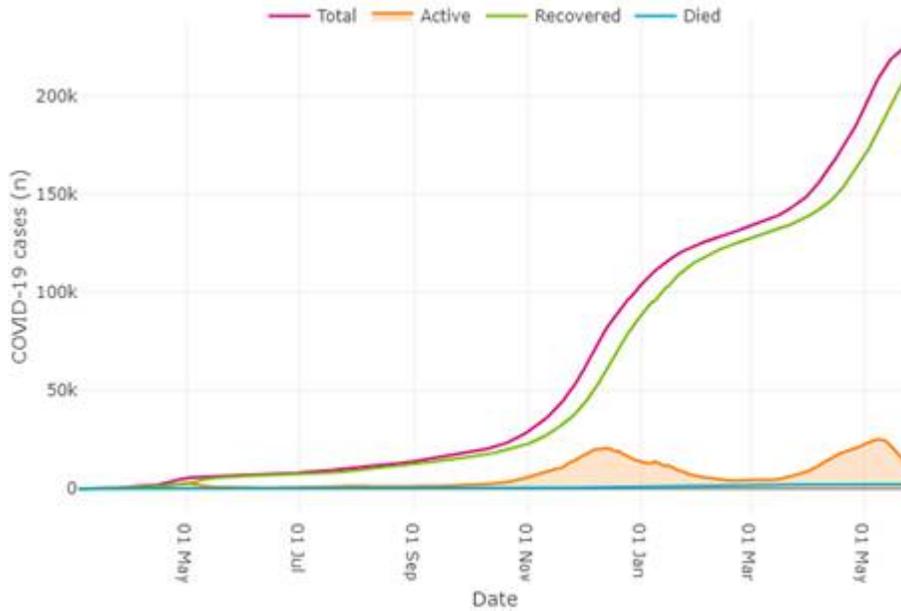
COVID-19 case numbers, hospitalizations and ICU admissions all continued to fall this week, while the Government of Alberta announced its timelines for Albertans to book their second doses of vaccine (see COVID-19 Immunization Update).

As you can see in the table below, active case counts are down significantly provincially and in all five zones.

	Active Cases (as of June 2)	Active Cases (as of May 26)	Per cent Change
Calgary	2,379	4,150	-42.7%
Edmonton	1,522	2,616	-41.8%
North	816	1,511	-46.0%
Central	745	1,145	-34.9%
South	367	591	-37.9%
Unknown	2	4	-50.0%
Total	5,831	10,017	-41.8%

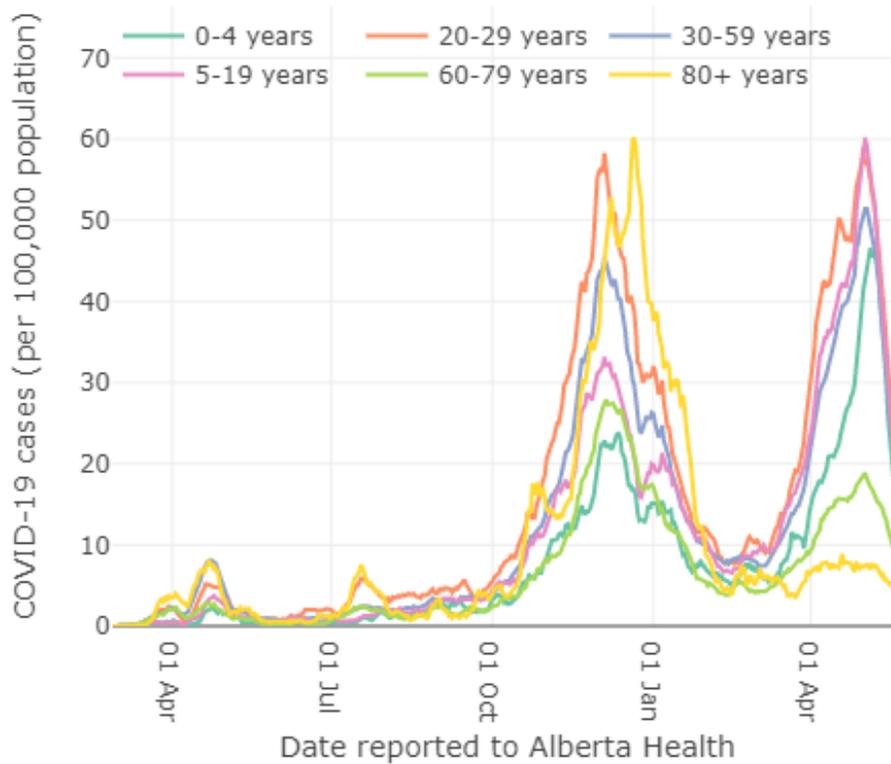
There was an average of 366 new daily cases for the seven-day period ending June 2, compared to 534 the previous week (May 20-26), a 31.5 per cent decrease. Calgary Zone had the most new cases over the past week, with 1,025, but that still

represents a 33.7 per cent decrease from the previous week, when 1,545 new cases were reported.



Cases by age group

School-aged children (aged five to 19 years) had the highest seven-day rolling average of daily cases with 11.57 per 100,000 people, followed by young adults (20-29 years) with 9.57, and young children (0-4 years) at 9.14. Albertans 80 years and older had the lowest rate at 2.86. A visual representation of these trends can be seen below.

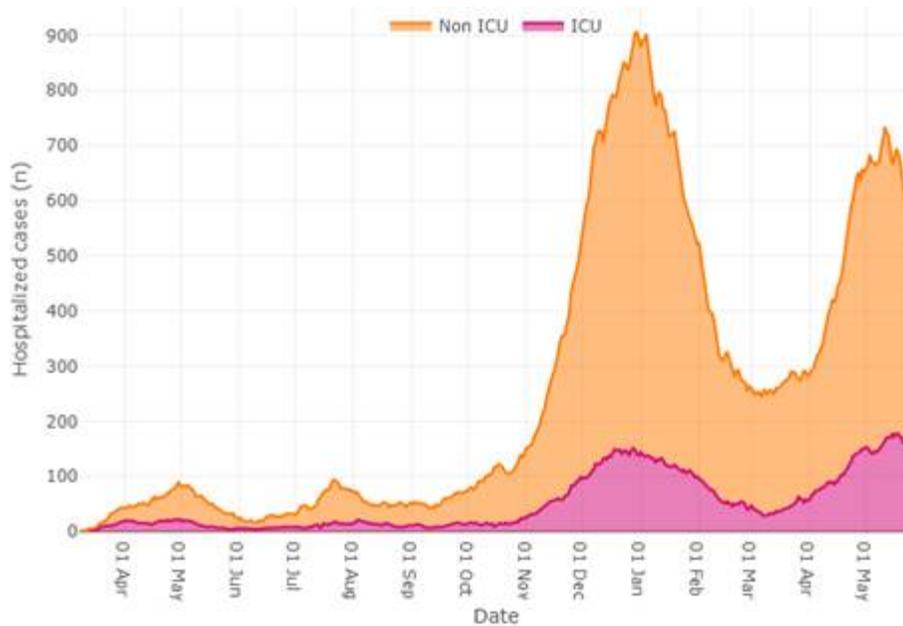


Hospitalizations and ICUs

On June 2, 120 individuals with COVID-19 were in ICUs compared to 147 on May 26, an 18.4 per cent decrease. The most recent reporting, on May 31, puts our ICU usage at 75.4 per cent, with 50.4 per cent of ICU beds being occupied by patients with COVID-19. The figure below is a visual representation of ICU capacity in Alberta.



A total of 291 individuals with COVID-19 were in non-ICU hospital beds on June 2 compared to 392 on May 26, a 25.8 per cent decrease.



The breakdown of hospitalizations by zone as of June 2 is represented in the table below.

	Hospitalizations	ICUs
Calgary	155	44
Edmonton	139	47
Central	47	11
North	40	11
South	30	7

Variants of concern

The lab is currently prioritizing the sequencing of backlogged samples. The proportion of presumptive and other variants may change as presumptive variants are sequenced.

On June 2, averaged over the previous seven days:

- 86.6 per cent of samples successfully screened were the B.1.1.7 (UK) variant
- 5.2 per cent of samples successfully screened were the P.1 (Brazil) variant
- 1.0 per cent of samples successfully screened were the B.1.617 (India) variant
- 0.1 per cent of total samples successfully screened were the B.1.351 (South Africa) variant
- 1.4 per cent of total samples successfully screened were labelled as presumptive variant.

Since this is a seven-day rolling average, the numbers may not sum to 100 per cent.

Other notable COVID-19-related information:

- As of June 2, a total of 228,424 cases of COVID-19 have been detected in Alberta and a total of 9,377 individuals have been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 220,357 Albertans have recovered from COVID-19.
- As of June 2, 2,236 individuals have passed away from COVID-19, including 37 over the seven-day period from May 27 to June 2. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- From May 27 to June 2, 44,835 COVID-19 tests were completed, an average of 6,405 tests per day. During this period, the daily positivity ranged from 4.60 per cent to 7.00 per cent. As of June 2, a total of 4.54 million tests have been conducted and 2.14 million individuals have been tested.
- The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The provincewide R value from May 24 to May 30 was 0.72 compared to 0.67 the previous week.
- For the winter school term, as of June 3, AHS has confirmed 9,208 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 1,363 out of 2,415 schools (56.4 per cent) in the province have reported an individual has attended their school while infectious or had in-school transmission.

Things You Need to Know

COVID-19 Immunization Update

By the numbers

This week's vaccination number are not available.

First dose appointments

First-dose appointments remain a priority and continue to be available to Albertans born in 2009 or earlier. If you have not yet received your dose, please book as soon as possible. The more Albertans who have vaccine protection against COVID-19, the sooner we can get back to doing more of the things we love.

Second doses roll out to those who received their first shot in March

The Government of Alberta announced this past Tuesday that appointments for second doses of the COVID-19 vaccine are now available to eligible populations.

Albertans can schedule second-dose appointments in the order they received their first doses:

- Anyone vaccinated in March or earlier can now book their second dose.

- Anyone vaccinated in April can book their second dose starting June 14.
- Anyone vaccinated in May can book their second dose starting June 28.

For those who received an mRNA vaccine (Pfizer or Moderna) as their first dose, they will receive an mRNA vaccine as their second dose.

Those who received AstraZeneca/Covishield as their first dose will be asked to choose to book their second dose with either AstraZeneca or an mRNA vaccine. Second doses of AstraZeneca are only available through AHS.

Appointments are available through Alberta Health Services online at www.ahs.ca/covidvaccine, and [participating pharmacies](#) and physician's offices, or by calling 811.

In the first 24 hours after the government announcement, 112,270 appointments were booked through the AHS booking system, and almost all of them were second-dose appointments. Between June 1 and this morning (June 4) more than 130,000 second-dose appointments had been booked through AHS.

AstraZeneca update

AHS is currently working with Alberta Health to ensure all eligible individuals who want to receive their second dose of AstraZeneca are able to receive it. We are continuing to book appointments for AstraZeneca.

Additional supply of AstraZeneca is anticipated to arrive in Alberta in the coming days. As more supply of this vaccine becomes available, more appointments will become available.

Albertans who received AstraZeneca for their first dose may choose either the AstraZeneca vaccine or an mRNA vaccine (Pfizer/Moderna) for their second dose.

We recommend that those who had a first dose of AstraZeneca wait for at least eight weeks after their first dose to get the best level of protection, regardless of the type of vaccine they choose for their second dose. Studies looking at different timing for second doses of AstraZeneca show that waiting longer than eight weeks is better than getting a second dose before then.

No matter which vaccine Albertans choose, the second dose will offer enhanced protection against COVID-19 and will complete the COVID-19 two-dose vaccine series.

Anyone needing help finding vaccine appointment availability in their area can call Health Link at 811.

For more information, visit Alberta Health's [Second Dose for AstraZenca/Covishield information sheet](#).

You can also visit our [vaccine FAQ](#) for more information about vaccine products and booking a second-dose appointment.

COVID-19 Testing for Healthcare Workers — The Latest Numbers

We continue to update the testing data for healthcare workers in the [AHS Healthcare Worker COVID-19 Testing dashboard](#). These statistics provide the total number of AHS and Alberta Precision Laboratories (APL) employees and physicians tested, including a breakdown of the number of positive tests and those who have been confirmed to have been exposed in the workplace.

As of June 1:

- 77,829 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 5,818 (or 7.5 per cent) have tested positive.
- Of the 4,199 employees who have tested positive and whose source of infection has been determined, 564 (or 13.4 per cent) acquired their infection through a workplace exposure. An additional 1,619 employees who have tested positive are still under investigation as to the source of infection.
- 5,353 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 240 (or 4.5 per cent) have tested positive.
- Of the 186 physicians who have tested positive and whose source of infection has been determined, 19 (or 10.2 per cent) acquired their infection through a workplace exposure. An additional 54 physicians who have tested positive are still under investigation as to the source of infection.

For more information, see the AHS Healthcare Worker COVID-19 Testing [infographic](#) and [dashboard](#).

Full Screening Resumes for COVID-19 Variants of Concern

This past Tuesday, Alberta Precision Laboratories (APL) resumed screening all positive COVID-19 test samples for variants of concern. Last month when demand for testing was high, APL made an adjustment to ensure Albertans could continue accessing testing and receiving their test results in a timely fashion. To preserve capacity in our labs for the surge of the third wave of infections, APL limited the screening of positive COVID-19 test samples for variants of concern to targeted populations. The targeted approach used throughout May provided accurate surveillance of the variants in our population through the third wave. However, with the recent decline in cases, it is now more efficient for the lab to screen all positive results for variants.

All positive test samples in Alberta are now undergoing screening tests for the variants of concern, which include B.1.1.7 (U.K.), B.1.351 (South Africa), B.1.617 (India) and P.1 (Brazil). If you get a COVID-19 test, you will be notified if you've tested positive for a variant strain. For more information on the variants, go to ahs.ca/variants.

Thanks to APL's own lab-developed tests, the screening tests for all variants now take one to three days following the initial positive test, as opposed to a week or more that was required for full genetic sequencing when the variants first arrived in Alberta. Screening for variant strains of COVID-19 provides public health officials with detailed information about the prevalence of variants in our population, which helps manage the spread of the virus in our communities.

Alberta's testing program continues to be a pillar of our pandemic response. We have been leaders when it comes to testing, as well as in tracking the variants of concern since the first variant of concern arrived in Alberta at the end of last year. Anyone who is experiencing symptoms of COVID-19, identified as a close contact of a confirmed case, is linked to a known outbreak or require testing for travel can book a test at ahs.ca/testing or by calling Health Link at 811.

Documents Updated to Reflect New Quarantine Requirements

AHS has updated the [COVID-19 Fit for Work](#) and [designated support persons and visitors screening documents](#) to align with the new guidance for quarantine requirements for fully and partially immunized asymptomatic individuals. The [COVID-19 Return to Work Decision Chart](#) and the [Return to Work Guide](#) have also been updated to reflect these new requirements.

See the updated paper questionnaires below:

- [Standard](#) (staff – acute care/non-continuing care)
- [Standard](#) (designated support persons and visitors – acute care/non-continuing care)
- [Staff working at continuing care](#)
- [Staff working at congregate living facilities licensed under MHSPA](#)
- [Visitors to continuing care](#) (including designated family/support persons)
- [Outbreak unit/area/site or unit on watch](#) (staff – acute care/non-continuing care)

The Online Fit for Work Screening Tool has also been updated and can be found at ahs.ca/fitforwork. Information related to screening for people visiting patients and residents is available at ahs.ca/visitation.

Please remember to stay vigilant and follow all safety measures even after you have been immunized. We all need to do our part to create and maintain a safe and healthy workplace to provide quality and safe patient care. Simple actions, including completing your [fit for work screening](#) before coming into work, staying home when sick, [physical distancing](#), [washing your hands regularly](#), and [continuous masking](#) can help keep everyone safe. We must all be diligent in modelling safe work practices, such as adhering to [personal protective equipment \(PPE\) measures](#).

Alberta Accepting ICU Patients from Manitoba

Earlier this week, Alberta extended an offer of critical care assistance to Manitoba as that province manages its third wave. Manitoba has already transported ICU

patients to Ontario and Saskatchewan, as the province's expanded critical care capacity has been exceeded.

Alberta has sufficient ICU capacity at this time to ensure that all Albertans needing this level of care are also cared for. To date, two patients have arrived from Manitoba and are being cared for in Calgary hospitals.

AHS critical care teams are working with our Manitoban colleagues to closely manage this process. Once patients are stable, they will be transported back to Manitoba to continue their recovery.

We have a long tradition of working with our neighbours to share expertise, resources and learnings and we stand alongside Manitoba as they deal with this pandemic and its impact on patient care.

We are grateful for our critical care teams and our proud of the way they are responding to this need from our neighbours.

Verna's Weekly Video Message — More on Staff Safety

We talked last week about how the Legal and Privacy team is working to help keep our staff safe. Today, I (Verna) would like to continue with that theme and share the work of two other teams: Protective Services and Social Media.

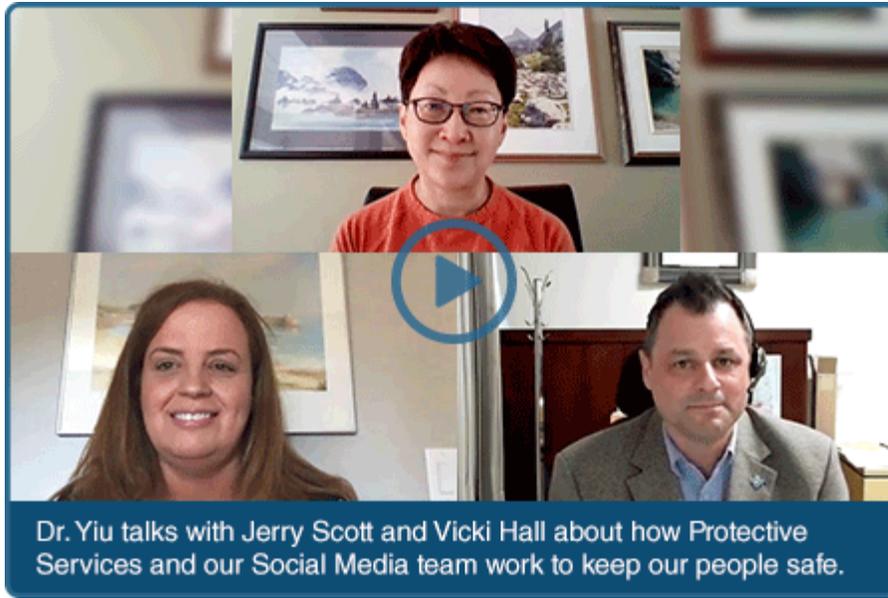
Their support has been invaluable during the pandemic. On top of their regular duties, Protective Services created safety ambassadors to support the screening staff at acute care sites. They're responsible for evaluating staff, patients and visitors for COVID-19 risks before entering the building.

Our social media team has also been quite busy, as we've seen an unprecedented increase in social media activity relating to AHS. They've been constantly monitoring social media for any perceived threats to our staff or the organization, and work very closely with Protective Services to flag and address them, if needed.

Joining me today [to tell us more about their work](#) are:

- Jerry Scott, Chief Protective Services Officer and Senior Program Director, Protective Services
- Vicki Hall, Director of Social Media and Story Hub.

You can find a list of general personal safety practices on [Insite](#). As well, please continue to report all workplace incidents including injuries, patient-to-staff aggression and urgent safety issues through [MySafetyNet](#).



Dr. Sid Viner Appointed VP and Medical Director, Clinical Operations

Dr. Sid Viner is joining the AHS Executive Leadership Team as Vice President and Medical Director, Clinical Operations effective Sept. 7.

Sid has most recently been serving as Calgary Zone Medical Director. He is a practising critical care physician, having worked at the Peter Lougheed Centre and Foothills Hospital in Calgary for the past 30 years.

Sid is a strong mentor for other physicians and clinicians, and will bring an innovative approach to his new provincial role. His dyad partner will be Deb Gordon, Chief Operating Officer and Vice President, Clinical Operations. Together, they are responsible for all zone clinical operations at AHS, EMS and AHS Primary Care.

Dr. Braden Manns will take on this role in an interim capacity, effective June 7, to allow Sid time to transition into the permanent role, vacated following Dr. Ted Braun's recent retirement.

Taking Time for What Matters to You? Day on June 9

What Matters to You? is a worldwide movement putting the patient voice at the centre of care, encouraging and supporting meaningful conversations between healthcare providers and the patients and families they serve. Asking what matters helps healthcare teams to further understand what is important to their patients. As healthcare providers, we are able to start the conversation by asking patients and families what really matters to them. These conversations build trust, develop empathy and help us better understand the needs of our patients. Learn more on [Insite](#).

Seniors Event A Double-Double Good Idea

On May 20, approximately 120 residents enjoyed going through a custom-made Tim Hortons drive-thru at the CapitalCare Kipnes Centre for Veterans in Edmonton. Recreation staff at the facility got creative and found a way to involve residents in building a storefront. After going through the drive-thru, the residents got to sit back and relax in a safe, socially distanced manner, and enjoy treats with a cup of Tim Hortons coffee. This event was made possible thanks to a donation made to the [CapitalCare Foundation](#), by a volunteer who used to play cards and interact with the residents on a regular basis prior to the pandemic. Kudos to our partners at [CapitalCare](#) for living their [values](#), and providing safe, high-quality person-centred care.



Harmony Teskey, a therapeutic recreation student at CapitalCare Kipnes Centre for Veterans in Edmonton, serves coffee to resident Mary Elniski at a custom-made Tim Hortons drive-thru event.

Be Well - Be Kind

Proud Together

June is internationally recognized as [Pride Month](#). It's a time to celebrate the LGBTQ2S+ community and the diversity our people bring to the organization. Today, more than ever, we need to support each other and create a sense of belonging. We encourage you to share your pride at work, even if you're working remotely, and celebrate those who are LGBTQ2S+ and their allies.

Show your pride in a variety of ways:

- Wear your [AHS-branded Pride gear](#) and post a picture of yourself on [Insite](#).
- Join a [Workforce Resource Group](#).
- Share this [poster and Pride e-cards](#).
- Use a [Pride background](#) for Zoom.
- Order and wear your [pronouns button](#).



As we create an environment that's safer and more inclusive for all, we improve the quality of care for Albertans. For more resources, visit [Diversity & Inclusion](#), [Change the Conversation](#) and [Respectful Workplaces](#).

Gratitude from Albertans

Everything you and your colleagues do every day to provide safe quality care to all Albertans is being noticed. Messages of gratitude keep coming in from across the province and beyond during the COVID-19 pandemic. We want to share a couple recent messages of gratitude with you — and you can see others on our [Sharing the Love webpage](#).

I was 10 weeks pregnant when I started to hemorrhage in April 2020. An ambulance was called and I was terrified of losing my baby but also going to an emergency department. Once in the ambulance, I told the crew I was terrified of needles. A female EMT held my hand as her partner gave me an IV. "I've got you," she said. In October, I gave birth to a healthy baby boy. I want to tell that ambulance crew we are ok. With us all in masks, I still don't know what they look like, although the female EMT had the kindest eyes and I think I'd recognize her by her embrace. Thank you, from both of us.

— Nadine

Recently I needed medical attention due to a kidney infection. I was in the emergency department with a high fever and severe back pain. After an ultrasound, my heart began to race over 200 beats per minute. I have an arrhythmia, but it had never required treatment before. The team that was called to manage by heart rate was amazing. They immediately did what was needed. They saw that I was scared and nervous, and responded with kindness and support. Although the process for correcting my heart rate is not pleasant, the team was calm, collected and explained everything extremely well. They supported me when I needed it most. I cannot thank our healthcare providers enough for their incredible dedication to helping others.

— Sarah

Wrapping Up — A Week of Heavy Hearts

It has been a bittersweet week. As you've read, our case counts are dropping, as are our hospitalization and ICU numbers, while our vaccination booking numbers suggest Albertans who have received their first doses are clearly eager to get their

second as soon as possible. In terms of our pandemic response, these are undoubtedly heartening developments.

And yet it was difficult moving through this week with anything other than a heavy heart following news the remains of 215 Indigenous children were found near the site of Canada's largest residential school close to Kamloops, B.C. Like us, we suspect you've mourned these children and grieved their loss in your own ways throughout this week. We all process tragic news differently. We've heard of mourning ceremonies at AHS sites across the province. For instance, this week, the Stollery Awasisak Indigenous Health Program at Stollery Children's Hospital in Edmonton is making orange ribbons available and asking people to wear them throughout Indigenous People's Awareness Month. The Children's Rehabilitation Services' leadership team in Central Zone discussed what their personal actions will be, such as continuing to promote Indigenous awareness resources and training. And staff at Alberta Children's Hospital in Calgary placed 215 orange hearts on its windows and 215 orange ribbons on trees around the hospital, as you can see in the photos below.





These are just a few of the ways our people and our teams are commemorating the lives of these children and thousands more who attended residential schools across the country.

If you're wondering what you can do, individually or as a team, please remember the first step to reconciliation is awareness. We encourage you to seek out the numerous resources and training we have around Indigenous awareness, intergenerational trauma and reconciliation. I also encourage all of you to take part in this month's activities and sessions to mark National Indigenous Peoples Month. Throughout June, we'll be hosting online presentations and encourage you to share your stories of strength and resilience online through our Together4Health page.

And, of course, together let us commit that our actions and decisions are guided by the calls to action from the Truth and Reconciliation Commission. It won't bring back the children. But we hope it honours their memory.

With enduring gratitude and appreciation,

Dr. Verna Yiu
AHS President & CEO

Dr. Laura McDougall
Senior Medical Officer of Health