



Message from  
Dr. Verna Yiu &  
Dr. Laura McDougall

*AHS Update: COVID-19 vaccine rollout expands next week; Alberta's pandemic response reaches one-year mark*

*Please print and share with your teams as needed*

**Dear staff, physicians and volunteers,**

### **Today's Update**

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## COVID-19 Status

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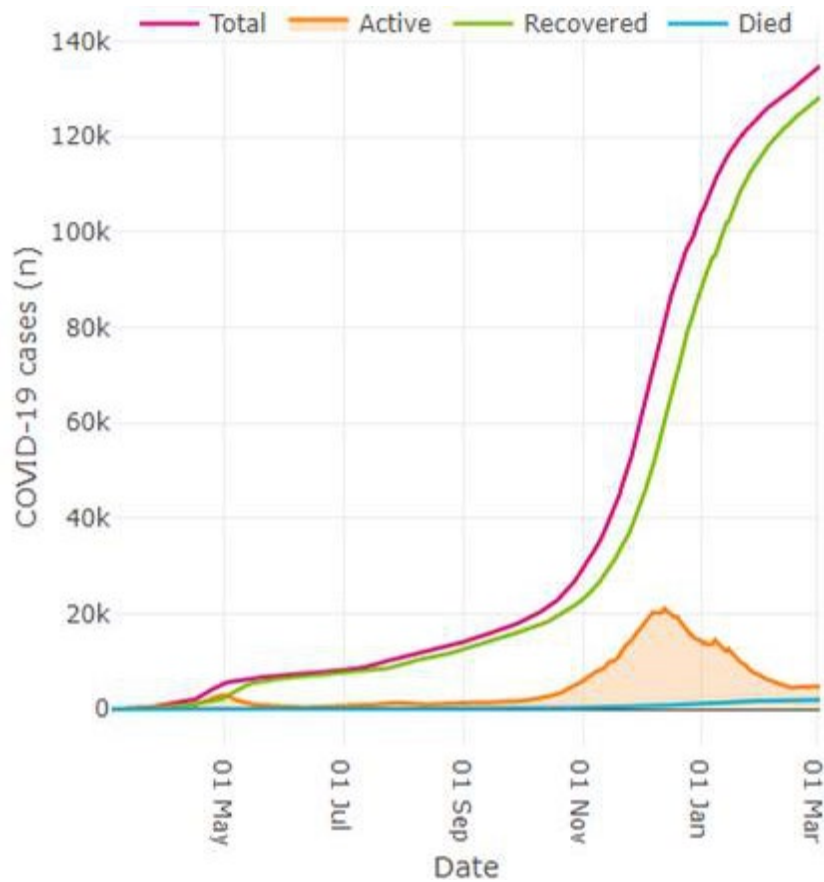
The number of active COVID-19 cases in Alberta rose over the past week, while hospitalization and ICU admission numbers both decreased, as the province today (March 5) marks the one-year anniversary of its first confirmed case of the virus (see item below).

Alberta reported 4,613 active cases of COVID-19 on March 3, an increase of 129 from the previous week. The Edmonton Zone reported a 20.6 per cent spike in the number of active cases over the past week; smaller increases were reported in the Calgary Zone (8.9 per cent) and South Zone (2.2 per cent).

The table below shows the number of active cases for each zone for each of the last two weeks.

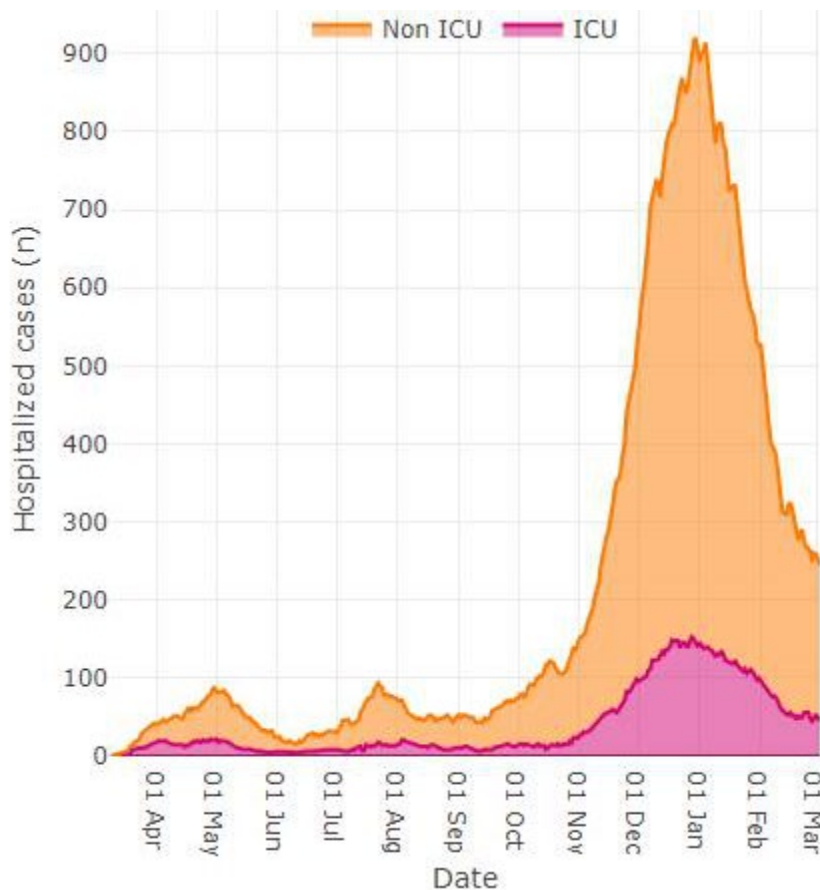
	Active Cases (as of March 3)	Active Cases (as of Feb. 24)	Per cent Change
<b>Calgary</b>	1,645	1,510	+8.9%
<b>Edmonton</b>	1,082	897	+20.6%
<b>North</b>	1,009	1,016	-0.7%
<b>Central</b>	545	737	-26.1%
<b>South</b>	326	319	+2.2%
<b>Unknown</b>	6	5	+20%

The average number of daily new cases remained relatively stable this past week, with 338 cases for the seven-day period ending March 3, compared to 347 the previous week, a 2.6 per cent decrease. Of the five AHS zones, Calgary had the most new cases this week with 862, representing slightly more than a third of all new cases in the province.



### Hospitalizations and ICU admissions

For the ninth consecutive week, there has been a week-to-week decline in the total number of individuals being treated in hospital for COVID-19. On March 3, there were 245 individuals in hospital compared to 267 on Feb. 24, an 8.2 per cent decrease. The number of people in ICUs also dropped this past week, to 47 on March 3 compared to 56 on Feb. 24, a 16 per cent decrease.



The breakdown of hospitalizations by zone as of March 3 is as follows:

	Hospitalizations	ICUs
<b>Calgary</b>	82	14
<b>Edmonton</b>	76	16
<b>Central</b>	30	9
<b>South</b>	30	6
<b>North</b>	27	2

### Update on variants of concern

Alberta Health has now reported 541 cases of COVID-19 variants of concern (VOC): 531 are B.1.1.7 variant (U.K. variant) and 10 are B.1.351 variant (South African variant). This represents a 67.5 per cent increase from one week earlier on Feb. 24, when 323 VOC cases had been detected. VOCs have been detected in all zones with the exception of the South Zone. This week, Alberta had its first COVID-19 variant outbreak at a long-term care facility, Churchill Manor in Edmonton.

### Other notable COVID-19-related information:

- As of March 3, a total of 134,785 cases of COVID-19 have been detected in Alberta and a total of 5,987 individuals have been hospitalized, which amounts to 4.4 individuals for every 100 cases. In all, 128,261 Albertans have recovered from COVID-19.

- As of March 3, 1,911 individuals have passed away from COVID-19, including 37 over a recent seven-day period (Feb. 25 to March 3). 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 Feb. 25 to March 3, 56,143 COVID-19 tests were completed, an average of 8,020 tests per day. During this period, the daily positivity ranged from 3.55 per cent to 5.35 per cent. As of March 3, a total of 3.44 million tests have been conducted and 1.83 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 Feb. 22 to 28 was 1.01.
- For the winter school term, as of March 3, AHS has confirmed 1,629 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. Roughly one-quarter (589 of 2,415) of schools in the province have reported an individual has attended their school while infectious or had in-school transmission.

## Things You Need to Know

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### COVID-19 Vaccination Update

#### *By the Numbers*

As of 2:20 p.m. on March 5, more than 275,500 total doses of COVID-19 vaccine have been administered in Alberta, including:

- 84,791 doses to healthcare workers.
- 65,949 doses to Albertans 75 years of age and older.
- 56,989 doses to long-term care (LTC) and designated supportive living (DSL) residents.
- 53,411 doses to LTC/DSL staff.
- 13,302 doses in other congregate living environments.
- 1,000+ doses for others (including non-healthcare essential service workers and spouses of Albertans 75+)

In total, about 89,000 Albertans have received both Dose 1 and Dose 2, and more than 96,300 have received Dose 1 only.

#### *Rollout of Phase 2A*

Alberta Health announced yesterday (March 4) that bookings for Phase 2A of the COVID-19 vaccine program will begin the week of March 15. More than 437,000 Albertans will be offered the vaccine in this upcoming phase.

To reduce wait times and vaccinate people as quickly as possible, appointment bookings will be offered by age group. For example, on Day 1, anyone born in 1947 will be eligible to book an appointment. On Day 2, anyone born in 1948 will be able to book an appointment. In subsequent days and according to vaccine supply, Albertans born in 1949 would have access, and so on.

Booking days will open up by year of birth as vaccine is available until all Albertans between the ages of 65 and 74 have had the opportunity to be immunized.

First Nations, Inuit and Métis people aged 50 and older will also receive the vaccine starting the week of March 15. Those living on reserve and on Métis settlements will have access to immunization within their communities, while those living off-reserve will be able to book online, through Health Link, or through a participating pharmacy.

We recommend all healthcare workers who become eligible in Phase 2A due to age or other eligibility criteria proceed with getting their vaccine as soon as possible.

#### *Covishield/AstraZeneca Rollout*

Beginning March 10, the Covishield/AstraZeneca vaccine will be available to Albertans aged 50-64, who are currently in Phase 2D.

Alberta will receive approximately 58,500 doses of Covishield and Alberta Health is recommending it for people who do not have severe chronic illness born in 1957-1971. Bookings for Covishield will start on March 10 with individuals born in 1957. Pending vaccine supply, Albertans born in 1958-1971 will be offered a chance to book in the following days, rolling one year at a time.

Eligible individuals who choose to not get the Covishield vaccine will have the option to wait to receive the Pfizer or Moderna vaccine when Phase 2D formally begins in early May. We anticipate further details on the immunization plan for those with chronic illness soon. We appreciate that 'severe chronic illness' is a broad term, and we are working to define that appropriately for clinicians to help Albertans make informed decisions.

More information on eligibility can be found on the [Alberta Health website](#).

The Covishield vaccine is widely used in the United Kingdom, France and other countries. Covishield has been shown to reduce infection by 60 to 70 per cent and severe outcomes like hospitalization by 80 per cent.

Receiving a vaccination, regardless of which option is chosen, will benefit our own health, as well as the health of our patients, families, communities and all Albertans. Widespread vaccination will help all Albertans return to a more normal way of life, sooner.

### *Expansion of Second Dose COVID-19 Immunization Window*

As Alberta Health announced [March 3](#), the province will be extending the period between first and second doses of COVID-19 vaccine.

Emerging evidence shows first doses of the vaccine are at least 80 per cent effective at preventing severe illness. Second doses are necessary to ensure you're protected for as long as possible.

Starting **March 10**, all current [Health Canada approved COVID-19 vaccine products](#) will be provided to Albertans in a 16-week (four-month) timeframe between the first and second dose. This is in alignment with current [National Advisory Committee on Immunization \(NACI\) recommendations](#).

Anyone who has booked their immunization before March 10 will be immunized within a 42-day window. All bookings made after March 10 will be on the 16-week protocol.

Starting March 10, all individuals who call Health Link or go online to the [AHS online COVID-19 immunization booking tool](#) will be able to book their first dose only. Individuals will receive a reminder from AHS at a later date, by text message, email or automated call, of when to book their second-dose appointment. [Participating pharmacies](#) will also send out second-dose appointment reminders.

All existing appointments for second doses will be honoured and will be provided within 42 days.

We understand there are many people anxiously waiting to receive the vaccine, and recognize many staff and healthcare partners work with higher-risk patients who are vulnerable to COVID-19, and with COVID-19-positive cases. We greatly appreciate the vital work you do. We want to assure you that no one has been forgotten and we continue to work with Alberta Health on the details related to future sequencing and eligibility. We will share this information as soon as it is available.

We are working diligently to immunize as many people as possible, as quickly as possible, with available vaccine supply. We thank you for your patience as we move through the current phases of the COVID-19 immunization program.

### **COVID-19 One-Year Anniversary – March 5**

Today (March 5) marks the one-year anniversary of the first confirmed case of COVID-19 in Alberta.

At times, it feels remarkable how quickly this time has gone by. And at other times, we're reminded of the massive effort that was required to get to this point.

Staff and physicians have responded to this unparalleled challenge by continuing to do amazing things each and every day, with an inspirational level of teamwork.

We want to salute you, for providing and supporting care for Albertans. You continue to exceed very high standards.

Throughout the pandemic, AHS has brought additional equipment online, expanded testing capacity, created new supply chains and processes, trained more staff to bolster care capacity, and devised innovative solutions to meet the new demands on our healthcare system.

Visit [ahs.covidoneyearlater](#) to view some of the exceptional work that has been done in response to COVID-19.

What has been evident since the start of this pandemic is that staff and physicians have tirelessly provided or supported high-quality, compassionate care and preventative services. Your work makes a difference to Albertans, every single day.

The challenges of the past year have brought many struggles with regards to mental health and family well-being. Those who need support are encouraged to reach out to The [Employee and Family Assistance Program \(EFAP\)](#), which offers employees and their families confidential, professional support.

While we reflect on this past year, it's important that we continue to look forward, with hope for a healthy and safe future. We also must continue to urge Albertans to follow all public health measures. We are all in this together.

### **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, Covenant Health 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 March 3:

- 77,560 employees (AHS, APL and Covenant combined) have been tested for COVID-19 and, of those tested, 4,703 (or 6.0 per cent) have tested positive.
- Of the 1,877 employees who have tested positive and whose source of infection has been determined, 485 (or 25.8 per cent) acquired their infection through a workplace exposure. An additional 2,826 employees who have tested positive are still under investigation as to the source of infection.
- 4,984 physicians (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 197 (or 3.9 per cent) have tested positive.
- Of the 76 physicians who have tested positive and whose source of infection has been determined, 11 (or 14.5 per cent) acquired their infection through



a workplace exposure. An additional 121 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](#).

### **Government Updates Public Health Measures**

On March 1, the Government of Alberta [updated public health measures](#) for indoor fitness and libraries.

Libraries can now open but must limit capacity to 15 per cent of fire code occupancy, not including staff.

For indoor fitness, unsupervised low-intensity individual and group exercises are now allowed by appointment only. Low-intensity exercises include weightlifting, low-intensity dance classes, yoga, barre and indoor climbing, as well as the low-intensity use of treadmills, ellipticals and related equipment. High-intensity activities, including running, spin and high-intensity interval training, continue to be allowed only on a one-on-one with a trainer basis, or training with a household member and one trainer.

Mandatory physical distance of three metres is required between participants, including coaches and trainers, at all times, and masks must be worn at all times by trainers and those participating in low-intensity activities.

All indoor fitness must be pre-registered – no drop-ins allowed.

### **Verna's Weekly Video Message — Update on Contact Tracing**

Case investigation and contact tracing is the process of figuring out the source of infection and all the people who've come in recent contact with an individual who has a communicable disease. This lets us understand the pattern of transmission in the community and helps ensure people who are infected can be isolated and reduce the risk of them passing the virus to others, making contact tracing one of our key tools in responding to the pandemic.

AHS teams have been working to expand our case investigation and contact tracing capacity and, thanks to these efforts, we are seeing tremendous improvements. For example, AHS case investigators and contact tracers closed more than 21,800 investigations in January, the most investigations we've ever closed in a single month.

Joining me (Verna) to tell us how this was accomplished are:

- Dr. David Strong, Lead Medical Officer of Health, Communicable Disease Control.
- Maureen Devolin, Executive Director, Healthy Living, Provincial Population

and Public Health.

In my [latest vlog](#), David and Maureen discuss our contact tracer recruiting efforts, the innovative tools the contact tracing team uses, and how they are working to prevent the spread of variant strains of COVID-19.



### **PPE Question of the Week — What Else Do I Need to Do to Protect Myself from Variants of Concern?**

As variants of concern spread throughout the province, many healthcare professionals are asking if they need to take extra precautions to protect themselves. In the [latest instalment of PPE Question of the Week](#), infectious disease physician Dr. Curtiss Boyington talks about what we know about the variants of concern and why they are more easily transmitted. He also explains why it's crucial to keep following existing PPE and public health measures, including meticulous hand hygiene, to protect oneself from these variants.

PPE Question of the Week

What else do I need to do to protect myself from variants of concern? 



Dr. Curtiss Boyington answers PPE question of the week.

Previous videos in PPE Question of the Week series are available at [ahs.ca/covidppe](https://ahs.ca/covidppe).

#### **Updated Joint Statement with Unions on PPE during COVID-19**

On March 2, AHS, along with the Alberta Union of Provincial Employees, Covenant Health, the Health Sciences Association of Alberta, and United Nurses of Alberta, issued a [news release](#) on an updated joint statement on the safe and effective use of PPE in our collective response to the COVID-19 pandemic. Throughout the pandemic, PPE has been a key factor in protecting the health and safety of healthcare workers by helping to prevent exposure to and transmission of COVID-19 as they provide high-quality care to Albertans.

The updated [joint statement](#) provides further clarity and empowers healthcare workers to make decisions on the appropriate PPE based on risk assessments reflecting the changing environment related to COVID-19. This means all healthcare workers will have access to N95 respirator or equivalents, if they determine it is required based on their risk assessment. As partners in the response to COVID-19, we trust our front-line healthcare teams to make appropriate decisions that support their physical and mental health. For more information, see the [supporting guide](#).

#### **Photo of the Week**

Every week, we highlight a photo in this space that illustrates your efforts, compassion and achievements as we respond to the pandemic and support Albertans who come to us for care.



“We miss being with people. We’re grateful that the vaccine is available and hopefully it will bring an end to COVID-19,” says Sister Margaret Nadeau, 85, who received her first COVID-19 vaccine in Calgary.

To see all our AHS photos, visit our [Instagram Gallery](#) on the AHS website.

### **Influenza Immunization Update**

As of Feb. 27, 1.56 million doses of influenza vaccine have been administered in Alberta. Immunizations are up by more than 168,000 compared to the same time last year. For the 17th week in row, there are no reported cases of seasonal influenza in Alberta.

Alberta Precision Laboratories (APL) has tested 100,069 respiratory swabs for influenza from Aug. 23, 2020, to Feb. 27, 2021.

Check [Insite](#) for options to get your influenza vaccine, [resources](#) to support this year’s campaign and guidance on what to do if you experience [symptoms after immunization](#).

[Click here](#) for more information on the influenza immunization clinics for the public. And if you got your influenza vaccine at a [public health clinic](#), pharmacy or doctor’s office, please complete the [Got My Flu Shot Form](#).

### **Surgical Backlog Strategy Update**

The Government of Alberta announced today (March 5) it will support Alberta’s health system to provide [more than 55,000 additional publicly funded surgeries](#) (over the roughly 290,000 surgeries normally performed annually), to address the surgical backlog caused by the pandemic. This will provide Albertans even more surgeries that will improve their quality of life.

Throughout the 2020/21 fiscal year to date, AHS surgical teams have been able to support surgical activity at about 90 per cent of pre-COVID-19 levels. As of the end of last month, more than 220,000 surgeries have been completed this fiscal year. This is a tremendous accomplishment given the demands of responding to the pandemic.

As we now begin to come out of Wave 2 of COVID-19, AHS and Alberta Health are working on a Surgical Recovery Plan. The plan is designed to increase access to surgeries across the province for Albertans, while balancing the healthcare system COVID-19 pandemic response.

The following strategies are underway to support the Surgical Recovery Plan:

- Resume surgical services at AHS sites where activity needed to be slowed during Wave 2 (underway).
- Increase the volume of surgeries in chartered surgical facilities (CSF) already under contract with AHS (underway). CSFs will increase current volumes by 2023, completing about 90,000 surgeries per year, up from the approximately 40,000 surgeries they typically perform.
- Establish new publicly funded contracts with existing and new Alberta vendors to expand the scope of surgeries, including orthopedic day procedures, plastics and general surgery (underway). These independent facilities provide safe, low-risk surgeries without cost to patients, allowing hospitals to focus on emergency and more complex surgeries.
- Create focused sites of surgical care to ensure we can maintain capacity at five AHS sites: Banff, Edson, Innisfail, Peace River and the Royal Alexandra Hospital.

While these sites will increase surgical activity, overall activity is also expected to increase across the province through 2021.

Capital and dedicated operational funding will see existing operating rooms in hospitals, including those outside Calgary and Edmonton, used more efficiently.

The entire surgical system will be strengthened – from the time patients seek advice from their family doctor, to when they are referred to a specialist, through their surgery and rehabilitation.

Working as a team, AHS, Covenant Health and CSFs will ensure every Albertan has the surgery they need when they need it. No Albertan will have to pay out of pocket for their scheduled surgeries, no matter if they have their surgery in a hospital or a chartered surgical facility in the community.

### **Alberta Hospitals Among Best in Canada: Newsweek**

Six Alberta Health Services facilities appear in Newsweek's [World's Best Hospitals 2021](#) feature, which was posted on March 2.

Three Calgary hospitals (Rockyview General Hospital, No. 7; Foothills Medical Centre, No. 12; and Peter Lougheed Centre, No. 18) and two Edmonton hospitals (University of Alberta Hospital, No. 24, and Royal Alexandra Hospital, No. 29) were included in Newsweek's list of the best 66 hospitals in Canada.

Alberta Children's Hospital in Calgary was named among the world's 162 top specialized hospitals in an unranked list.

Two Covenant Health hospitals in Edmonton also made the list of the best hospitals in Canada: Grey Nuns Community Hospital (No. 27) and Misericordia Community Hospital (No. 40).

No Alberta hospitals made the Top 200 Global hospitals list, and only six in Canada were named: four in Toronto and one each in Montreal and Vancouver.

The World's Best Hospitals 2021 recognizes the best medical institutions across 25 countries. This award is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider.

Data sources used by Newsweek and Statista for the evaluation included an international online survey of more than 74,000 healthcare professionals; a review of key performance indicators, such as patient safety and hygiene measures; and patient-experience surveys that measure patient satisfaction with hospitals.

### **New Major Capital Investments Announced**

The Government of Alberta announced yesterday (March 4) a [\\$143-million investment in five capital construction healthcare projects](#) for the province.

- Expansion of the neonatal intensive care unit at Foothills Medical Centre (FMC) in Calgary.
- A cyclotron and radiopharmaceutical manufacturing facility at FMC for increased capacity in the development of drugs for cancer patients and to help in diagnostic imaging for a range of medical conditions.
- An expanded ICU and cardiac critical care unit and new gastrointestinal/endoscopy suites at Rockyview General Hospital in Calgary.
- A new integrated health centre in La Crete.
- Demolition of a former hospital in High Prairie.

More details will be shared once plans are finalized.

### **Grande Prairie Physician to Become First Indigenous CMA President**

Congratulations to Dr. Alika Lafontaine for successfully securing the nomination as the next president of the Canadian Medical Association. Dr. Lafontaine, an anesthesiologist at the QEII Hospital in Grande Prairie, is an Indigenous physician of

Cree and Anishinaabe descent who has worked tirelessly to raise awareness and increase understanding about how addressing biases can improve the health of First Nations, Métis and Inuit peoples.

Dr. Lafontaine will be the first Indigenous CMA president as well as the first CMA president of Pacific Islander descent. Among his many recognitions, Dr. Lafontaine received the CMA Sir Charles Tupper Award for Political Action in 2019.

You can read the [CMA's announcement](#) about Dr. Lafontaine's nomination, more about his [Sir Charles Tupper Award](#) win, as well as [his work with AHS](#).

## Be Well - Be Kind

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### **Mental Health and Wellness Supports for Staff**

COVID-19 has likely changed the amount of physical activity you have in a day. Physical activity is an important part of improving or maintaining your overall wellness. Whether your goal is improving your physical or mental health, staying active can help.

[Pulse Generator Fitness on the Go](#) is a virtual membership available exclusively to AHS employees. You can join anytime, anywhere for a great workout to reduce your stress, inject energy into your day and increase your fitness.

You can also get support for your mental health and wellness through your Employee and Family Assistance Program (EFAP). Try the following supports and resources:

- [EFAP Resilience App](#)
- [EFAP Life Smart Coaching](#)
- [i-Volve - Online cognitive behavioural therapy program](#)

Contact EFAP at 1-877-273-3134 to get started.

Also, be sure to check out the [Resilience, Wellness and Mental Health Resource Guide](#) to find the resources you need for your health and safety. If you have questions or feedback, contact [wellness@ahs.ca](mailto:wellness@ahs.ca).

### **Sharing the Love — Thank You for Vaccination Efforts**



I (Verna) wish to share a letter I received this week from Monica Muzzolini AHS Senior Advisor – Talent Engagement and Learning Solutions. Although sent to me, Monica’s comments and commendations are intended for all of you who are involved in our COVID-19 vaccination efforts:



*Dr. Yiu,*

*I wanted to take a moment to thank you for all that you do, day in and day out, to lead our organization.*

*I saw on social media your letter on Friday to apologize for some of the frustrations and experiences faced by those receiving vaccinations on Friday, my parents being two of them.*

*I attended the appointment with my 89-year-old dad and 84-year-old mom and, despite the colder weather, the staff at the South Park Centre site did their very best to manage the situation. In the moment, they were coming up with ways for line management and, while I was there, they used pylons to help identify where new appointment times were in the queue. All of them were very professional, polite and maintained a positive attitude.*

*I have since found out that they now have an even more effective way of identifying what clients are being served, as to avoid lineups outside.*

*So while you may have received some backlash from some Albertans, I wanted to share my sincere gratitude for the ability to have my parents get vaccinated.*

*As you can see below, my mom, dad and I are all giving you a big thumbs up!*

*Warmly,  
Monica*

### **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 pouring in from across the province and beyond during the COVID-19 pandemic. We want to share a few recent messages of thanks with you — and you can see others on our [Sharing the Love webpage](#).

*There were a lot of complaints (last week) about the vaccine booking tools — both phone and online — but everyone is missing the point. They didn't fail. They booked over 120,000 people (in the first two days). That's not a failure! Thank you all, whomever you are, for all your hard work to make this happen.*

— Lynne

*I had my first (vaccination) on Feb. 26 in Camrose Community Health Centre. The staff were very organized, efficient, considerate and helpful. No waiting*

*lists. My (vaccination) was two minutes after my scheduled time. My thanks to Camrose staff for their excellent service.*

*— Dorothy Ungstad*

*My son was involved in a horrible accident back in September 2020 and, as a result, was transported to the Foothills Medical Centre, where we stayed for a week. Once his transfer to Lethbridge was finalized, the paramedics showed up to transfer him to the hospital in Lethbridge. They could see how visibly upset and stressed he was over the whole situation and the possibility of being in a vehicle again, so they talked to him for a bit and asked him some questions. They told him that if he needed them to stop on the way back, because he was anxious, that they would. They told him that if he wanted to stop for something to eat or drink, they would. My son asked if they would stop and get him a Slurpee — and they did. They stopped and picked him up a root beer Slurpee (his favourite) and that made the ride more bearable for him. He was still anxious but now he had something else to focus on. I wish we could thank them in person but, unfortunately, I don't remember their names. So just a shout out to the paramedics. You have one of the hardest and most stressful jobs in healthcare. We thank you from the bottom of our hearts for showing that compassion and empathy. You are appreciated.*

*— Nicole*

### **Wrapping Up — Past Year Tells Us A Lot about AHS**

Difficult times and the challenges they present often tell us a lot about people — and organizations, as well. Do they rise to challenges? Are they resilient? Are they adaptable and nimble? Do they continue to live the values they hold dear when under pressure? Do they seek to help others and, as important, do they reach out to others for help?

On this first anniversary of the first confirmed COVID-19 case in Alberta, Laura and I (Verna) would like to express how proud we are of each and every one of you. Before COVID-19, we knew we had a special group of people here at AHS because, together, we have accomplished so much. Our response to this ongoing pandemic has only underscored how truly special you all are, and how well we work together as a team.

Over the past 12 months, we've looked out for one another. We've followed evidence where it leads us, even when it required us to change course. We've been leaders in our communities. And we've moved forward with our humanity on display: mourning the people who have lost their lives to this virus; showing empathy to patients, families and colleagues who are grappling with loss, isolation and loneliness; celebrating milestones and the victories we've achieved with humility; and, yes, feeling the sting of disappointment when our efforts come up short. Yet, when that happens, we've always rebounded quickly and delivered what Albertans expect from us.

We suspect the past 365 days have been the most demanding you've faced in healthcare. But, if you can, try not to look ahead to Year 2 of the pandemic with trepidation. Look ahead knowing that the past 12 months tested our fortitude, our ingenuity and our humanity like nothing has before — and we've emerged a better and stronger team, and a closer AHS family. Always remember that, especially today.

With enduring gratitude and appreciation,

**Dr. Verna Yiu**

AHS President & CEO

**Dr. Laura McDougall**

Senior Medical Officer of Health

