

**Notes on COVID shots and Children – How the UCP government has ensured Alberta is a world leader.**

- Alberta officially started COVID shots for children 5-11 years at the end of November 2021. However, they had been giving shots before that date to children ‘almost 11’.
- Alberta officially started COVID shots for children 6 months - 4 years in August 2022. However, again, they had been giving shots before that date to children ‘almost 5’.
- Up to October 2023, all COVID ‘boosters’ in Alberta were given 5 months after the previous shot. In October 2023, Premier Smith changed that to 3 months after the previous shots and as early as 4 weeks after a prior shot for ALL ages 6 months and up. This has led to Alberta becoming the world leader in COVID shots to children.
- As of January 18<sup>th</sup>, 2025, Alberta had given COVID shots to 59% of infants from 6 months to 1 year old. In the last two weeks alone, around 1% of the 6 months to 1 year old population has been given a COVID shot EACH WEEK. That is over 3 times any other age group.
- For under 5 years old, Alberta leads the world on a week-by-week basis. In the last two weeks of reporting, the age group under 5 years has ranked 4<sup>th</sup> and now 3<sup>rd</sup> for the most shots given to any age group only beaten out last week by those 65-74 years of age.
- In October of 2021, David Dickson filed documents into court showing that there had been no official trials for children with any COVID shots. All data then and since then has been based on minimal data from older age groups (mainly adults). <https://dksdata.com/CourtUpdate>
- In Alberta, children from 6 months old can (and are) given THREE COVID shots in a 90 day period – WITH THE FLU vaccine. This is despite the Alberta government being aware that the CDC, FDA, PHAC and Health Canada report that giving a COVID shot with a flu shot increases the likelihood of an adverse event by over 11% in the first 7 days alone.
- Since the rollout of the COVID shots to children and with each age group receiving shots, that age group sees a significant increase of deaths listed as COVID. In 2020, there were 2 deaths in the whole of Canada listed as COVID under the age of 20. By 20<sup>th</sup> July, 2024, that number had risen to 115 with the majority (87) being under 12 years old. Note that prior to the rollout of the COVID shots to children, each age group had ZERO reported COVID deaths.
- Premier Smith and her “political allies” and friends have been actively covering up this information and associated crimes since 2020. This includes mismanagement of COVID shots (switching out manufacturers, giving out of date shots, using pre-filled syringes so even the nurse does not know what has been given). Significant numbers of immediate adverse events requiring a 911 call in 2021 have also been covered up.
- Additionally, the COVID data reported by the government has been actively manipulated since the start of 2020 to falsely present COVID vaccine risk statistics and support ongoing targeted COVID lockdowns lasting months in Care Homes – isolating thousands of Albertans every week.
- Since the rollout of the COVID shots (right up to 2025), the Alberta government has partnered with the largest pharmacy lobby group in North America along with behavioral modification companies to ensure the messaging to push these untreated shots continues. This is being done under contract with private companies that are owned/operated by the NDP’s chief medical advisor.
- As of the 2024/2025 flu season, pharmacies in Alberta will start giving COVID shots to children 2 and older.



### Canada Deaths 0-19 years (with Covid involvement)

Published September 4th, 2024  
NO DATA SINCE JULY 20th, 2024

Data up to July 20th, 2024

<https://health-infobase.canada.ca/covid-19/current-situation.html#a5>

Provinces roll out the untested XBB vaccine to 6 months and up WITH the flu vaccine (increasing risk of Adverse events significantly).

Despite reporting only 2 deaths 'with' COVID under 20 in 2020, Canada has reported 115 deaths under 20 since the vaccine rollout (minus 28 unexplained 'adjustments' - removal of confirmed deaths).

At least 77 of those reported 'with' COVID deaths have been under 12 years old.

Canada reported ZERO under 12 year old 'with' COVID deaths until the end of 2021 (post the vaccine rollout for that age group).

Note that Canada has been vaccinating children under the age of approvals ("off-label") since the start of the vaccine program.

Now, since the new untested XBB vaccine was pushed on infants and children, reported deaths under 20 have jumped by 22 with 16 of those reported 'with' COVID deaths being under 12 years old (minus 1 unexplained reversal). This is an increase of OVER 35% in just eight months.

Canada's reported 'COVID' deaths under 12 years old went up by 8 in 2024 (up to June 8th, 2024). HALF OF THOSE DEATHS WERE IN ALBERTA (ALL UNDER 10 YEARS OLD)

Correlation isn't causation - UNTIL IT IS. Note that reported date is not necessarily date died.

Unexplained purge of data before the new 2023 vaccine push.

This has happened mutiple times with the removal of 28 reported deaths under 20 and at least 14 reported deaths under 12.

CONVOY ENDED

Health Canada approves vaccines for 12+ and Provinces vaccinated 'nearly 12 and up'.

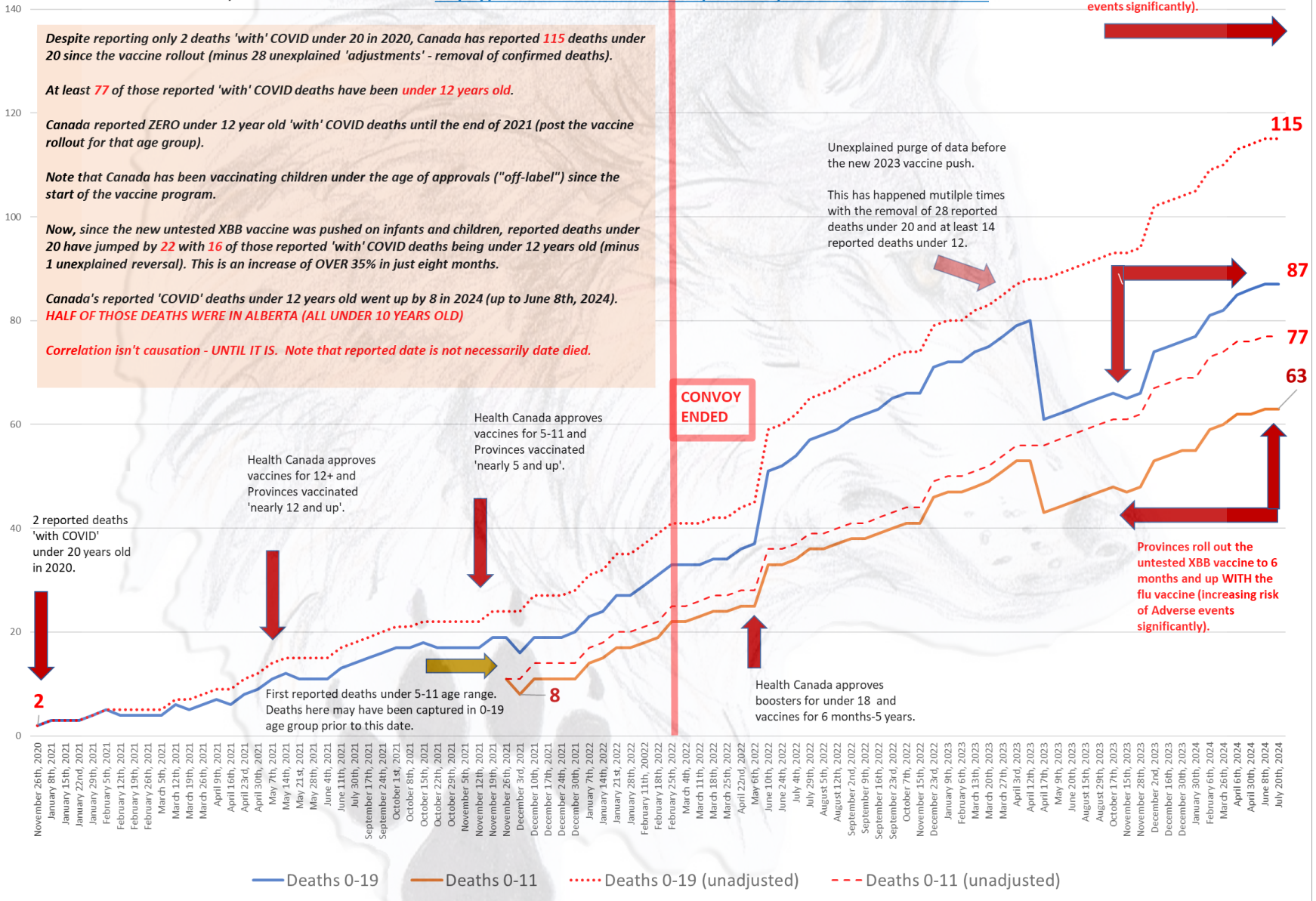
Health Canada approves vaccines for 5-11 and Provinces vaccinated 'nearly 5 and up'.

2 reported deaths 'with COVID' under 20 years old in 2020.

First reported deaths under 5-11 age range. Deaths here may have been captured in 0-19 age group prior to this date.

Health Canada approves boosters for under 18 and vaccines for 6 months-5 years.

Provinces roll out the untested XBB vaccine to 6 months and up WITH the flu vaccine (increasing risk of Adverse events significantly).



January 11th, 2025 \$17-35\$ a shot for Pharmacies (Plus admin fees)					No shots to be given Aug 30-Oct 15, 2024			
Rank	Age group	AHS	Pharmacie	Other	Total Administered KP	Total Administered XBB	Population	Increase in KP.2 shots this wee
1	65-69	3,079	76,096	524	79,699	109,358	255,277	748
2	60-64	3,243	57,790	566	61,599	86,204	286,101	646
3	70-74	2,414	72,343	512	75,269	99,163	191,213	643
<b>4</b>	<b>0-4</b>	<b>15,614</b>	<b>-</b>	<b>58</b>	<b>15,672</b>	<b>23,118</b>	<b>234,592</b>	<b>631</b>
5	75-79	2,028	58,743	618	61,389	78,338	136,106	423
6	55-59	2,994	37,142	486	40,622	59,043	268,492	385
7	50-54	2,926	29,480	476	32,882	46,127	288,285	347
8	30-34	6,007	18,412	347	24,766	32,486	385,721	338
9	40-44	6,056	24,013	400	30,469	39,219	377,948	322
10	35-39	8,860	21,240	394	30,494	39,211	399,050	314
11	45-49	3,478	25,020	366	28,864	39,189	321,389	270
12	80-84	1,373	37,834	627	39,834	52,310	81,742	263
13	20-24	1,265	10,485	191	11,941	15,875	309,865	241
14	25-29	2,639	13,757	316	16,712	21,762	343,556	239
15	15-19	721	12,581	92	13,394	18,363	299,958	188
16	85-89	934	22,264	764	23,962	34,012	46,904	138
17	05-11	4,858	9,571	47	14,476	26,439	302,916	129
18	12-14	1,382	13,432	80	14,894	12,624	305,137	129
19	90+	951	14,551	1,218	16,720	25,982	29,469	79
	Unknown	-	-	-	-	1		

January 18th, 2025 \$17-35\$ a shot for Pharmacies (Plus admin fees)					No shots to be given Aug 30-Oct 15, 2024			
Rank	Age group	AHS	Pharmacie	Other	Total Administered KP	Total Administered XBB	Population	Increase in KP.2 shots this wee
1	65-69	3,119	76,772	527	80,418	109,358	255,277	719
2	70-74	2,437	72,970	516	75,923	99,163	191,213	654
<b>3</b>	<b>0-4</b>	<b>16,252</b>	<b>-</b>	<b>64</b>	<b>16,316</b>	<b>23,118</b>	<b>234,592</b>	<b>644</b>
4	60-64	3,280	58,331	570	62,181	86,204	286,101	582
5	75-79	2,042	59,203	618	61,863	78,338	136,106	474
6	55-59	3,011	37,484	490	40,985	59,043	268,492	363
7	35-39	8,940	21,466	396	30,802	39,211	399,050	308
8	40-44	6,117	24,225	402	30,744	39,219	377,948	275
9	50-54	2,942	29,728	479	33,149	46,127	288,285	267
10	30-34	6,065	18,616	350	25,031	32,486	385,721	265
11	80-84	1,381	38,082	630	40,093	52,310	81,742	259
12	45-49	3,493	25,246	370	29,109	39,189	321,389	245
13	25-29	2,660	13,934	319	16,913	21,762	343,556	201
14	20-24	1,287	10,643	194	12,124	15,875	309,865	183
15	05-11	4,929	9,637	51	14,617	26,439	302,916	141
16	15-19	731	12,697	95	13,523	18,363	299,958	129
17	12-14	1,401	13,533	86	15,020	12,624	305,137	126
18	85-89	941	22,363	766	24,070	34,012	46,904	108
19	90+	957	14,602	1,219	16,778	25,982	29,469	58
	Unknown	-	-	-	-	1		



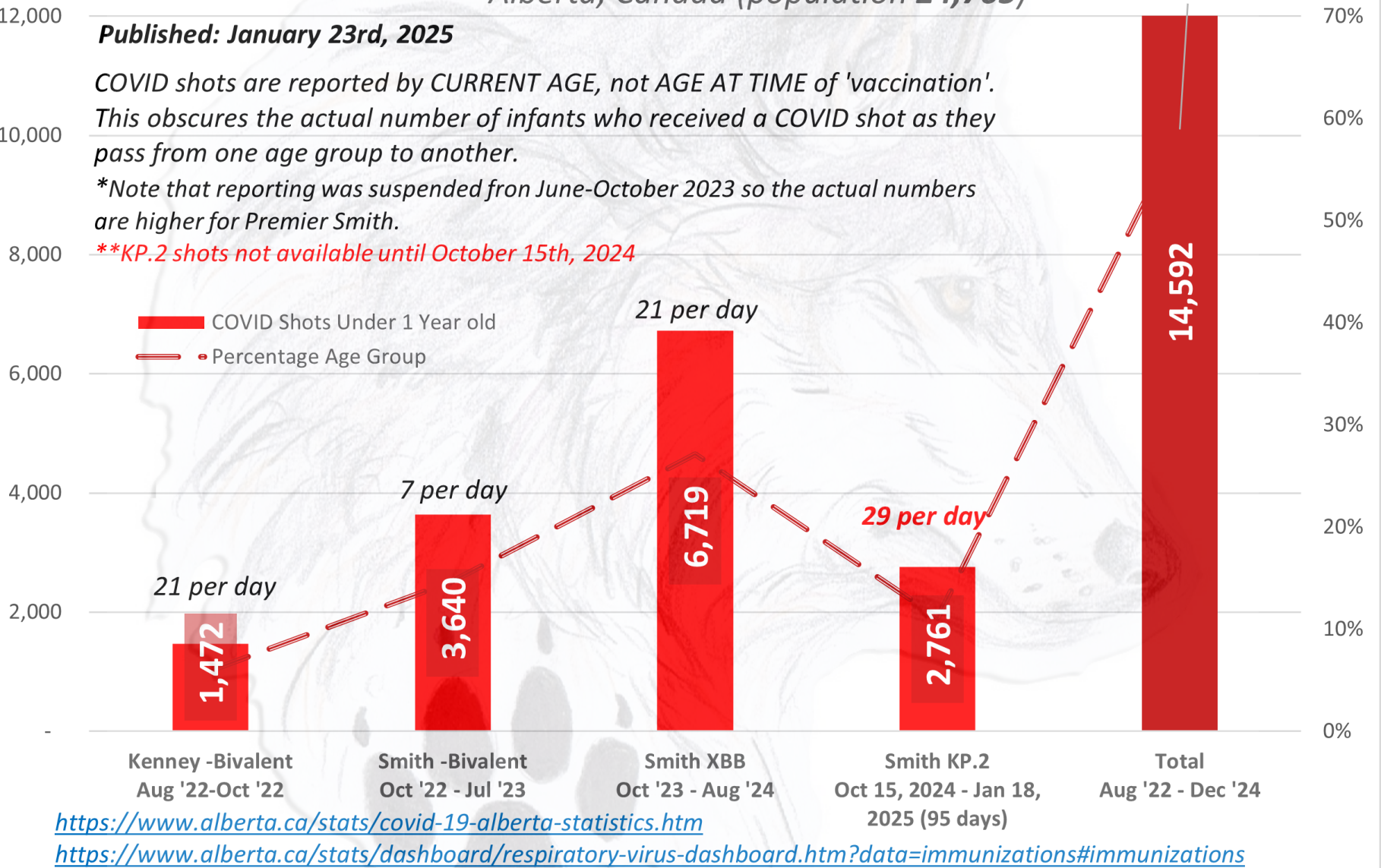
## COVID Shots given to infants under 1 years old Alberta, Canada (population 24,765)

**Published: January 23rd, 2025**

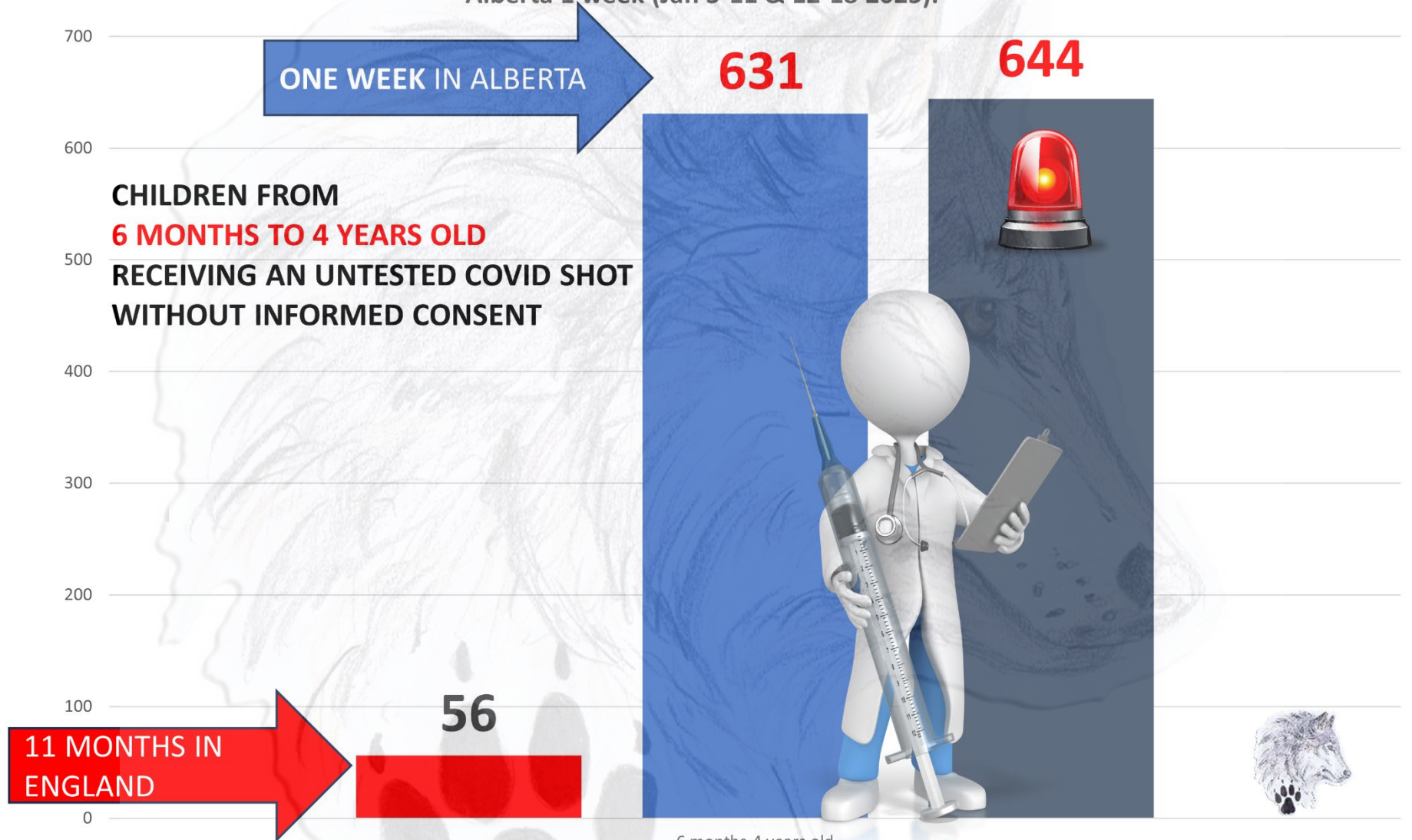
COVID shots are reported by CURRENT AGE, not AGE AT TIME of 'vaccination'. This obscures the actual number of infants who received a COVID shot as they pass from one age group to another.

\*Note that reporting was suspended from June-October 2023 so the actual numbers are higher for Premier Smith.

\*\*KP.2 shots not available until October 15th, 2024



### COVID SHOTS England Spring Booster Plus Winter 2024/25 vs Alberta 1 week (Jan 5-11 & 12-18 2025).



Source:

<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2025/01/Autumn-Winter-2024-25-Monthly-COVID-Flu-vaccinations-16-January-2025.xlsx>

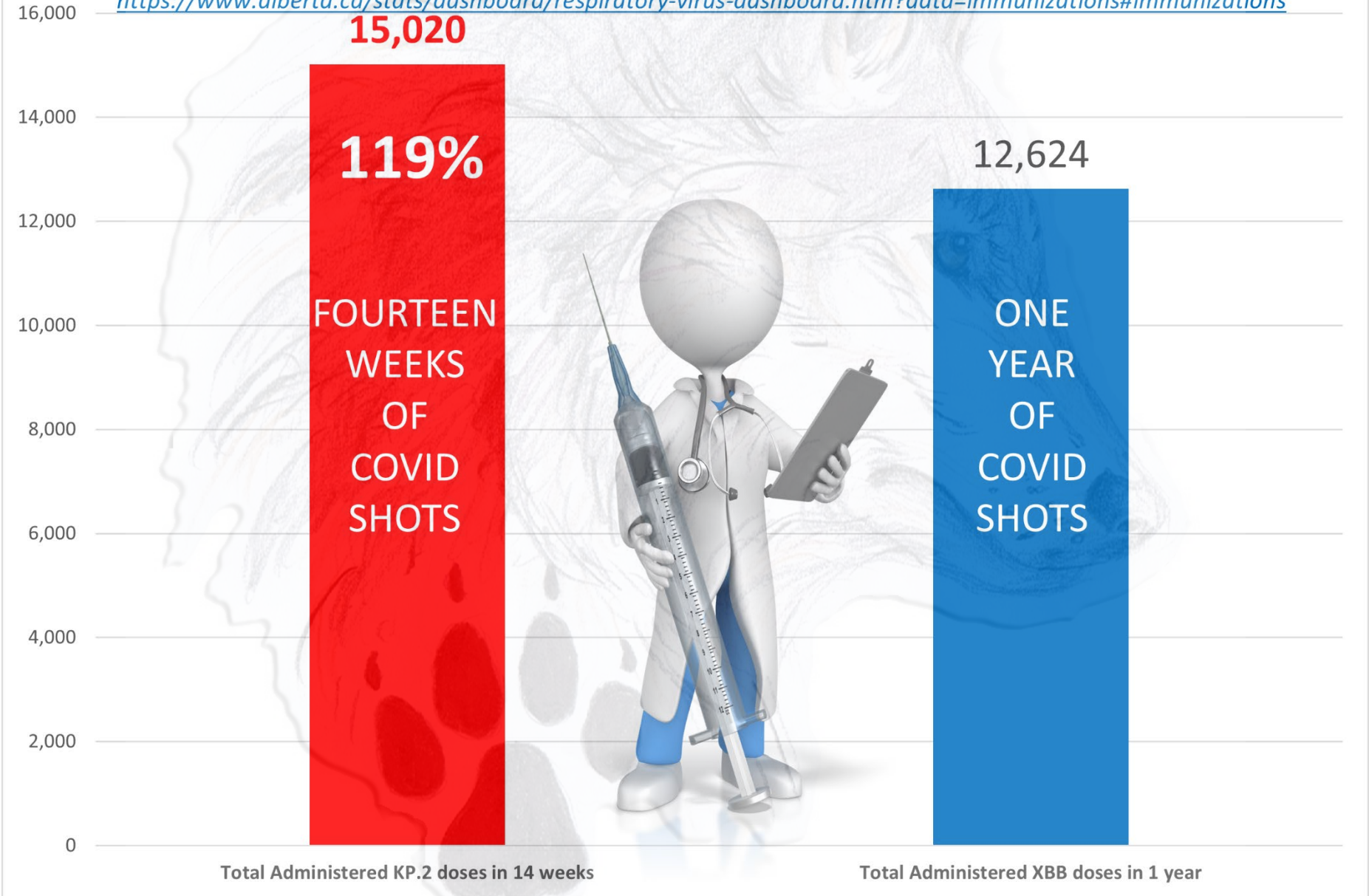
<https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm?data=immunizations#immunizations>

■ England   ■ Alberta 11 Jan 2025   ■ Alberta 18 Jan 2025

### 12-14 year olds receiving COVID shots (KP.2 vs XBB)

19% MORE KP.2 SHOTS IN 14 WEEKS THAN IN ONE YEAR OF XBB SHOTS.

<https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm?data=immunizations#immunizations>



Neighbourhood Pharmacy Association of Canada

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**Sandra Hanna, RPh.**  
Chief Executive Officer

**Shelita Dattani, Pharm.D, RPh**  
Vice President, Pharmacy Affairs

Our 2022-2024 Strategic Plan focuses on four key pillars:



**Neighbourhood Pharmacy Association of Canada**  
@pharmacy\_CAN

#Pharmacy is ready to support primary care needs throughout this country. 🇨🇦 #cof #cdnpoli #pharmacy #futureofpharmacy @ShelsRx



Santis Webinar | Unpacking the 2023 Alberta Election: What's Next for Health

Introduction  
Today's Panelists



James Mitchell

Senior Consultant, Western Canada, Santis Health



Stephanie Gawur

Principal, Santis Health



Dr. Jia Hu

Specialist Physician, CEO of 19 to Zero, Advisor to the Alberta NDP on Health Policy



Dustin van Vugt

Executive Director of the United Conservative Party of Alberta



Neighbourhood Pharmacy Association of Canada  
Association canadienne des pharmacies de quartier

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VACCINE CO-ADMINISTRATION  
IN COMMUNITY PHARMACY

PUBLIC OPINION AND POLICY  
CONSIDERATIONS

PANELISTS:

Jia Hu, CEO & Co-Chair, 19 to Zero  
Theresa Tang, COO & Co-Chair, 19 to Zero

MODERATOR:

Shelita Dattani, PharmD, RPh, Vice President of Pharmacy Affairs, Neighbourhood Pharmacies

SPONSORED BY:







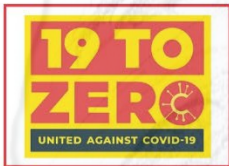
## Pharmacy's Role in COVID-19 Vaccination

### IN BRIEF:

Canada's more than 11,500 pharmacies serve as vital **community health hubs** in virtually every community in Canada, and are ready to administer three million vaccines per week. Provinces should immediately enable pharmacies to offer additional vaccine to get more needles in arms.

#### Our position on pharmacy's role in COVID-19 Vaccination:

- > **Ability** – Pharmacy is involved in administering and delivering mRNA vaccines in almost every province. The entire pharmacy sector has the experience and proven ability to store, handle, distribute and maintain the stability of all vaccines being distributed.
- > **Capacity** – Pharmacies are vaccinating only 20 to 30 per cent of people, far below their capacity, in large part because they are not receiving an adequate supply of vaccine to administer.
- > **Increase Allocation** – As incoming supply increases, we strongly encourage all provincial governments to allocate more vaccine to pharmacies. Community pharmacies have the capacity to do more and support their health sector partners – and, above all, their patients.
- > **Trusted Provider** – Allowing pharmacies to vaccinate to their fullest potential will see more people vaccinated more quickly, in an environment where they are comfortable and with a provider they trust.
- > **Alleviate Pressures** – We urge decision-makers to allocate more vaccines to pharmacies to alleviate pressures on mass vaccination clinics and free up the time and resources of other healthcare professionals.



## Behaviour Change Research

Our research is focused on promoting behaviour change. During the COVID-19 pandemic, we created 'concern archetypes,' or general demographic trends that correlate with patterns of COVID-19-related attitudes and behaviours based on survey data from 2,000 Canadians. This allowed for an evidence-based approach to target segments of the population that demonstrated low concern or low prosocial behaviours with regards to COVID-19. 19 to Zero has engaged with thousands of Canadians through surveys, interviews, and focus groups since December 2020. These research activities inform 19 to Zero's ongoing strategies for enhancing vaccine confidence.

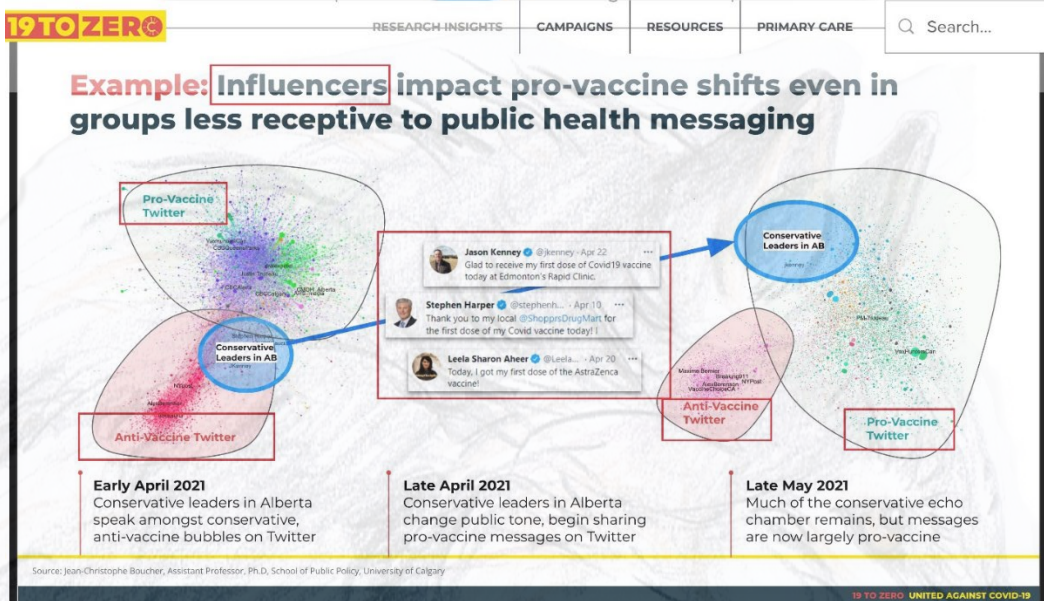


**Adriana LaGrange** @AdrianaLaGrange · 2h

This morning, I am joined by **Wendy Beaudesne**, CEO of the Alberta Cancer Foundation, and **Theresa Tang**, co-founder and CEO of 19 to Zero, to announce the expansion of lung screening services in underserved communities across Alberta.



**Adriana LaGrange** @AdrianaLaGrange  
Improving Lung Health in Rural and Remote Communities



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### Behaviour change interventions **must target people who are likely to be vaccine hesitant and tailor messaging to them**

#### WHAT WE'VE LEARNED WORKS:

1. **Allocate funds effectively** for a population specific approach; using resources to reach vaccine-willing populations is inefficient
2. Use **tailored messaging** to deliver the messages specific to vaccine hesitant populations and their communities
3. Test each message **directly with multiple hesitant sub-populations**, not with the vaccine willing

#### WHY?

- Messaging towards people who are already vaccine confident **does not** turn the dial on vaccine hesitancy as these individuals are already willing to get vaccinated
- Tailored messaging has been shown to be effective at changing an individual's behaviour compared to a one-size-fits all approach to public health messaging
- Vaccine hesitant **sub-populations** have varied concerns and will respond to messages differently than other sub-populations and the general public, which includes the vaccine-willing

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### To understand how to promote behaviour change, we have compiled the largest focused body of research in Canada

We combine our own primary research and that of a broad network of partners.

#### Overview of Sources

Source	Methodology
	<ul style="list-style-type: none"> <li>• Focus Groups</li> <li>• Surveys</li> <li>• Weekly Recurring Surveys</li> <li>• Weekly Twitter Analysis</li> <li>• Summary Reports</li> <li>• Literature Reviews</li> </ul>
	<ul style="list-style-type: none"> <li>• Population Demographics</li> <li>• Population Segmentation and Targeting</li> </ul>

19 TO ZERO. UNITED AGAINST COVID-19

## Behaviour Change Research

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### To reach echo chambers, use influencers from within hesitant communities and paid, targeted ad content

#### WHAT WE'VE LEARNED WORKS:

1. Engage **influencers trusted by vaccine hesitant groups** to share pro-vaccine messages
2. Use **paid advertising** to reach vaccine hesitant communities with **tailored, pro-vaccine content**
3. **Do not** rely on organic pro-vaccine content to reach vaccine hesitant communities, or to be effective if hesitant people are exposed

#### WHY?

- Organic content stays almost exclusively in a single "bubble", so pro-vaccine messaging from pro-vaccine accounts **will not** be circulated within the anti-vaccine echo chamber
- However, many influencers are trusted within echo chambers for non-vaccine reasons (e.g. political views), allowing delivery of pro-vaccine content to "bubbles" with true reach and effectiveness
- Social media algorithms are powerful, and **paid advertising will reach across echo chambers**, including across multiple vaccine hesitant communities

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[https://ised-isde.canada.ca/cc/lgcy/fdrlCrpDtls.html?p=0&corpId=12594382&V\\_TOKEN=null&crpNm=19%20to%20zero&crpNmbr=&bsNmbr=&cProv=&cStatus=&cAct=](https://ised-isde.canada.ca/cc/lgcy/fdrlCrpDtls.html?p=0&corpId=12594382&V_TOKEN=null&crpNm=19%20to%20zero&crpNmbr=&bsNmbr=&cProv=&cStatus=&cAct=)

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## Federal Corporation Information

Federal Corporation Information - 1259438-2

Beware of scams and other suspicious activities. See Corporations Canada's alerts.

### Note

This information is available to the public in accordance with legislation (see Public disclosure of corporate information).

Glossary of Terms used on this page

Order copies of corporate documents

Corporation Number	1259438-2
Business Number (BN)	791720741RC0001
Corporate Name	19 to Zero Inc.
Status	Active
Governing Legislation	Canada Not-for-profit Corporations Act - 2020-12-23

Order a Corporate Profile [View PDF Sample] [View HTML Sample]  
Find existing extra-provincial registrations of this corporation on Canada's Business registries.

### Registered Office Address

4702 21 Street SW  
Calgary AB T2T 5T4  
Canada

### Note

Active NFP Act corporations are required to update this information. Changes are only legally effective when filed with Corporations Canada. A corporation key is required. If you are not authorized to update this information, you can either contact the corporation or contact Corporations Canada. We will inform the corporation of its reporting obligations.

### Directors

Minimum 3	Maximum 10
Theresa Tang 4702 21 Street SW Calgary AB T2T 5T4 Canada	Paul Young 4702 21 Street SW Calgary AB T2T 5T4 Canada
Jia Hu #2304, 1111 10 Street SW Calgary AB T2R 1E3 Canada	

**Dr. JAI HU**  
**AHS Medical**  
**Officer of Health**



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Our Staff / Jia Hu, MD, FRCPC

# Jia Hu, MD, FRCPC

## Biography

Jia Hu, MD, is a Primary Care Physician and a member of Cleveland Clinic Canada's Medical Director Program.

Dr. Hu obtained his Bachelor of Arts in Economics from Harvard University, before going on to obtain his Doctor of Medicine from the University of Alberta. He completed his residency at the University of Toronto and St. Mike's Hospital. A strong interest in Health Policy and Planning led him to London, UK, where he undertook a Masters at the London School of Economics & London School of Hygiene & Tropical Medicine. Most recently, Dr. Hu completed training in Public Health and Preventive Medicine at the University of Toronto.

Following residency, he worked in management consulting at McKinsey with a focus on the healthcare and pharmaceutical sectors. He is currently a Medical Officer of Health with Alberta Health Services. In this role he has played an important role in many aspects of the COVID-19 pandemic, including scaling-up of testing and contact tracing, development of the mobile contact tracing app, assisting organizations with COVID-19 preparedness and re-opening, and engaging in risk communications. He works part-time as a family physician at a clinic and a long-term care that serves patients with complex medical, mental health, and substance abuse issues. Dr. Hu holds several board and leadership positions.

He is a Board member for Partners in Health (PIH) Canada, where he works to diversify funding and develop a strategic plan to increase PIH Canada activities both internationally and with Indigenous populations domestically. He is the Treasurer and Executive Member for Public Health Physicians of Canada (PHPC). In this role, Dr. Hu provides financial oversight to PHPC, the national specialist society for public health physicians.

When he is not practicing medicine, Dr. Hu stays active by jogging and playing squash. He is conversant in Mandarin Chinese.