

Thank you for meeting yesterday. To assist in your first action to address the criminal manipulation of the reported COVID data (Cases, Deaths, Hospitalizations, ICU, Recoveries) and the OAG report on Care Homes for 2020, I am attaching some historical correspondence and updated information.

Alberta Health detailed report of COVID Cases, Recoveries and Deaths Available from May 1st, 2020, to June 14th, 2023.

This file contains a detailed breakdown of Cases by status of Active, Recovered, Died and NA (a later status that replaced 'Active' and 'Recovered' to further obscure the data).

This file can be sorted by 'Date reported' (date in the file) or by 'Date published' (the date the file was made available).

<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

When reporting by 'Date published', there are 1,046 COVID deaths reported in 2020. This matched the reporting by Health Canada up to August 2022 in the weekly published file:

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>.

This does **not** match the information provided by the Auditor General in his February 2020 report on the response to COVID in Care Homes.

Manipulating the Data

Alberta Health Data: By File Date/Media Reported

DELETED AS OF June 14th, 2023 (Last update June 5th, 2023)

<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

Comparing 2020, 2021 to 2023 (Year on Year)							
From	To	Reported COVID Deaths	Reversed COVID Deaths	Finalized COVID Deaths	Days	Deaths Per Day	Reversed Per Day
2020-03-20	2020-12-31	1,103	57	1,046	286	3.86	0.2
2021-01-01	2021-12-31	2,334	70	2,264	364	6.41	0.2
2022-01-01	2022-12-31	2,242	201	2,041	364	6.16	0.6
2023-01-01	2023-06-05	489	71	418	155	3.15	0.5
Total		6,168	399	5,769	June 5th, 2023		
		Alberta Dashboard		5,803	June 26th, 2023		

When reporting by 'Date Reported', there are 1,532 COVID deaths reported in 2020. This does **not** match the information published by Health Canada, or the information as it was reported to the general public throughout COVID.

Alberta Health Data: By 'Date Reported' Row In File

DELETED AS OF June 14th, 2023 (Last update June 5th, 2023)

<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

Comparing 2020, 2021 to 2023 (Year on Year)							
From	To	Reported COVID Deaths	Reversed COVID Deaths	Finalized COVID Deaths	Days	Deaths Per Day	Reversed Per Day
2020-03-20	2020-12-31	1,648	116	1,532	286	5.76	0.4
2021-01-01	2021-12-31	1,923	90	1,833	364	5.28	0.2
2022-01-01	2022-12-31	2,297	178	2,119	364	6.31	0.5
2023-01-01	2023-06-05	300	15	285	155	1.94	0.1
Total		6,168	399	5,769	June 5th, 2023		
		Alberta Dashboard		5,803	June 12th, 2023		

This file does match (within 2 deaths) the information reported by the Auditor General in his February 2023 report on the COVID response in Care Homes.

<https://dksdata.com/CareHomes/oag-covid19-cont-care-facilities-feb2023-Comments.pdf>

https://dksdata.com/CareHomes/OAG-July5-2023_Redacted.pdf

A case fatality rate is a common measure of how severe a disease is by asking: “Of those who caught the disease, how many died?” We compared case-fatality rates between continuing care residents and different proportions of the broader population in Alberta for the period of March to December 2020.

Alberta COVID-19 Cases, Deaths and Case Fatality March-December 2020 Continuing Care vs. All of Alberta

	Continuing care residents	All of Alberta			
		80 and over ⁶¹	70 and over ⁶¹	Under 70	All ages
Cases	4,529	4,143	7,911	95,332	103,243
Deaths	1,037	983	1,292	238	1,530
Case fatality	22.90%	23.73%	16.33%	0.25%	1.48%

Looking at what is called “excess mortality” is another common measure of the impacts of a pandemic on a defined population. It compares all deaths in a period to an average or a range from previous, normal periods. As we expected, in Alberta we saw that during waves one and two there were more deaths than in the prior three-year range. However, when we adjusted the total deaths to remove known COVID-19 deaths we found that, after the first two months of COVID-19, deaths not directly caused by COVID-19 in facilities were often below the prior three-year range.

During the time this file was available, there were almost 900 updates (individual unique files) produced. Within these updates, there were many retroactive changes without explanation. This included the deletion of at least 399 CONFIRMED COVID deaths (up to 857 days AFTER the COVID death was reported as CONFIRMED). This file also retroactively added COVID deaths to the data up to 768 days after the 'Date Reported' date. The changes to the 'Active' and 'Recovered' cases is just as alarming.

A summary of these changes can be found here:

<https://dksdata.com/COVIDLatest/TRACKINGDEAD.pdf>

<https://dksdata.com/COVIDLatest/TRACKING-UNDEAD.pdf>

This shows an initial (incomplete) matching of the removed, previously confirmed, COVID deaths.

<https://dksdata.com/COVIDLatest/TRACKING-UNDEAD-Notes.pdf>

The following linked files are incomplete (due to the amount of data that would make the files unmanageable). This does show some of the Case manipulation though.

<https://dksdata.com/COVIDLatest/DeathsandCasesAsReported.pdf>

<https://dksdata.com/COVIDLatest/TRACKINGCovid.pdf>

<https://dksdata.com/COVIDLatest/TRACKINGCovidRecovered.pdf>

<https://dksdata.com/COVIDLatest/TRACKINGCovidUNRecovered.pdf>

<https://dksdata.com/COVIDLatest/TRACKINGCovidReversed.pdf>

Note that this data does not match the information provided by Health Minister Copping on April 19th, 2023 (at exactly 3:31 pm in line, to the minute, with the weekly Alberta Health dashboard update). Minister Copping's information showed 1,213 reported COVID deaths in 2020.

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#severe-outcomes>

Note that on this day, for the first time since the start of COVID, all government data sets aligned in total deaths reported, although how they reached that total still did not match. The odds of this happening are almost incalculable. Note that since the 'New Dashboard' was published in October 2023, these numbers have become even less aligned. Throughout the last few years, I have watched as this information has been changed in an apparent response to me highlighting the criminal manipulation in a way that suggests an attempt to interfere with evidence.

Note that up to August 2022, in each reported file, the Cases, Recoveries and Deaths would often include items 6 months or longer prior to the file date. As of August 2022, this pattern changed quite starkly to include only information up to 60 days (plus 7 days for the lag in reporting). Occasionally there were exceptions, but it was clear something changed in how COVID deaths were being tracked as of August 2022.

The change in reporting aligned with the change in direction provided to the team that extracted COVID deaths from NetCare/ConnectCare. COVID deaths in Alberta were not identified by a doctor, but rather as a data exercise by a nurse. If a person was flagged on their health care record as having COVID at any time, they were listed as a COVID death (unless there was a death certificate attached that confirmed a death that could not be attributed to COVID i.e. a car accident). This is how the report of a 14-year-old who died of brain cancer was misreported as COVID until the family complained. Note that this clear and willfully negligent reporting of COVID deaths continued even after the issue was

identified. In response to this misreporting and a public outcry, Dr. Deena Hinshaw stated that in future (post October 2021), the deaths of minors would be investigated to ensure they were COVID deaths and not related to other conditions. Note that Dr. Hinshaw stated this rigor would only be applied to suspected COVID deaths of minors, not adults. No evidence has been provided to support this step happened nor any reasoning as to why this would only apply to children or that it had not been happening before. How many of the reported COVID deaths prior to this (or post this in adults) continued to be a purely data extract process? Only a full police forensic investigation will answer that question.



Probable Case^D (Only used in outbreaks)

A person who in the last 7 days had close contact with a confirmed COVID-19 case OR was exposed to a known outbreak of COVID-19 OR had laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19

WITH

- Clinical illness^E and NO molecular test or rapid antigen test or the result is inconclusive^F

OR

- No clinical illness^E and one positive rapid antigen test result with NO second rapid antigen test completed

Reporting Requirements

Case Investigator

- The Zone MOH (or designate) shall forward the [COVID-19/Seasonal Influenza Death and Hospitalized Case Report Form](#) to the CMOH (or designate) via CDOM ESR submission.
 - The report form must be submitted within **one week** of notification of hospitalization, discharge from hospital, resolution of the COVID-19 case status, or death.
 - Submit the form for all confirmed cases of COVID-19 that meet the following criteria:
 - Case is admitted to hospital within **30 days** of initial, positive molecular specimen collection date (lab-confirmed COVID-19 infection only).
 - An amended ESR must be submitted for hospitalized cases if there is an increase in severity from the initial report within 30 days of initial, positive molecular specimen collection date.
- OR
 - Case has died (either in hospital or in community) within **60 days** of meeting confirmed case definition (lab-confirmed COVID-19 infection only).
- Refer to [Appendix A](#) for detailed instructions regarding management of cases from other jurisdictions.
 - The Zone MOH (or designate) shall notify the **First Nation Inuit Health Branch (FNIHB)** MOH (or designate) of any confirmed COVID-19, Severe (Hospitalized or Death) cases who reside on Federal Reserve land using existing processes.

^D All symptomatic close contacts in high-risk settings should be tested where feasible to confirm diagnosis. May use rapid antigen test. The probable case definition should only be used in the rare circumstances when molecular test or rapid antigen test cannot be done or is inconclusive but clinical suspicion is high.

^E Clinical illness: Any one or more of the following: cough, shortness of breath (SOB), sore throat, loss or altered sense of taste/smell, runny nose/nasal congestion, fever/chills, fatigue (significant and unusual), muscle ache/joint pain, headache, nausea/diarrhea

^F An inconclusive result on a real-time PCR assay is defined as:

- An indeterminate result on a single or multiple real-time PCR target(s) without sequencing confirmation or
- A positive result from an assay that has limited performance data available or
- Performed by a laboratory that lacks/has not demonstrated accredited status by the College of Physicians & Surgeons of Alberta (CPSA) [College of Physicians & Surgeons of Alberta \(CPSA\)](#)

Date: March 17, 2021
To: All Health Care Providers
From: Alberta Precision Laboratories (APL) – Public Health Laboratory
Re: Reporting COVID-19 variant of concern test results

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key messages

- Starting March 18, 2021, COVID-19 positive samples will have variant of concern test results reported to the ordering clinician as they currently receive reports. Reports will also be available on Netcare and Connect Care (reporting in SCM to follow). See the appendix for example Netcare reports.
- Variant of concern test results will be reported separately from routine COVID-19 diagnostic tests (e.g., COVID-19 nucleic acid tests, the ID NOW test, antigen-based tests) as "COVID-19 Variant Nucleic Acid Test."

Interpretation of COVID-19 Variant Nucleic Acid Test results.	
Result	Interpretation
Negative	<ul style="list-style-type: none"> • No variant of concern is detected. • This patient still has COVID-19.
Positive	<ul style="list-style-type: none"> • A variant of concern is detected. The lineage (strain) will be reported as B.1.1.7, B.1.351, or P.1. • "See Lineage Conf" indicates that the lineage result is pending and will be reported later.
Unresolved	<ul style="list-style-type: none"> • The viral load is too low to perform variant testing. • The strain could potentially still be a variant of concern and should not be treated as negative. • This patient still has COVID-19.

- Positive and unresolved results will be reported as abnormal (i.e., with red font in Netcare).
- Infection prevention and control (IPC) precautions continue to be based on symptoms and risk assessment. **These test results should not be used to discontinue IPC precautions.**

Background

- Current SARS-CoV-2 variants of concern include B.1.1.7, B.1.351, and P.1. It is anticipated that more variants of concern will be identified over time.

This used to say 6 months instead of 60 days. Although reported deaths from diagnosis of COVID to death were anything up to 2 years...
Then suddenly all the COVID deaths are within 2 months of a COVID 'diagnosis'.
All based on a COVID 'CASE'!
Lies, Damned Lies and Sadistics.

These questionable reported deaths were used specifically to falsely manipulate the reported risk related to vaccination and to drive the COVID response (that itself was and is known to have caused significant suffering and death in Alberta). One government published view of the data was used to suggest that the risk of death from COVID in the fully vaccinated was 1 in 16,000, where the number was closer to 1 in 2,000. This was in stark contrast to the reported relative risk of COVID to those unvaccinated which was approximately 1 in 4,500. These risks are assuming that every reported COVID death was a death that resulted from COVID and not a lack of treatment, mistreatment (ventilator etc.), misdiagnosis or misappropriation of real cause of death due to the manner in which COVID deaths were selected.

Based on the timing of the changes in the data and the manner in which the data was reported, it is clear that this was a case of the data following a narrative (or multiple narratives) rather than the facts and response following the data.

This data manipulation has continued, and indeed accelerated with the launch of a new 'Respiratory' dashboard in October 2023. There have been two published URL's for this new respiratory dashboard. The first included some significant changes to the published data but then suddenly vanished without explanation. This would typically be a nefarious technique to prevent the automated backup and recovery of a published web page.

<https://www.alberta.ca/stats/dashboard/respiratory-virus-statistics.htm>

The above link was quickly replaced with;

<https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm>

The data changes/additions/removals through the new dashboard have continued. However, now the range of manipulation has become even more brazen, with 'new' COVID deaths reported up to 1,299 days prior (on March 22nd, 2020) and a CONFIRMED COVID Death removal 1,292 days prior. This removal is one of 438 CONFIRMED COVID deaths that have since been removed from the published data without any reasonable explanation. This information was used to drive such a globally damaging response to society (which continues today). This level of manipulation goes beyond mere negligence and into clear criminal behavior to build a trail of false evidence to support and then cover up illegal activities on a scale never before seen in Alberta.

<https://dksdata.com/COVIDLatest/COVIDDeathsAlberta-NewDashboard.pdf>

Speaking of manipulated data. The Auditor General/Police may want to look into the associated missing Influenza A (H3N2) outbreaks that disappeared from the Alberta Health Dashboard on January 6th, 2024.

For three months, the reported Influenza A outbreaks were climbing for H3N2. As of December 30th, 2024, there were reported to have been 116 H3N2 outbreaks in Alberta with each outbreak having to involve at least two individuals who would then have been tested, isolated, masked (or worse).

As of September 2022, the response to any outbreak has followed the deadly COVID protocols brought in starting March 2020. These are protocols that were never before used and have been shown the world over to have caused significant harm including avoidable and unlawful detentions and deaths.

The reality is these outbreaks were (and are) impacting many more people than just those placed under the respiratory protocols that were brought in by COVID. From staff to visitors and family members, the impacts are widespread. As with the other manipulations of official records, to just delete the data relating to almost all of the H3N2 outbreak records is nothing less than criminal.

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

Alberta "outbreaks" December 30th, 2023

Total respiratory virus outbreaks by outbreak setting, 2023-2024

Facility	Calgary Zone	Central Zone	Edmonton Zone	North Zone	South Zone	Total	Increase
Acute Care Facility	34	38	121	14	13	220	10
Child Care Facility	20	12	66	12	8	118	7
Long Term Care Facility	118	43	86	23	13	283	34
Other	3	2	14	2	3	24	3
School (K-12)	29	29	95	48	20	221	15
Supportive Living/Home Living Sites	120	54	102	28	46	350	45
Total	324	178	484	127	103	1,216	114

Total respiratory virus outbreaks by zone, 2023-2024



Virus subtype	Calgary Zone	Central Zone	Edmonton Zone	North Zone	South Zone	Alberta	Increase
COVID-19	234	112	275	41	62	724	53
Influenza (All)	31	28	35	12	10	116	42
Influenza A	31	28	35	12	10	116	42
Influenza A (H1N1)	21	20	30	2	8	81	38
Influenza A (H3N2)	31	28	35	12	10	116	42
Influenza B	0	0	0	0	0	0	-
Adenovirus	0	0	1	0	0	1	-
Coronavirus (non-COVID-19)	2	1	0	1	1	5	1
Human Metapneumovirus (hMPV)	0	0	0	0	0	0	-
Parainfluenza	0	0	0	0	0	0	-
Respiratory Illness	59	44	167	69	30	369	19
Respiratory Syncytial Virus	0	1	1	1	1	4	2
Rhinovirus/Enterovirus	3	1	9	3	1	17	1
Total	412	263	588	153	133	1,549	240

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

On January 6th, 2024, 112 reported H3N2 outbreaks were removed from the Alberta Health Dashboard without explanation.

Alberta "outbreaks" January 6th, 2023

Total respiratory virus outbreaks by outbreak setting, 2023-2024

Facility	Calgary Zone	Central Zone	Edmonton Zone	North Zone	South Zone	Total	Increase
Acute Care Facility	35	39	124	14	14	226	6
Child Care Facility	20	12	65	13	8	118	-
Long Term Care Facility	127	48	93	25	13	306	23
Other	3	2	14	2	3	24	-
School (K-12)	29	30	99	48	20	226	5
Supportive Living/Home Living Sites	127	57	109	33	50	376	26
Total	341	188	504	135	108	1,276	60

Total respiratory virus outbreaks by zone, 2023-2024

Virus subtype	Calgary Zone	Central Zone	Edmonton Zone	North Zone	South Zone	Alberta	Increase
COVID-19	243	115	285	43	64	750	26
Influenza (All)	33	30	39	13	12	127	11
Influenza A	33	30	39	13	12	127	11
Influenza A (H1N1)	23	22	32	3	9	89	8
Influenza A (H3N2)	2	1	1	0	0	4	- 112
Influenza B	0	0	0	0	0	0	-
Adenovirus	0	0	1	0	0	1	-
Coronavirus (non-COVID-19)	2	1	0	1	1	5	-
Human Metapneumovirus (hMPV)	1	0	0	0	0	1	1
Parainfluenza	0	0	0	0	0	0	-
Respiratory Illness	64	47	173	74	31	389	20
Respiratory Syncytial Virus	0	1	1	2	1	5	1
Rhinovirus/Enterovirus	3	1	9	3	1	17	-
Total	404	248	580	152	131	1,515	- 34



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

Note that these 112 Influenza H3N2 outbreaks have remained missing, without explanation for the weeks of January 13th and January 20th, 2024.

As every 'outbreak' has significant impacts on residents of care homes, business, schools and more, this deliberate erasure of official government records warrants immediate investigation.

See: <https://dksdata.com/Care.html> for the ongoing and devastating impacts of these outbreaks on care home residents.

Alberta "outbreaks" January 20th, 2023

Total respiratory virus outbreaks by outbreak setting, 2023-2024

Facility	Calgary Zone	Central Zone	Edmonton Zone	North Zone	South Zone	Total	Increase
Acute Care Facility	36	39	133	16	14	238	8
Child Care Facility	21	14	66	13	8	122	1
Long Term Care Facility	147	49	101	28	14	339	14
Other	3	2	15	2	4	26	2
School (K-12)	29	31	99	48	21	228	2
Supportive Living/Home Living Sites	142	60	115	34	52	403	8
Total	378	195	529	141	113	1,356	35

Total respiratory virus outbreaks by zone, 2023-2024

Virus subtype	Calgary Zone	Central Zone	Edmonton Zone	North Zone	South Zone	Alberta	Increase
COVID-19	276	119	306	45	65	811	27
Influenza (All)	34	32	41	15	14	136	2
Influenza A	34	32	40	15	14	135	1
Influenza A (H1N1)	24	22	33	4	11	94	-
Influenza A (H3N2)	2	1	1	0	0	4	-
Influenza B	0	0	1	0	0	1	1
Adenovirus	0	0	1	0	0	1	-
Coronavirus (non-COVID-19)	3	0	1	3	1	8	3
Enterovirus	0	0	0	0	0	0	-
Hand Foot And Mouth Disease	0	0	0	0	0	0	-
Human Metapneumovirus (hMPV)	2	0	3	0	0	5	2
Parainfluenza	0	0	0	0	0	0	-
Respiratory Illness	64	49	168	72	32	385	3
Respiratory Syncytial Virus	1	1	4	4	2	12	4
Rhinovirus/Enterovirus	3	1	9	3	1	17	-
Total	443	257	608	161	140	1,609	37

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

Similar manipulations with critical COVID data have happened throughout the last four years which have made Informed Consent an impossibility. In addition, as this manipulated information has driven policies from mandatory vaccinations, isolations, damaging and dangerous treatments, closure of businesses, masking of children and more. A criminal investigation must be started immediately in order to secure evidence that is being tampered with and in some cases may have been deleted (or attempted to be deleted).

The information collected and disseminated by Alberta Health feeds into the information collated and published by Health Canada. Here again, we see both manipulations and misinformation.

Health Canada COVID data – weekly updates.

This file currently shows between 1,116 and 1,276 reported COVID deaths in 2020.

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	date	reporting_week	totalcases	numtotal_last7	ratecases_total	numdeaths
48	Alberta	2020-12-05	49	68,125	12,074	1,500	680
48	Alberta	2020-12-12	50	79,785	11,660	1,756	812
48	Alberta	2020-12-19	51	90,008	10,223	1,981	961
48	Alberta	2020-12-26	52	97,407	7,399	2,144	1,116
48	Alberta	2021-01-02	53	104,633	7,226	2,303	1,267
48	Alberta	2021-01-09	1	111,729	7,096	2,459	1,426
48	Alberta	2021-01-16	2	117,088	5,359	2,577	1,557
48	Alberta	2021-01-23	3	121,013	3,925	2,664	1,672
48	Alberta	2021-01-30	4	124,049	3,036	2,730	1,744

However, until August 2022, the Health Canada download file matched the Alberta Health CSV file formatted by 'Date published' (i.e. 1,046 reported COVID deaths in 2020).

Dates are not just labels – they mean something.

*How many deaths 'involving' COVID were there in 2020?
Why dates matter.*

Up until Mid June 2022 Health Canada still showed the Alberta Health Data total for 2020 as 1,046 COVID Involved Deaths. This matched the reported deaths during 2020.

What changed?
2022-06-15 5:11 PM

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	prnameFR	date	update	numconf	numprob	numdeaths
48	Alberta	Alberta	2020-12-31	1	101654	0	1046
48	Alberta	Alberta	2021-01-01	1	103015	0	1046
48	Alberta	Alberta	2021-01-02	1	103948	0	1046
48	Alberta	Alberta	2021-01-03	1	104407	0	1046
48	Alberta	Alberta	2021-01-04	1	105355	0	1142
48	Alberta	Alberta	2021-01-05	1	106378	0	1168

2022-06-21 8:31 PM

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	prnameFR	date	reporting	reporting_update	numcases	numcases	ratecases	numdeaths
48	Alberta	Alberta	2020-12-26	52	2020	96893	7960	2180.86	955
48	Alberta	Alberta	2021-01-02	53	2020	103948	7055	2339.65	1046
48	Alberta	Alberta	2021-01-09	1	2021	111714	7095	2458.98	1426

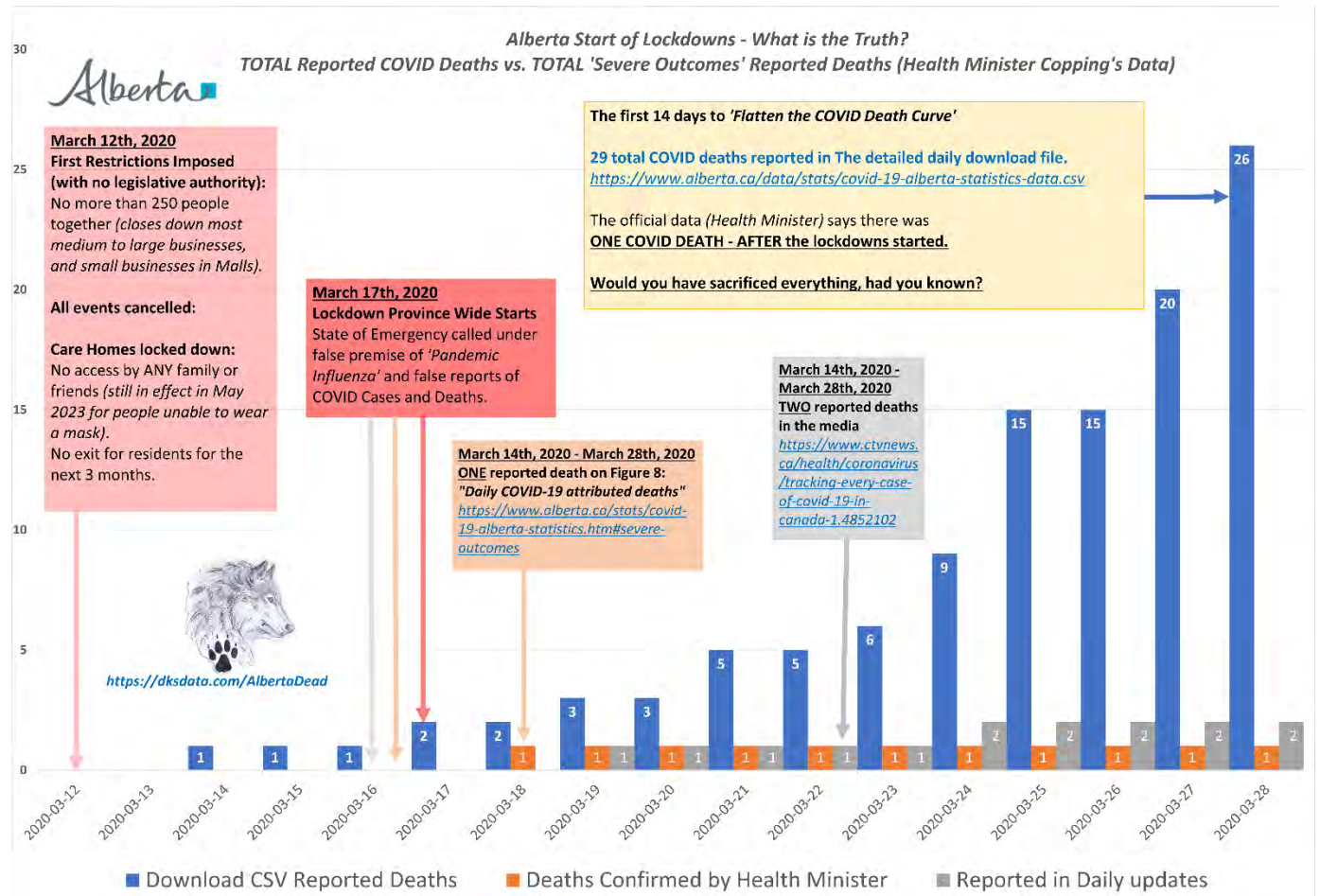
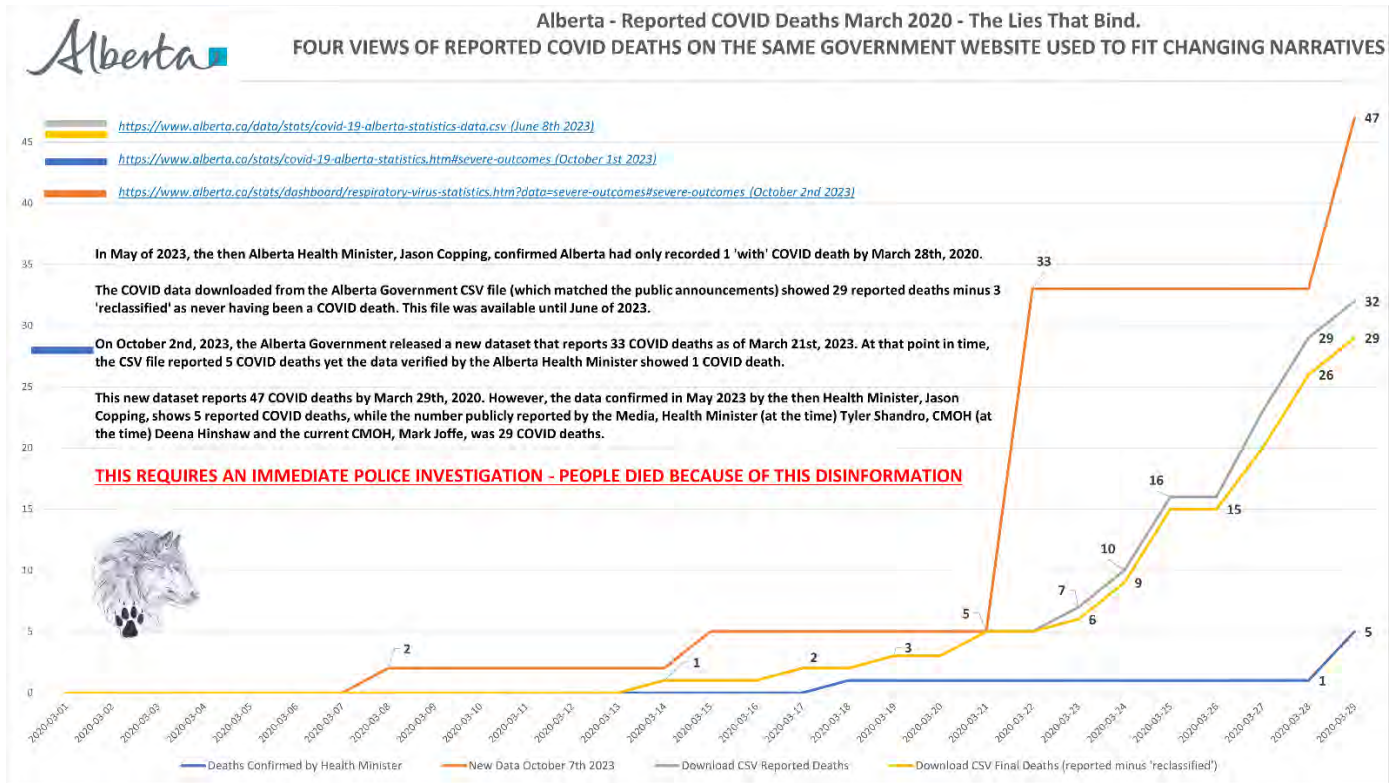
2023-02-25 9:42:19 AM

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	prnameFR	date	reporting_week	reporting_year	update	totalcases	numtotal_last7	ratecases_total	numdeaths
48	Alberta	Alberta	2020-12-26	52	2020	1	97394	7399	2143.77	1116
48	Alberta	Alberta	2021-01-02	53	2020	1	104619	7225	2302.81	1267
48	Alberta	Alberta	2021-01-09	1	2021	1	111714	7095	2458.98	1426

The active data manipulation becomes even more clear and disturbing based on the reporting of All Cause mortality by Age and by Cause from Health Canada and Alberta Health. As Health Canada receives all its data from Alberta Health, these differences call for a full forensic investigation.

The impacts of these manipulations in the reported information can be seen in the following charts and tables.



Reported in the Mainstream Media and Live Government Updates:
<https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102>

Date	Report	Deaths
2020-03-05	March 5 – A woman in her 50s from the Calgary area who recently travelled aboard the Grand Princess cruise ship in California was identified as Alberta's first presumptive case of COVID-19 . This case was confirmed on March 6, and the patient is self-isolating.	
2020-03-06	March 6 – A man in his 40s in the Edmonton region was announced as the province's second presumptive case after he tested positive upon returning from visiting the United States. He had visited Illinois, Michigan and Ohio before returning home on Feb. 28. The source of his infection is a companion who travelled with him in the U.S. who had previously been a passenger on the Grand Princess cruise ship. This travel companion is one of the confirmed cases in B.C.	
2020-03-08	March 8 – Health officials said a man in his 60s from the Edmonton region was the third presumptive case. He had been on the Grand Princess cruise before he returned to Alberta on Feb. 21. The fourth presumed case is a woman in her 30s from the Calgary region. She had been in close contact with someone who had recently travelled in Europe, including visits to Ukraine, Turkey and the Netherlands. This person is also a resident of Alberta, and is currently undergoing tests. Both presumptive cases are recovering in isolation at home.	
2020-03-09	March 9 – Alberta health officials announced three additional cases, bringing the province's total to seven. One case involves an Edmonton-area woman in her 70s who had come in contact with the case announced on March 8 who had contracted the virus while on the Grande Princess cruise. The sixth case is a Calgary-area man in his 30s who had travelled in Ukraine, the Netherlands and Turkey who had also been in close contact with the fourth case identified on March 8. The last case is a Calgary-area woman in her 50s who was on the MS Braemar cruise ship from Feb. 11 to March 4. All Alberta cases are now confirmed and the province no longer requires additional confirmation from the National Microbiology Laboratory.	
2020-03-10	March 10 – Seven more cases were confirmed by health officials , doubling the number of cases in Alberta. All patients likely caught the virus while travelling. Destinations included France, the Netherlands, Egypt, Iran, Taiwan, Germany, Malaysia, Trinidad and Tobago, Panama, the Philippines and the United States. Several travellers visited more than one country. One individual was also on the MS Braemar cruise. One of the patients had a pre-existing health condition and was transported to hospital. Three are from the Edmonton area, a male in his 70s and a female in her 60s who had travelled together, and a female in her 30s. Four cases are from the Calgary area, involving a man in his 50s, two females in their 30s, and a female in her forties.	
2020-03-11	March 11 – Five new cases of COVID-19 were identified in Alberta. All of those cases were linked to travel. One case involved an Edmonton man in his 30s who recently came back from international travel and also visited Misericordia Hospital for an unrelated, previously scheduled treatment prior to being tested and diagnosed. Alberta Public Health was contacting anyone who was in direct contact with him. Alberta's chief medical officer of health said there is no risk to patients at the hospital "at this time." The other four cases are a man in his 20s and three women in their 30s, three of whom are from Calgary and one from the central zone. All five patients recently travelled abroad to countries including Iran, Egypt, Spain, Washington state and Mexico.	

2020-03-12	<u>March 12 – Four new cases, all in the Calgary-area, were announced, bringing the provincial total to 23. The cases involved a two-year old child, a man in his 50s, a woman in her 30s and a woman in her 70s. The four recently returned from travel to Jordan, Egypt, France, Germany, and Florida.</u>	
2020-03-13	<u>March 13 – Six new cases were confirmed, all involving travel. One was a man from Edmonton who attended a conference in Vancouver where a positive case was identified. The remaining cases were from the Calgary area. One recently returned from Florida, while the others were household contacts of a previously confirmed case.</u>	
2020-03-14	<u>March 14 – Ten new cases were confirmed in Alberta, including two in which patients were admitted to intensive care. Six of the new cases were in the Calgary Zone, the other four were in the Edmonton Zone. Eight of the cases were connected to international travel. The province was investigating the other two cases. Both patients admitted to intensive care were in their 60s.</u>	
2020-03-15	<u>March 15 – Alberta health officials announced 17 new cases, bringing the total to 56. Two of the new cases were believed to be 'community cases' with no connection to international travel.</u>	
2020-03-16	<u>March 16 – There were 18 new cases – the highest single-day tally for the province so far.</u>	
2020-03-17	<u>March 17 – Health officials in Alberta announced 23 new cases.</u>	
2020-03-18	<u>March 18 – Alberta health officials announced another 22 cases of COVID-19, for a total of 119 cases. Seven of the cases were suspected to be community transmission and three were in Intensive Care Units.</u>	
2020-03-19	<u>March 19 – The province had its first death from COVID-19 – a man in his 60s with an underlying health condition – and 27 new cases.</u>	1
2020-03-20	March 20 – Alberta confirmed 49 new cases, bringing the province's total to 195. As many as 11 of the total cases, all in the Edmonton and Calgary areas, may be community transmitted. Ten patients are in the hospital, half of whom are in intensive care.	
2020-03-21	March 21 – Health officials announced 31 new cases of COVID-19 in Alberta, bringing the provincial total to 226. The province believed as many as 16 of the cases were due to community spread. Eleven people were in hospital, six of which were in the intensive care unit. The province also identified that one of the cases originated in a seniors' home.	
2020-03-22	March 22 – An additional 33 cases were reported in Alberta. There were 18 people hospitalized, seven of whom were in intensive care.	
2020-03-23	March 23 – The province confirmed 42 new cases, with up to 11 suspected to be from community transmissions.	
2020-03-24	<u>March 24 – There are 57 new cases of COVID-19 in the province as well as the province's second death due to the disease. The victim is a woman in her 80s in the Calgary zone.</u>	1
2020-03-25	<u>March 25 – Premier Jason Kenney announced 61 new cases of COVID-19 Wednesday, the largest day-over-day increase yet.</u>	
2020-03-26	<u>March 26 – Alberta has 67 more cases of COVID-19, but the province announced that 27 of the 486 total patients have recovered from the virus.</u>	
2020-03-27	<u>March 27 – There are 56 more cases of COVID-19 in Alberta Friday, bringing the total tally to 542. Six additional patients have also recovered, bringing the recovery total to 33.</u>	
2020-03-28	<u>March 28 – Another 79 cases of COVID-19 are announced, raising the provincial total to 621.</u>	
2020-03-29	March 29 – The province announced its third COVID-19 death and 40 additional cases of the virus.	1

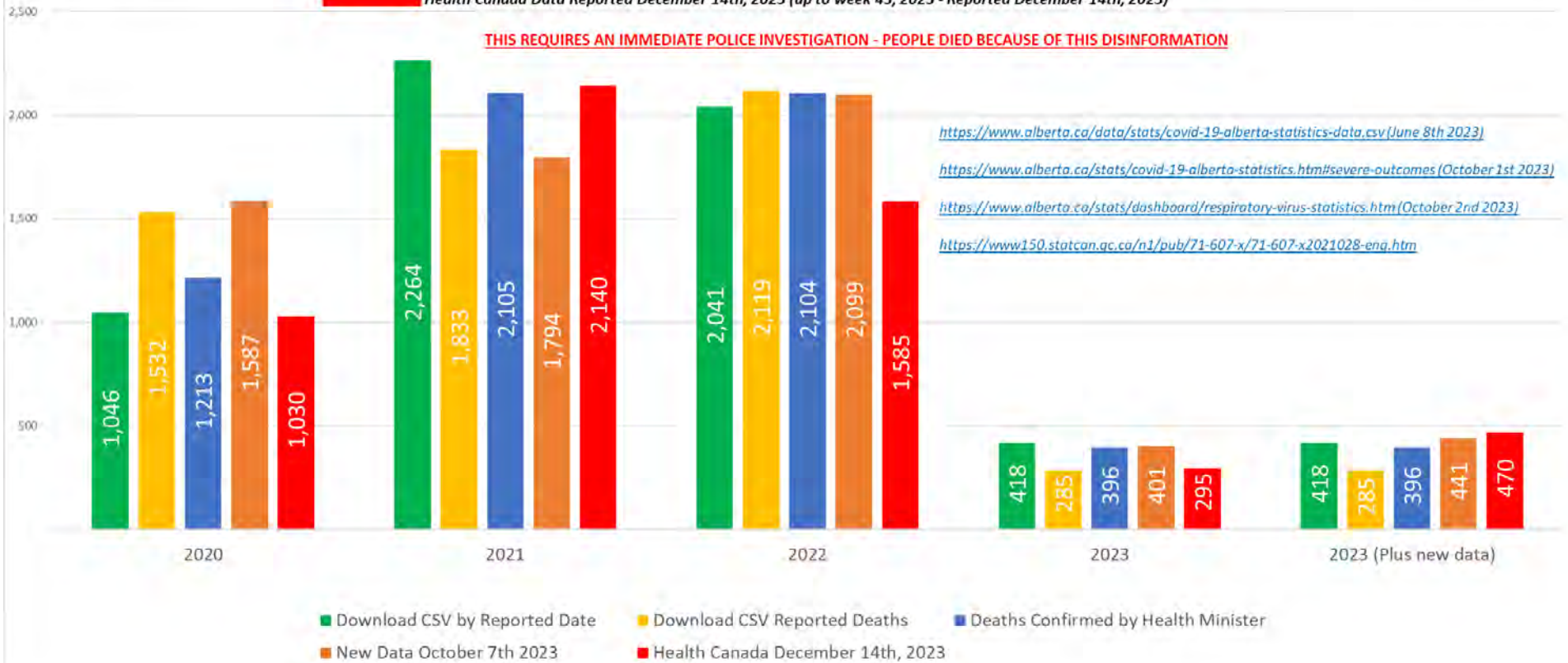


Alberta - Reported COVID Deaths By Year - The Lies That Bind.

FOUR VIEWS OF REPORTED COVID DEATHS ON THE SAME GOVERNMENT WEBSITE USED TO FIT CHANGING NARRATIVES

- This is the number of annual COVID Deaths reported by Alberta Health until June 2023, Health Canada until August 2022 and the media throughout COVID until the CSV file was removed from public access.
- This is the number of annual COVID Deaths used by the Alberta Office of the Auditor General in his Care Homes report for 2020 (published in 2023). It is also the number used by Alberta Health to manipulate the number of inferred unvaccinated Albertans in hospital and dying.
- This is the number of annual COVID deaths confirmed in writing by the Alberta Health Minister (Jason Copping) in May 2023. This number does not match the public reporting or the numbers used by the Auditor General/unvaccinated percentage for numbers of COVID deaths per year.
- This is the number of annual COVID Deaths now reported by Alberta Health. This does not match the reporting at the time, nor the reporting to Health Canada through to the end of 2022.
- Health Canada Data Reported December 14th, 2023 (up to week 43, 2023 - Reported December 14th, 2023)

THIS REQUIRES AN IMMEDIATE POLICE INVESTIGATION - PEOPLE DIED BECAUSE OF THIS DISINFORMATION



Health Canada All Cause Mortality by Cause

This is a breakdown of reported deaths by cause and province with a federal summation updated monthly.

This data is as of the latest reporting on January 18th, 2024 (data to Week 43, 2023 for Alberta).

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310081001>

Year	GEO	Cause of death (ICD-10)	Total
2010	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2011	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2012	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2013	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2014	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2015	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2016	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2017	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2018	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2019	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	-
2020	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	1,040
2021	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	2,095
2022	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	1,585
2023	Alberta, place of occurrence	COVID-19 [U07.1, U07.2, U10.9]	340

In addition, Stats Canada recently produced a report that further confuses the issue due to its many errors. A copy of the analysis of this report can be found here.

<https://dksdata.com/COVArticles?9>

<https://dksdata.com/Articles/COVArticles/Nov27report.pdf>

The current trend of increasing Excess Deaths that started **after** the first lockdowns worldwide should be troubling, and specifically so for Alberta. At this point in time, no politician in Alberta is even discussing the growing number of Excess Deaths which are being driven by the ongoing deadly **response to COVID** (not COVID itself).

Data up to 1pm ET January 18th, 2023

Alberta

Week	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Increase
1		435	435	510	500	560	490	535	630	530	540	770	640	750	210
2	405	480	460	540	455	500	460	540	575	505	570	730	645	700	130
3	390	460	460	530	435	555	505	600	595	580	560	690	690	650	90
4	415	450	420	465	440	490	490	545	540	530	610	665	675	635	25
5	405	435	445	425	445	495	500	540	545	525	535	630	730	655	120
6	405	430	415	455	435	455	485	490	490	525	550	590	740	625	75
7	415	430	445	440	430	500	500	505	500	545	520	575	710	625	105
8	420	450	465	440	445	485	500	475	560	540	495	585	655	595	100
9	395	435	475	415	440	450	505	485	470	490	525	560	600	645	120
10	390	425	465	440	470	490	500	480	495	535	550	580	665	620	70
11	435	415	390	420	465	480	480	490	525	475	570	580	590	595	25
12	370	410	425	470	415	465	495	500	475	500	560	515	575	630	70
13	415	400	430	470	430	485	510	460	475	460	565	565	605	605	40
14	415	445	420	440	405	435	480	465	520	500	560	545	500	590	30
15	390	415	430	440	425	480	470	450	515	495	565	570	600	575	10
16	375	380	395	440	515	475	460	485	515	535	520	520	585	570	50
17	435	415	425	465	460	495	455	510	485	500	555	555	610	670	115
18	395	390	425	415	450	460	475	505	495	500	550	585	645	610	60
19	340	410	420	485	435	450	465	475	505	500	510	525	625	590	80
20	415	395	420	415	435	460	440	450	505	475	525	580	635	575	50
21	380	450	390	415	450	445	455	490	470	490	520	575	600	600	80
22	345	385	400	445	420	465	435	460	470	505	525	550	595	610	85
23	375	405	425	390	435	430	445	455	525	445	530	615	610	525	5
24	420	390	415	385	435	465	425	445	470	500	495	515	585	545	50
25	405	370	410	450	405	420	435	440	480	455	495	510	560	580	85
26	365	410	380	340	415	440	430	440	460	465	530	495	535	635	105
27	390	360	400	425	445	430	465	440	450	470	490	645	515	570	80
28	385	375	380	430	400	415	440	445	475	505	535	615	615	585	50
29	380	380	385	455	405	430	415	425	420	465	525	570	630	585	60
30	395	405	400	390	425	435	490	485	465	500	520	525	610	610	90
31	380	380	435	375	445	455	430	455	450	455	500	565	585	565	65
32	370	380	410	420	415	430	420	435	490	455	500	540	580	595	95
33	380	405	370	405	385	430	420	480	455	475	530	520	600	550	20
34	405	340	405	415	390	390	430	450	455	515	545	600	565	580	35
35	380	405	370	400	455	410	415	470	500	465	490	570	565	580	90
36	385	365	435	425	460	490	465	450	465	525	555	615	600	570	15
37	395	395	405	395	435	435	470	475	465	455	520	650	615	665	145
38	365	380	415	380	480	425	460	490	465	445	555	715	610	575	20
39	425	420	435	415	465	450	440	515	475	500	515	650	585	605	90
40	405	445	420	450	470	435	490	520	470	525	575	700	645	645	70
41	420	410	420	460	415	425	455	490	465	525	580	635	615	660	80
42	390	410	480	475	470	435	465	470	515	500	530	650	620	645	115
43	420	365	390	420	415	460	480	455	510	520	555	690	635	595	40
44	350	395	405	450	470	455	460	500	490	500	610	630	665		
45	410	405	455	470	420	440	465	505	535	510	640	630	640		
46	420	385	435	420	475	450	460	545	510	525	605	625	635		
47	435	420	410	400	490	465	420	515	485	490	630	610	705		
48	430	420	385	440	490	475	470	510	570	520	655	645	710		
49	440	445	410	480	495	520	545	510	500	555	645	630	720		
50	405	375	445	460	545	510	495	540	495	540	730	615	695		
51	425	435	460	480	500	485	485	600	520	540	710	640	655		
52	430	440	525	505	540	455	605	545	530	535	750	660	670		
53		430					530						755		

Total	20,330	21,685	21,970	22,785	23,290	23,965	24,875	25,435	25,915	26,120	29,025	31,315	33,245	26,185	3,135
https://www150.statcan.gc.ca/n1/daily-quotidien/221208/dq221208f-cansim-eng.htm															
First 43 W	16,585	17,535	18,040	18,680	18,865	19,710	19,940	20,665	21,280	21,405	23,050	25,630	26,395	26,185	3,135

At present, Excess Deaths in Alberta are tracking at an average of 0.96 deaths AN HOUR (162 a week). More disturbing is these deaths are increasing in the younger population with each passing day.

As a UK Police Officer from Liverpool, the number 96 and children resonate in a way that tears at my heart. It is time for this to end, for the criminal forensic investigations to commence and for justice to be seen to be done, once and for all.



David Karen Dickson

April 22 · 👤

In a world of noise and confusion, people listen to the common voice. The media, anti-social media and governments world wide all sing the same song, so they must be right.

However, in a crowded theatre when one voice shouts fire, it ripples through the crowd like a virus... no-one looks for smoke, no-one looks for fire, they just panic and repeat the same chant.

It is human nature. We cannot change that. People can exploit that though. They do every day.

In the panic and fear, the voice of reason pushing back against the crowd... just gets crushed underfoot.

The 96 at Hillsborough died because of that same panic herd mentality and 'leadership' incompetence ...

Never Forget That.

I don't. I am a proud Scouser and I was a Bobby at the time.

These two children ignored a 'social distance' from generations of dislike bordering on hatred and it united a nation.

Don't let 'social distancing' break that apart for no good reason at all.



Further information on Excess Deaths, Adverse Events, Alberta specific information, continuing care home atrocities and Human Rights violations, vaccine Adverse Events and the current lack of Informed Consent can be found here; <https://avoidabledeathawareness.com>

Previous correspondence relating to all the above can be found here:

<https://dksdata.com/Care#COMMUNICATIONS>

<https://dksdata.com/AlbertaDead#COMMUNICATIONS>

I look forward to working with you on the above. I also await confirmation of the urgent meeting with persons in authority you are working to facilitate, as we discussed in our meeting of January 30th, 2024, at your office.

Many thanks again, Shane.

David & Karen Dickson.