

First Nations Health Protection Report 2024

May 12, 2026

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First Nations Health Protection Report 2024

- *We acknowledge that the systems that collect the data in this report are not currently structured to capture and report on strengths-based indicators. The following pages show inequities between First Nations peoples and non-First Nations peoples in Alberta that result from historical and current trauma and the experience of racism. The MOHs in Alberta region are committed to working with First Nations to identify ways that future reports can shift towards more strength-based approaches, and to remove barriers to Nations' access to their own data.*

Outline

- Introduction
- Highlights
- Immunization data
- Notifiable Disease trends
- Sexually Transmitted and Blood Borne Infections (STBBIs)
- Environmental Public Health activity
- Acknowledgements

Question #1

- What is your role? (Nurse, Health Manager, Leader, Administrator, ISC staff, other)

Question #2

- Please select all health topics that are a priority to you:
 - Congenital Syphilis
 - Opioid Crisis
 - Mental Health & Wellness
 - Childhood Immunization Rates
 - Other

Question #3

- Finish the following sentence:
- Health Protection on reserve in Alberta
 - Is the responsibility of each individual First Nation
 - Is the responsibility of the local health providers and the ISC Medical Officers of Health & Team
 - Is the responsibility of Indigenous Services Canada
 - Is a shared responsibility and includes a role for the provincial health system

Introduction

Why publish an annual Health Protection Report for First Nations in Alberta?

- The report (mostly) summarizes data that the MOH, CD, and EPH teams collect in collaboration with First Nation health staff
- Each First Nation in Alberta receives an individualized report that summarizes the local data. This report may be used for health service planning.
- The Regional Report is shared with First Nations leaders and partners, and we hope it supports our collective efforts to address inequities.

Data notes and limitations

- Each data set has limitations which are outlined in the report
- The data may contain information of non-FN residing on reserve or individuals residing off reserve that seek care on reserve
- There are issues with determining the on-reserve population counts using the Indian Registry System
- There are issues with Alberta's First Nations registry.

Indigenous People in Alberta

Demographics

There are 284,470 Indigenous people in Alberta, making up 6.8% of the population in the province and 15.7% of the national Indigenous population. Indigenous Peoples in the province identified as follows:

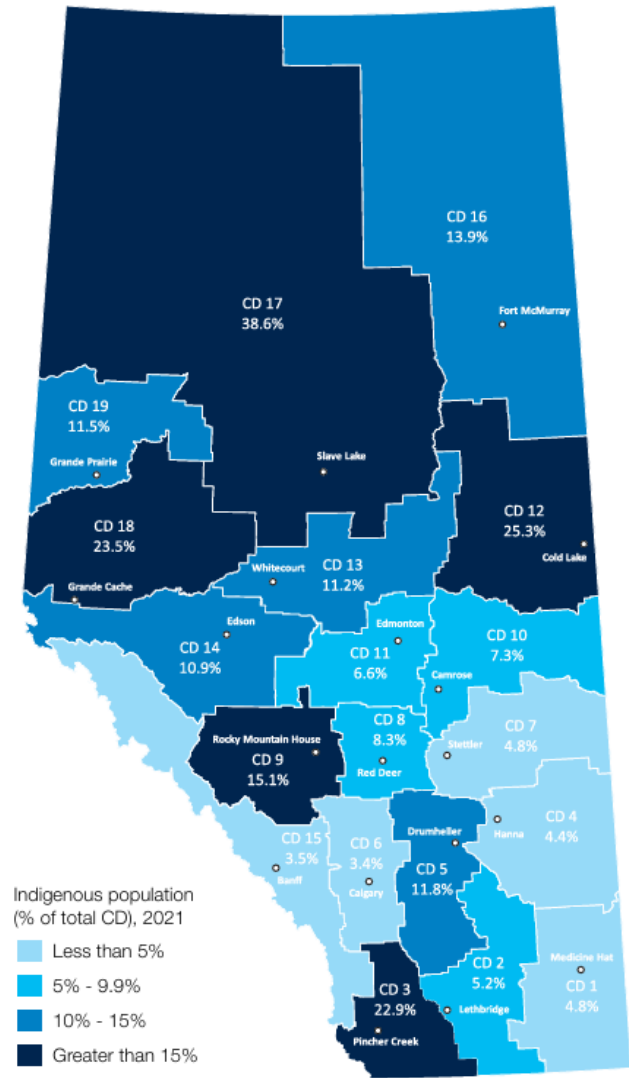
- First Nations (51.2%)
- Métis (44.8%)
- Inuit (1%)

Average age and median age in years by Indigenous identity

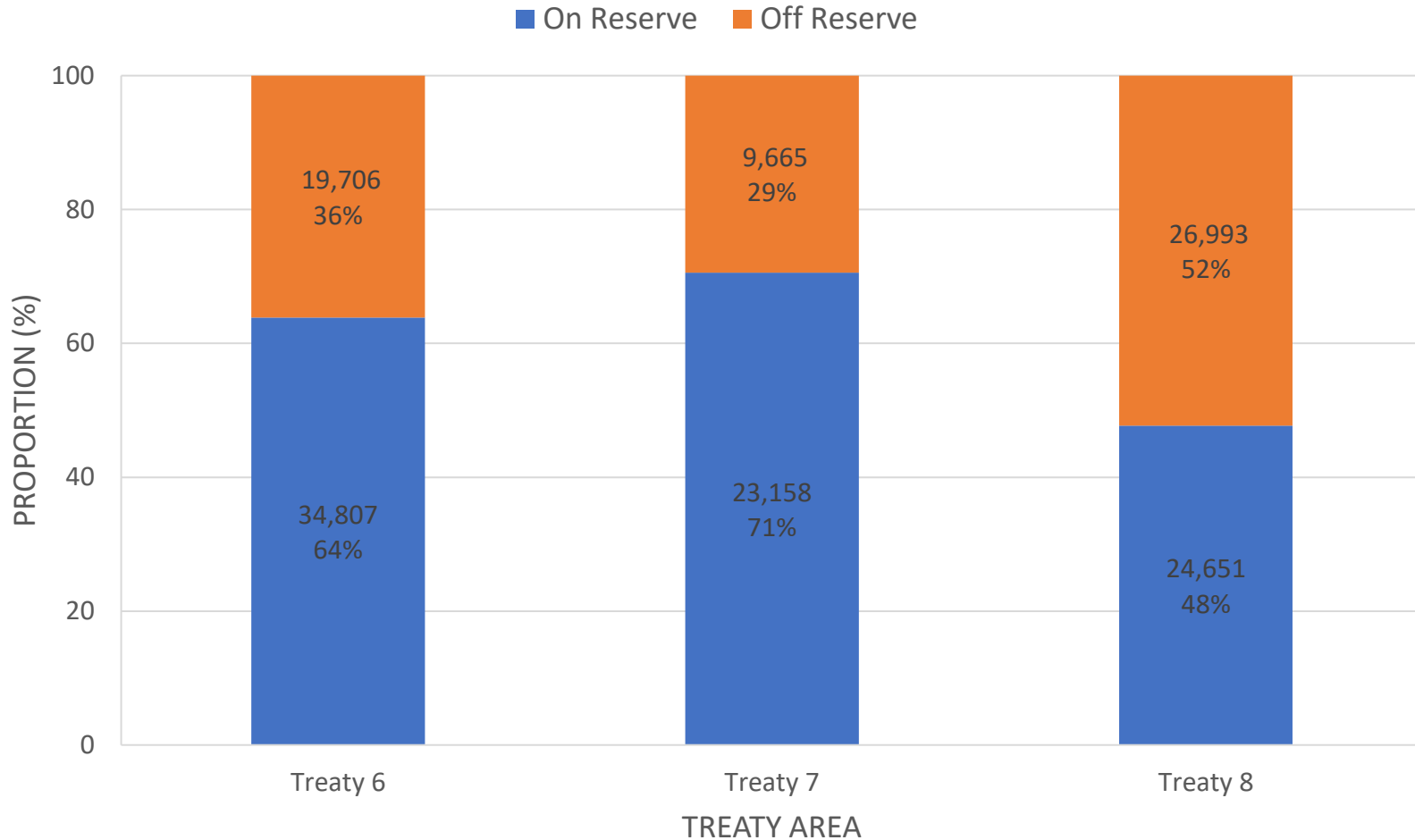
Indigenous identity	Average Age	Median Age
First Nations	29.6	26.6
Métis	33.2	30.8
Inuit	29.1	26.6
Non-indigenous	39.1	38.8

Source: Indigenous peoples report: 2021 Census of Canada

Map 1. Indigenous Population Distribution, 2021 (% of Total Population in Each CD)



First Nations Population Registered to Alberta Bands by Treaty Area and Residence, 2023



Question #4

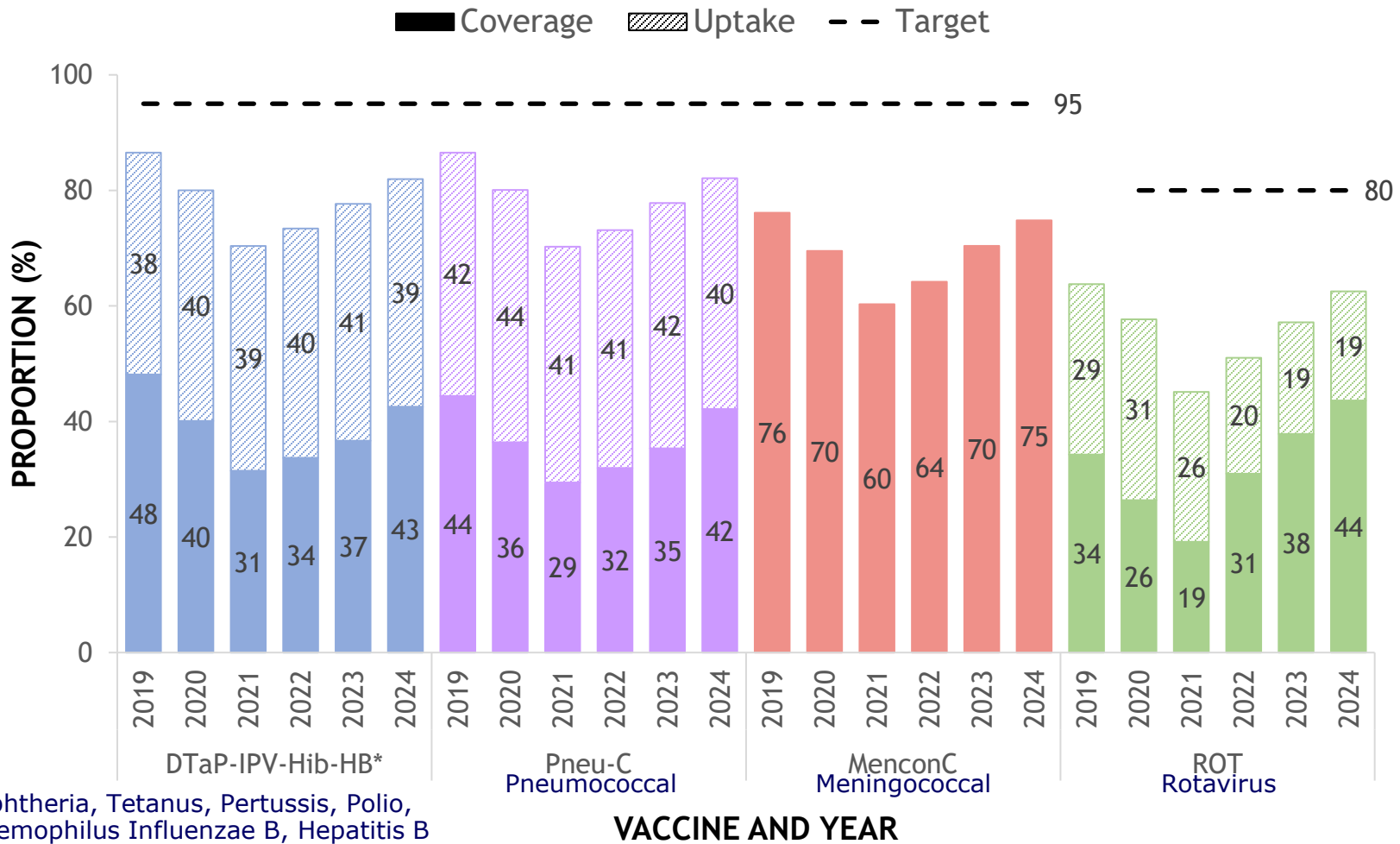
- True or False:
 - COVID-19 has increased the uptake of childhood immunizations on reserve in Alberta

Immunizations- Data notes

- The immunizations recommended in the first year of life are diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type b and hepatitis B (DTaP-IPV-Hib-HB), meningococcal type C (MenconC), 13-valent pneumococcal conjugate (Pneu-C), and rotavirus (ROT)
- The immunizations recommended in the second year of life are: diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type b and hepatitis B (DTaP-IPV-Hib-HB), meningococcal type C (MenconC), 13-valent pneumococcal conjugate (Pneu-C), and measles, mumps, rubella and varicella(MMR-Var)
- Routine preschool immunization is assessed for completeness at age 7
- Grade 6 immunization for Human Papillomavirus and Hepatitis B is assessed for completeness at age 13
- Grade 9 immunization for diphtheria, tetanus, and pertussis as well as Meningococcal A, C, Y, W135 is assessed for completeness at age 17

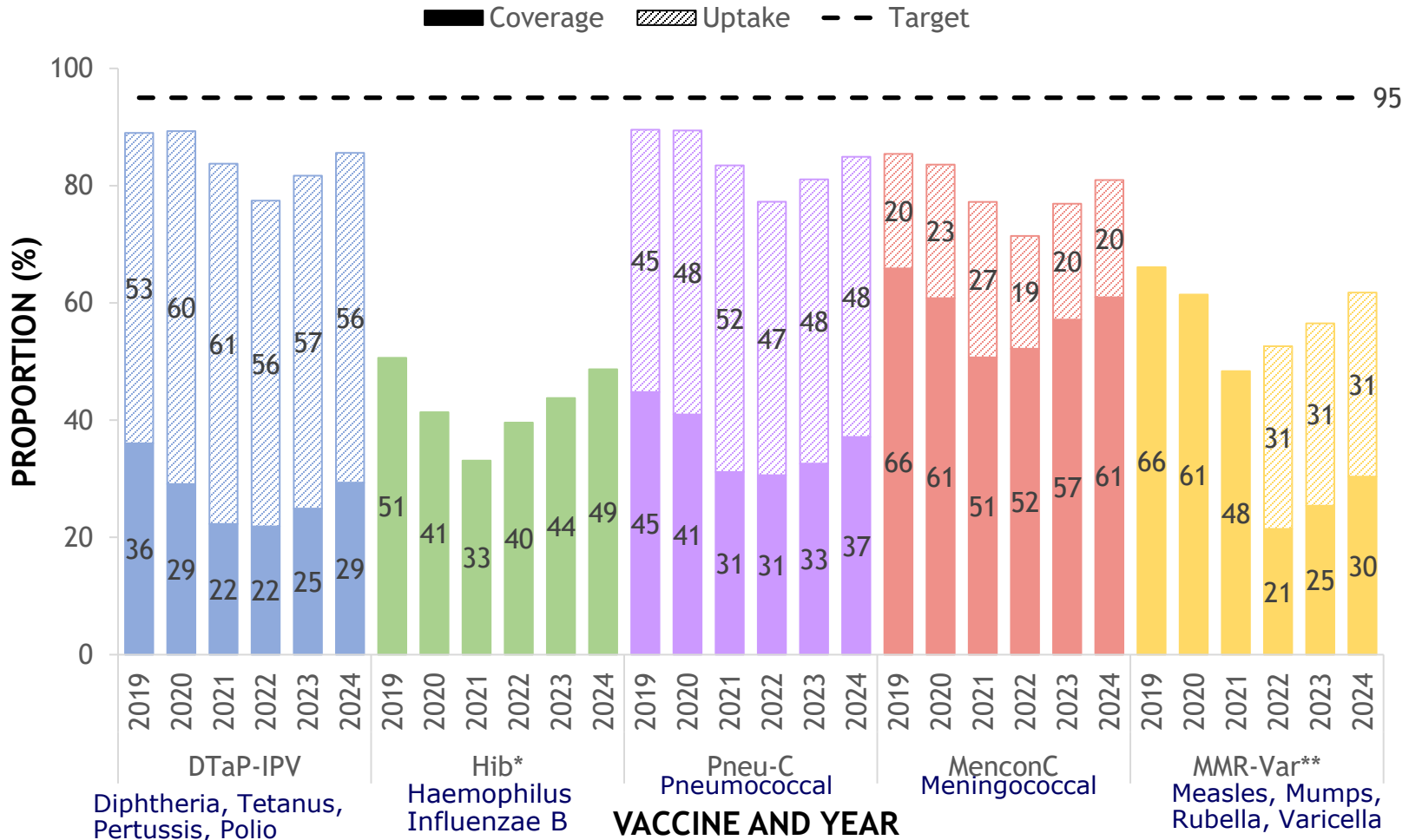
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Immunization coverage and uptake for DTaP-IPV-Hib-HB, Pneu-C, MenconC and ROT, by one year of age, First Nations communities in Alberta, 2019-2024

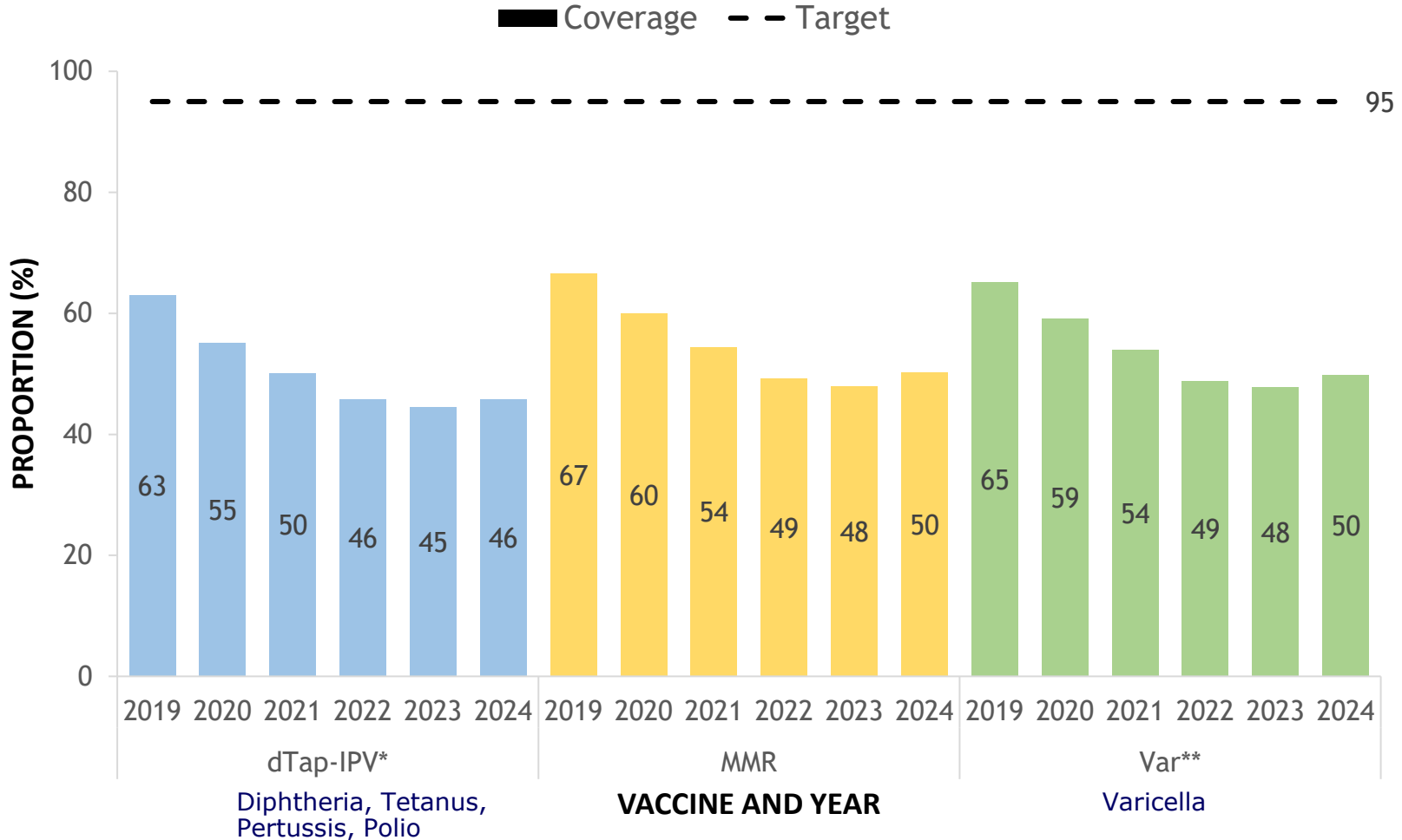


Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae B, Hepatitis B

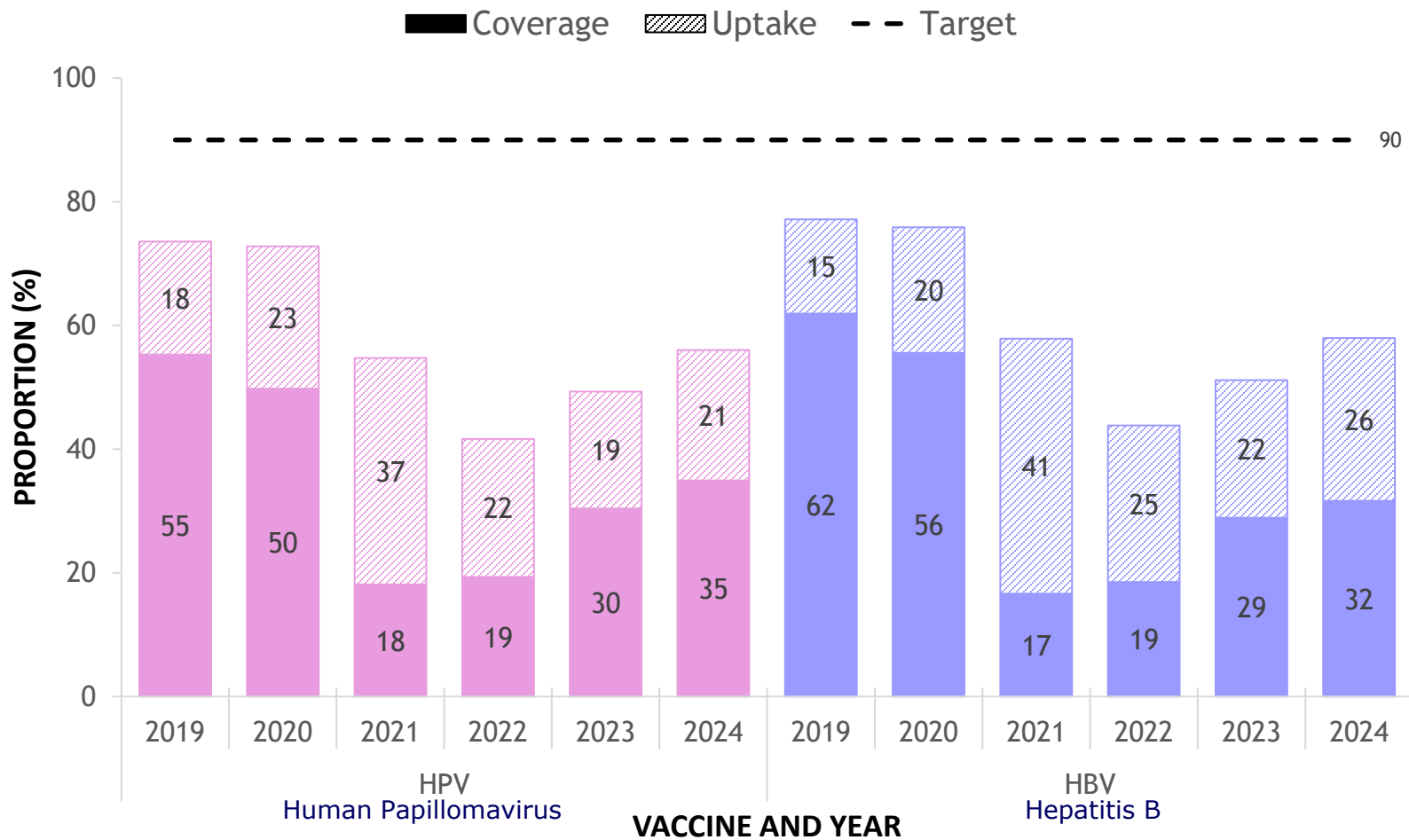
Immunization coverage and uptake for DTaP-IPV, Hib, Pneu-C, MenconC, and MMR-Var, by two years of age, First Nations communities in Alberta, 2019-2024



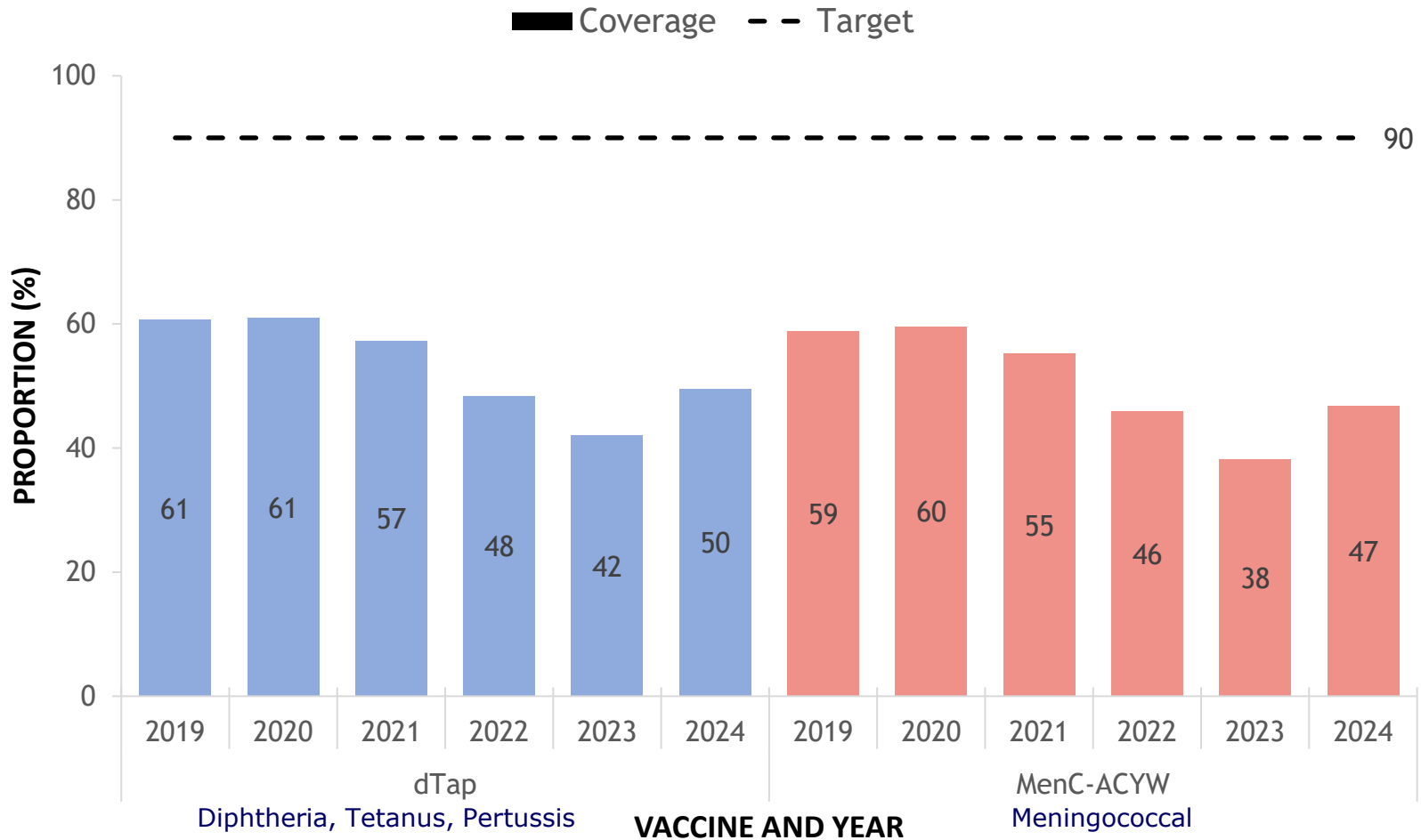
Immunization coverage and uptake for dTap-IPV and MMR, by seven years of age, First Nations communities in Alberta, 2019-2024



Immunization coverage and uptake for HBV and HPV, by thirteen years of age, First Nations communities in Alberta, 2019-2024



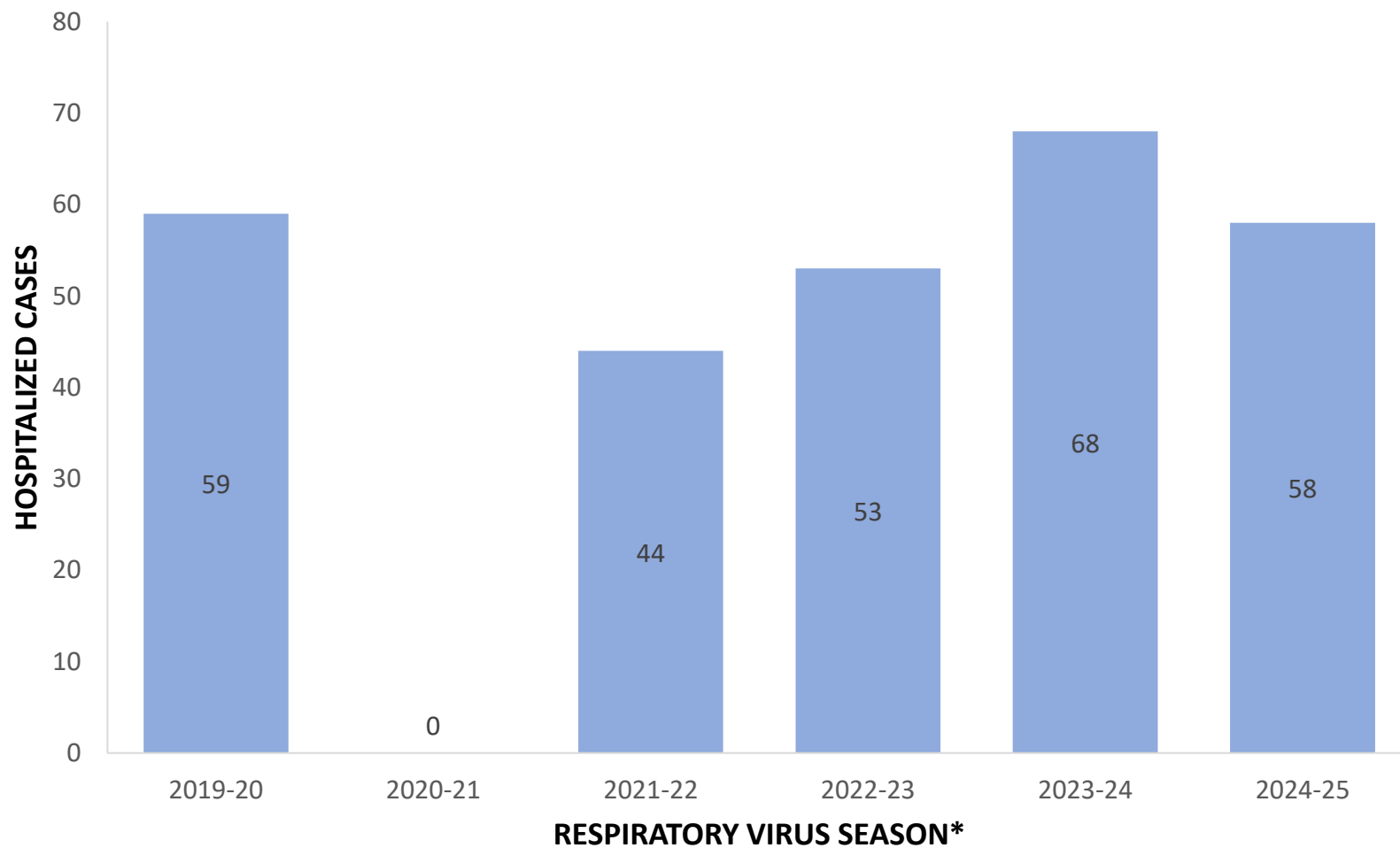
Immunization coverage for dTap and MenC-ACYW, by seventeen years of age, First Nations communities in Alberta, 2019 to 2024



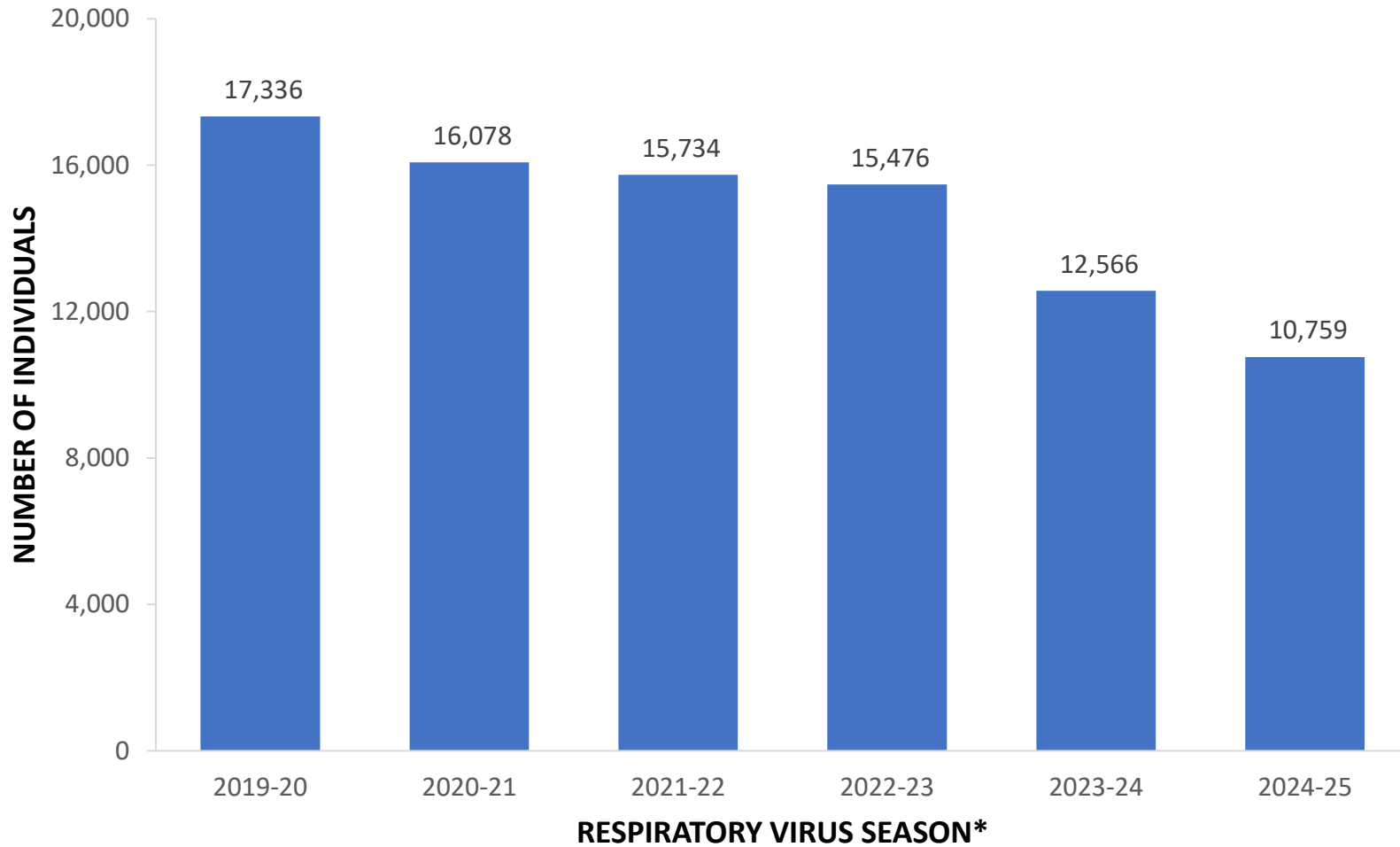
Respiratory viruses- Key Point

- Respiratory viruses post COVID 19 pandemic have a major impact on health on reserve, however immunization rates are declining

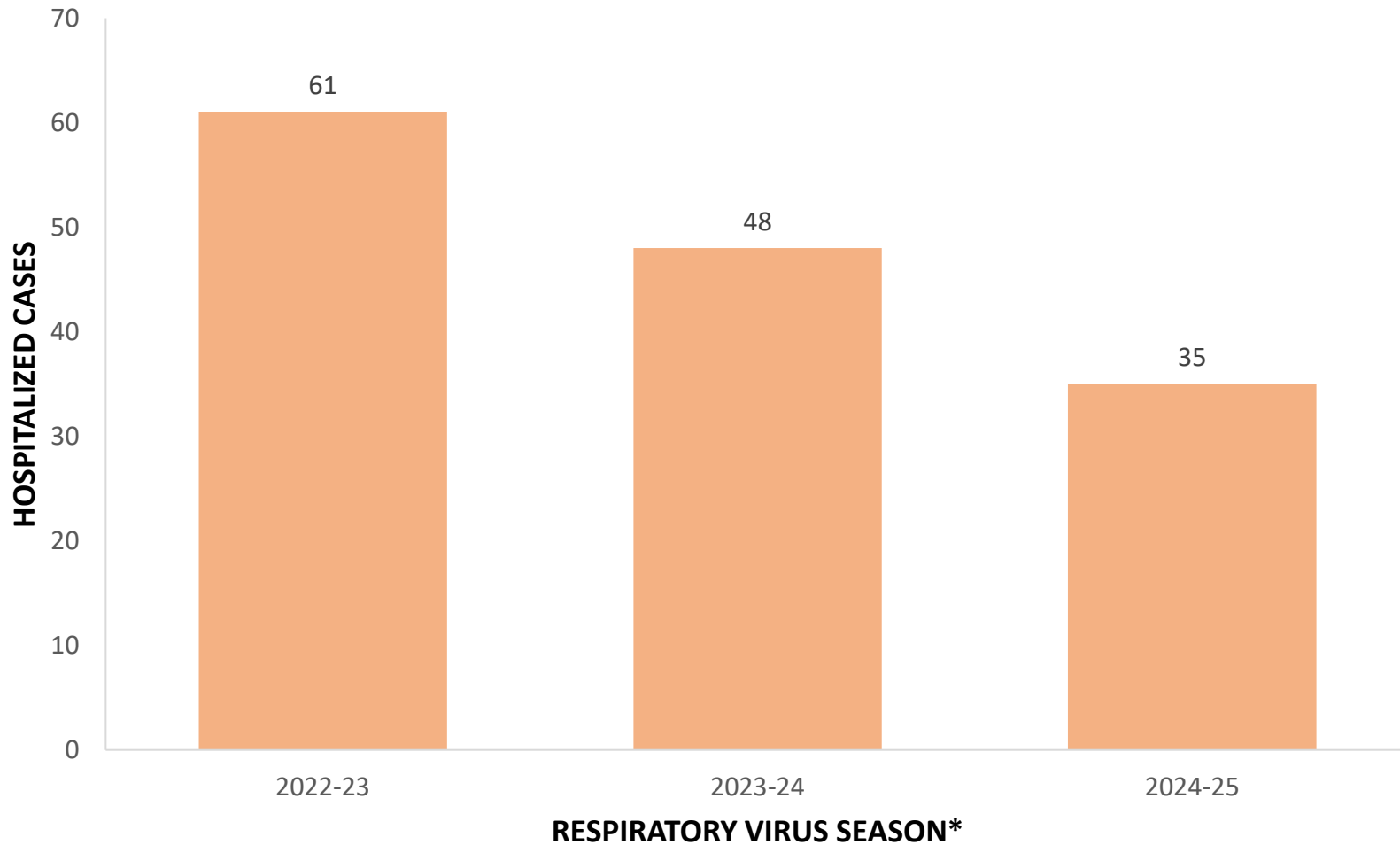
Hospitalized influenza cases by Respiratory Virus season, First Nations communities in Alberta, 2019-20 to 2024-25.



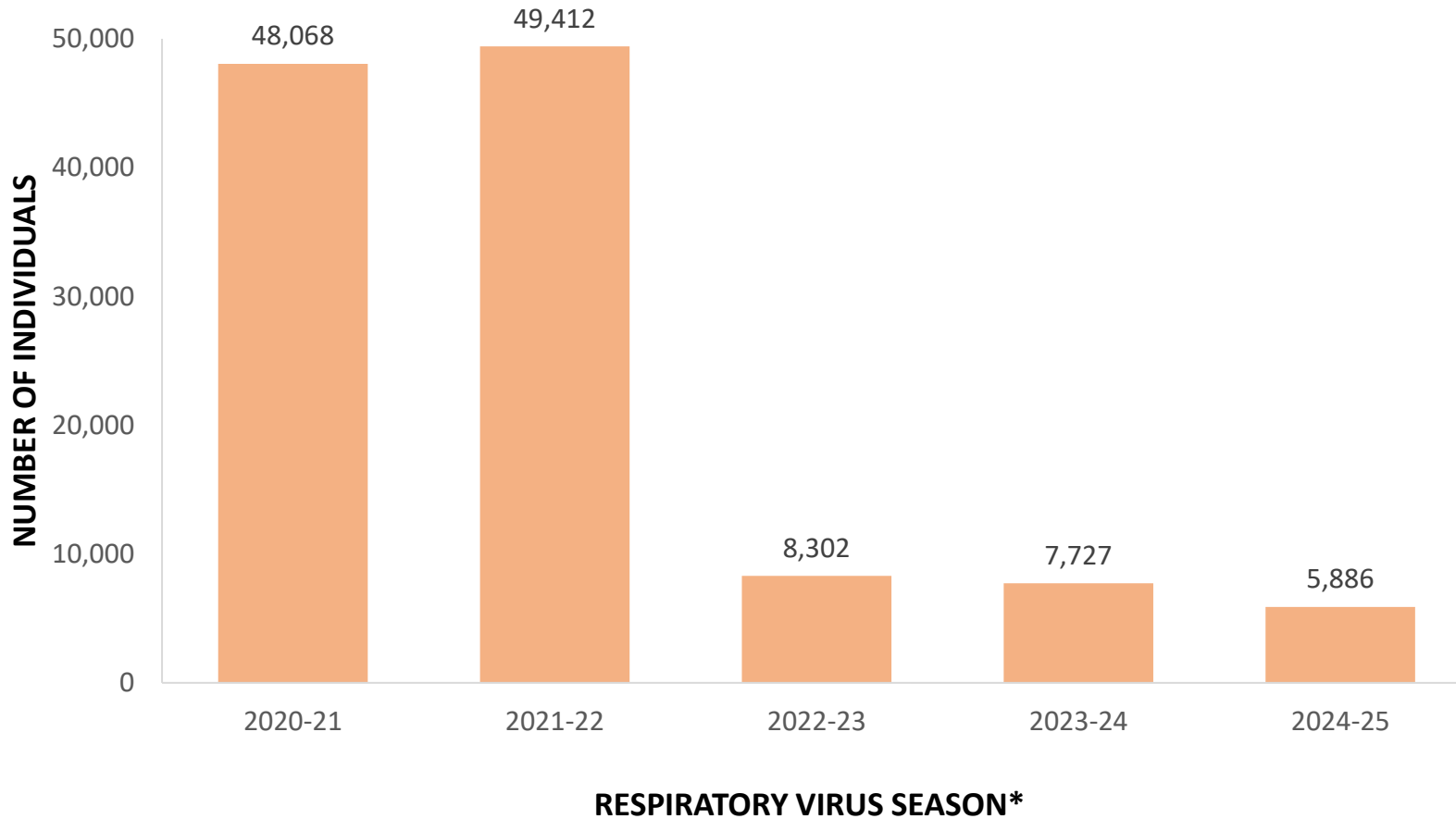
**Number of individuals who received at least one dose of the influenza vaccine by
Respiratory Virus season, First Nations communities in Alberta, 2019-20 to 2024-25**



Hospitalized COVID-19 cases by Respiratory Virus season, First Nations communities, 2022-23 to 2024-25.



Number of individuals who received at least one dose of the COVID-19 vaccine by Respiratory Virus season, First Nations communities in Alberta, 2020-21 to 2024-25.



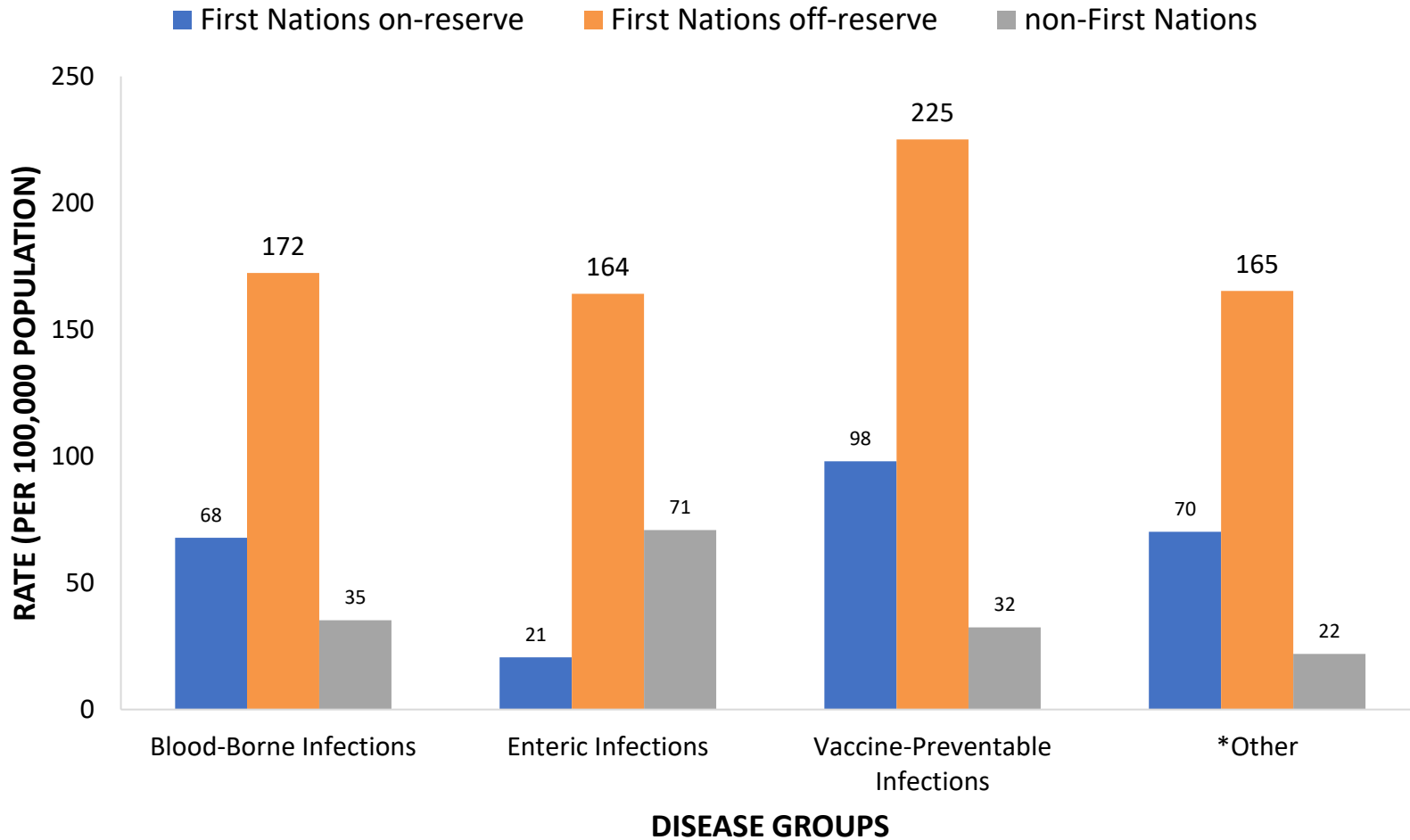
Select notifiable diseases- Key point

- First Nations people living off reserve appear to be more impacted by most notifiable diseases.

Question #5

- True or False: Rates of Hepatitis C on Reserve in Alberta are increasing

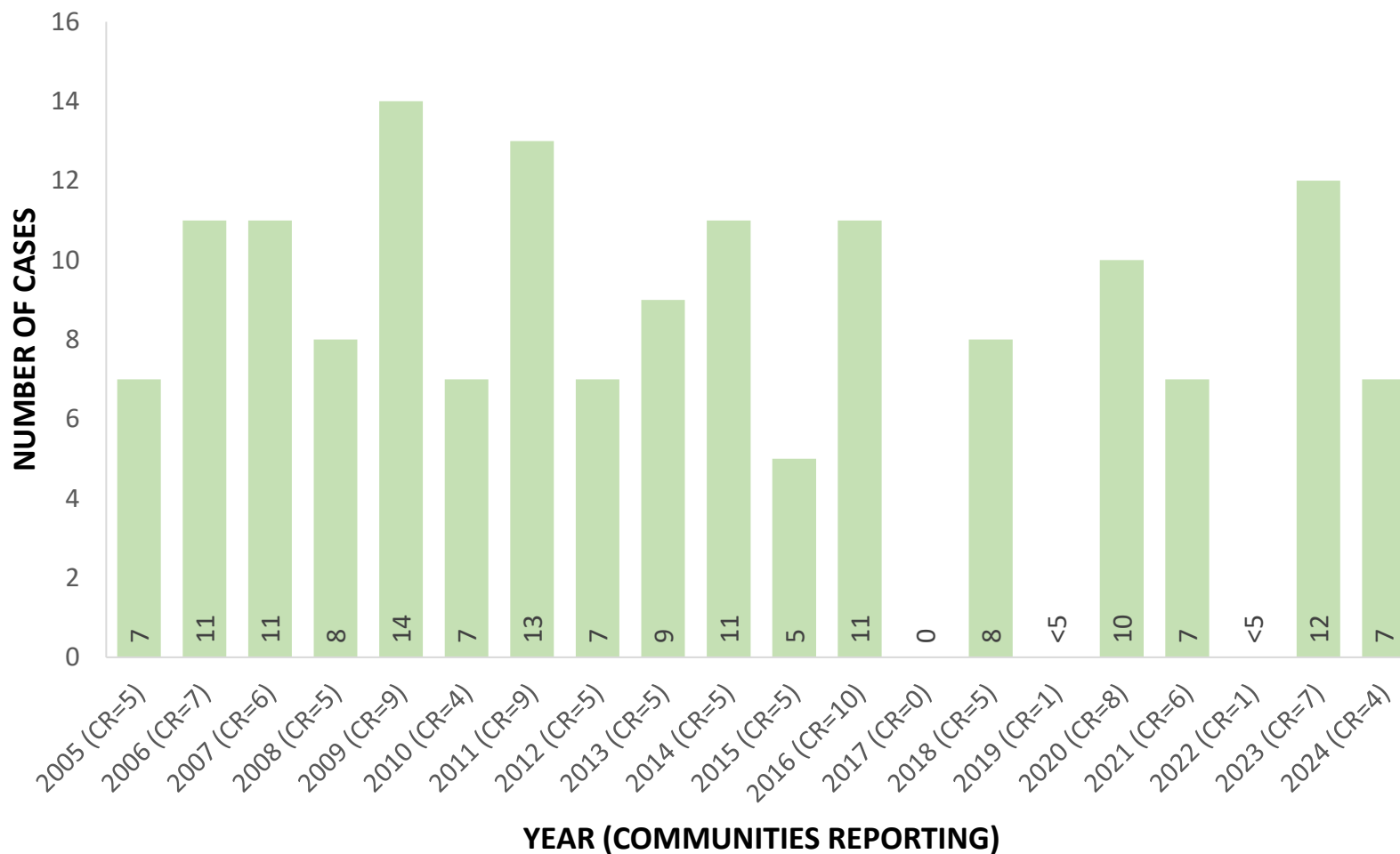
Rates of select notifiable diseases by disease group and population group in Alberta, 2023



Select notifiable disease cases and incidence rates by population group in Alberta, 2023

Select notifiable diseases reported in 2023	Number of cases reported among First Nations people living on reserve	Rate (per 100,000 Population)		
		First Nations people living on reserve	First Nations people living off reserve	Non-First Nations people
Invasive Pneumococcal Disease	75	91	213	12
Invasive Group A Streptococcal Disease	48	58	140	13
Hepatitis C	37	45	107	8
Human Immunodeficiency Virus (HIV)	18	22	66	10
Haemophilus influenzae – non serotype b	8	10	20	2
Pertussis	6	7	9	19
Campylobacteriosis	5	6	33	18
Salmonellosis	5	6	19	14

Number of active TB cases, First Nations communities in Alberta, 2005-2024



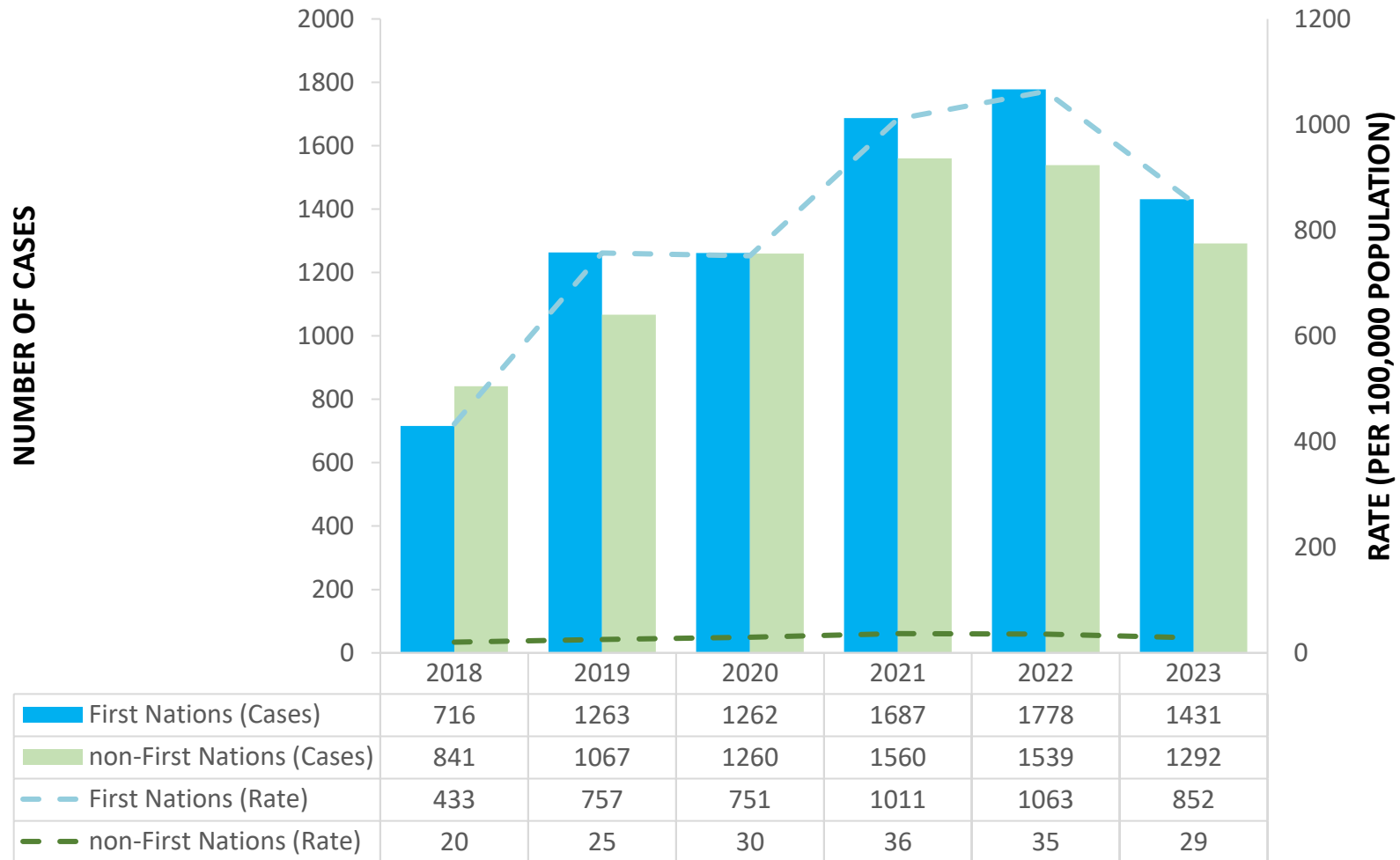
Sexually Transmitted and Blood Borne Infections- Key Point

- Congenital Syphilis cases continue to be disproportionately high in First Nations

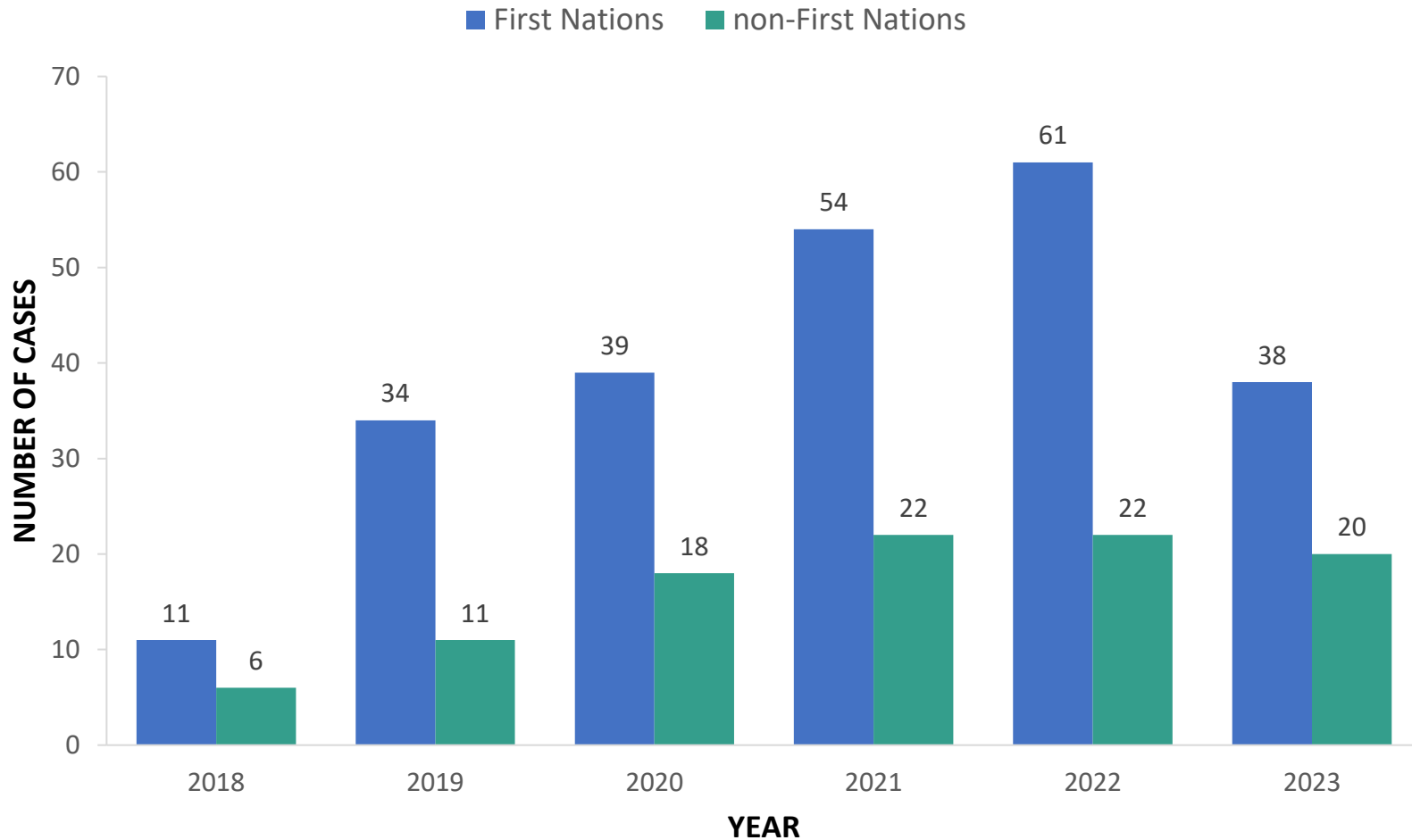
Question #6

- True or False: The syphilis outbreak in Alberta was declared “closed” in 2024

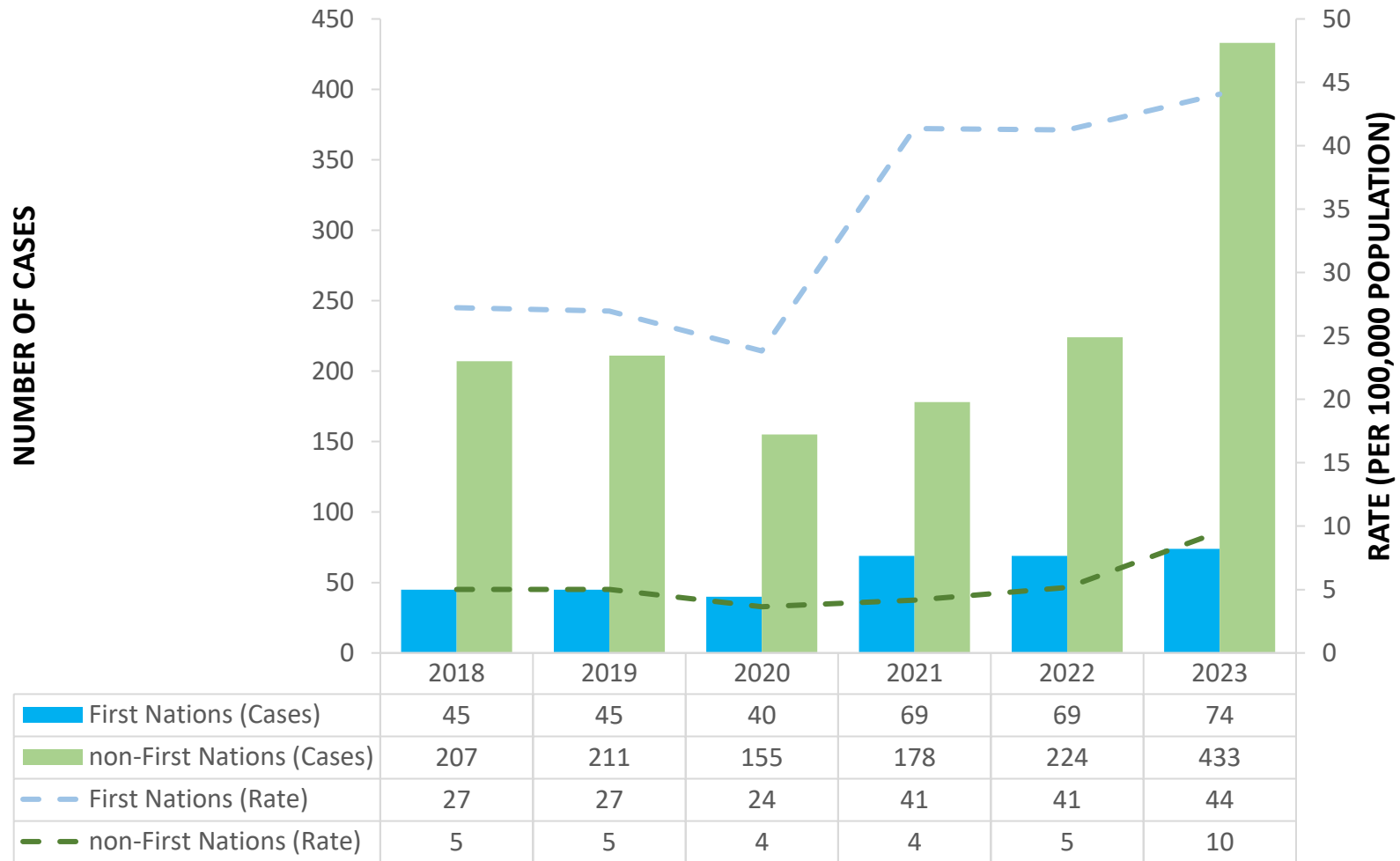
Annual number and rate of reported infectious syphilis by pop. group in Alberta, 2018-2023



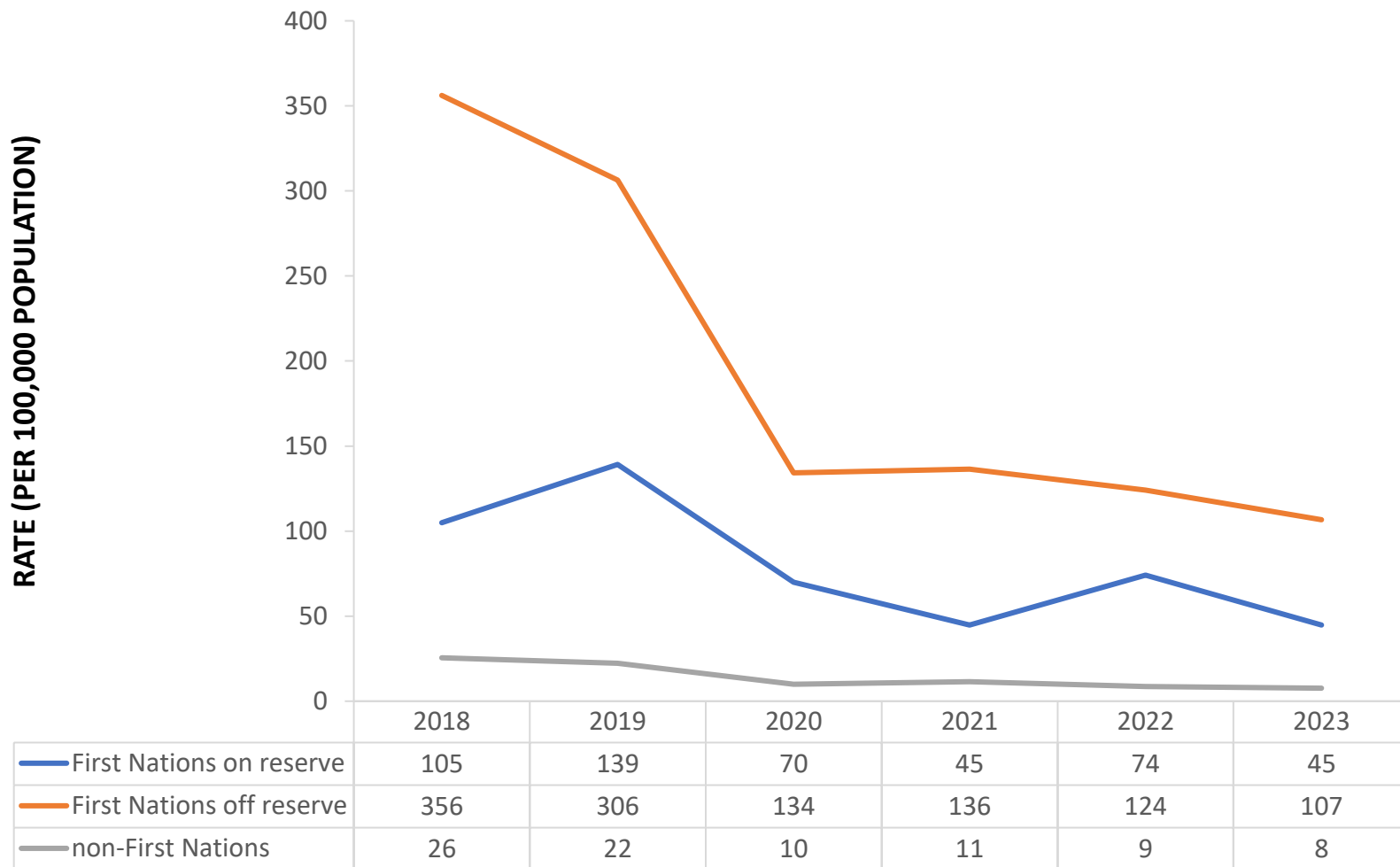
Annual number of reported congenital syphilis cases by population group in Alberta, 2018-2023



Annual number and rate of new HIV infections by population group in Alberta, 2018-2023



Rate of new HCV infections by population group in Alberta, 2018-2023



Question #7- Environmental Public Health

- True or False: Alberta has the lowest rate of long term Boil Water Advisories on Reserve in Canada.

Figure 5-4: Proportion of water samples that tested positive for total coliforms by water supply type, First Nations communities in Alberta

Water supply type	Total number of samples tested	Samples that tested positive for total coliforms (%)	Samples that tested positive for E. coli (%)
Public Water Supply	16,357	143 (0.9%)	7 (0.04%)
Semi-Public Water Supply	1,828	54 (3.0%)	0 (0.00%)
Private Well	1,732	312 (18.0)	14 (0.81%)
Private Cistern	2,608	502 (19.2%)	40 (1.53%)

Figure 5-8: Drinking Water Advisories by water supply type, First Nations communities in Alberta, 2024-25

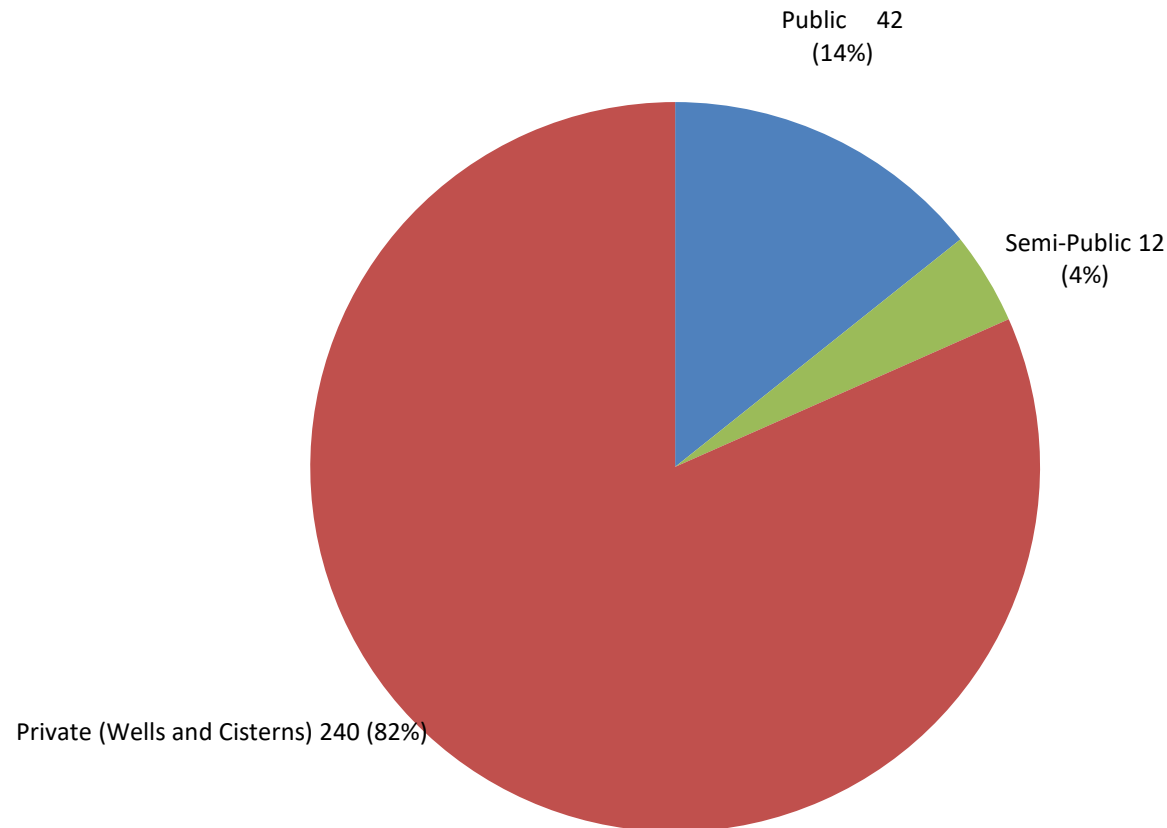
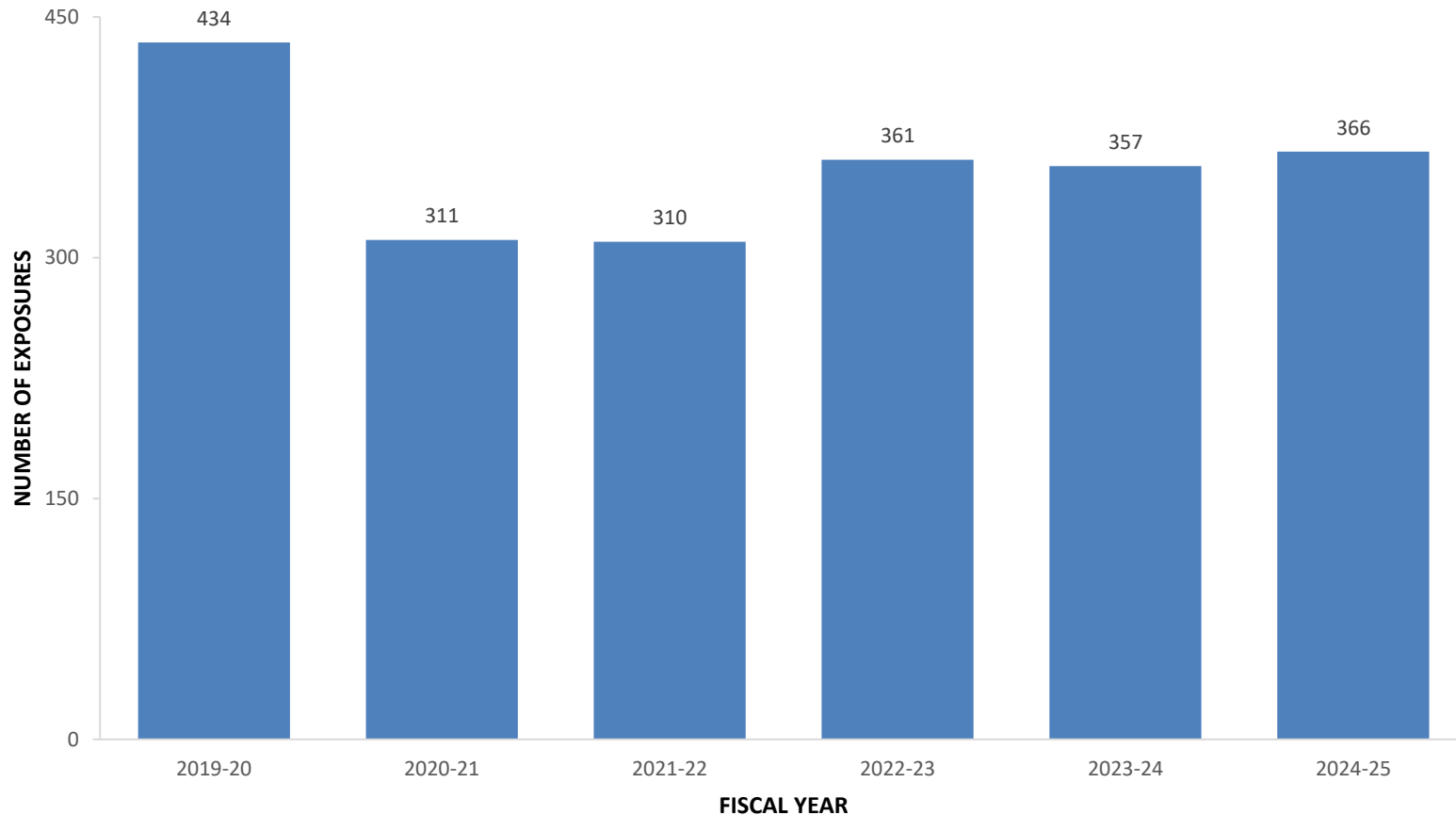


Figure 4-1: Number of reported animal exposures, First Nations communities in Alberta, 2019-20 to 2024-25



Question #8

- What are some of the benefits of using electronic medical records to capture information on immunization
 - Accurate Community reports to guide health planning
 - Enables Research and Evaluation
 - Accurate vaccine records
 - Vaccine passports
 - Information available to health care team wherever needed in Alberta, e.g. Emergency Rooms.

Recommended Actions

- **Public health reporting supports Public Health Action**
 - **THANK YOU TO ALL WHO SUPPORT REPORTING!**
- **Thank your Community Water Monitor!**
- **Immunize, Immunize, Immunize**
- **MOHs ,CDC team, EPHOs, Epi team are keen to support your work-**
 - **please reach out!**
- **INSAT team is active in community right now!**

Acknowledgements

- Alberta's First Nations
- Staff in the community that complete reports
- Regional CDC and EPHO teams

- The ISC MOH team would like to acknowledge the work of the ISC epi team in compiling this report