Office of the
Auditor General
of British Columbia

Audit at a glance

Why we did this audit

- The COVID-19 vaccination program was the largest vaccination campaign in B.C. history, with nearly 14 million doses administered between December 2020 and December 2022.
- To protect vulnerable people and ensure the integrity of the health care system, the vaccination program prioritized high-risk groups, such as long-term care and assisted living residents and staff, and health care workers.
- Reliable and timely information on COVID-19 vaccination rates for high-risk groups, as well as the general population, was vital to making informed decisions on B.C.'s pandemic response and recovery.

Objective

To determine whether the Ministry of Health had the information to monitor the COVID-19 vaccination rates of selected populations to inform decision-making.

This included monitoring rates for the whole province, as well as by age and location. It also included the following high-risk priority groups that we selected for this audit:

- Long-term care and assisted living residents and staff
- Health care workers

Audit period

December 2020 - February 2022

Conclusion

We concluded the ministry had the information it needed to monitor COVID-19 vaccination rates, with some exceptions for the high-risk priority groups selected for this audit.

The ministry has accepted our two recommendations focused on access to registries of residents and staff at long-term care and assisted living facilities, and of health care workers across the province.

What we found

Vaccinations were recorded in a single provincial registry.	- Multiple data collection systems fed records into the Provincial Immunization Registry. - There was timely input of data into this registry and data quality processes supported the accuracy of vaccine records. No recommendation
Adequate processes were in place to monitor vaccination rates for the entire province, by age and location.	- Existing databases were leveraged to estimate vaccination rates for these populations. - Adequate data quality processes were applied to these rate calculations. - Decision makers were provided with reports regularly. - For a small number of communities with fluctuating populations (e.g. UBC, Whistler, and Kitimat), vaccination coverage estimates were overstated. Decision makers were aware of the discrepancy. No recommendation

Audit at a glance *(continued)*

Vaccination rates were monitored for long-term care and assisted living residents and staff, but processes were cumbersome and introduced risk.

- Vaccination rates for residents and staff in long-term care and assisted living were reported at the health authority level, but there was limited facility-level reporting.
- There is no provincial database for these groups.
- Manual processes were used to estimate these vaccination rates, but introduced risk that vaccination rates could have been inaccurate.
- Decision makers were aware of these limitations.

Recommendation 1

Vaccination rates were monitored for health care workers, but there were information gaps.

- Initially, health care workers with high COVID-19 exposure risk were prioritized.
- The ministry estimated the size of this group and had adequate processes to monitor the vaccination program's early progress.
- As more health care workers became eligible, the ministry did not revise its estimate so it did not have accurate vaccination rates for this group from February to October 2021.
- Once vaccination was required in October 2021, there were adequate processes to monitor and report on vaccination rates.

Recommendation 2

After reading the report, you may wish to ask the following questions of government:

1. What are the most important lessons learned from the development and rollout of the COVID-19 vaccination program?
2. How could the government apply the lessons learned from the COVID-19 vaccination program to other provincial emergencies?
3. How can the information systems developed for the COVID-19 vaccination program be used for health services in the future?