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Independent Auditor's Report

COVID-19 PANDEMIC

REPORT 15

**Enforcement of Quarantine and COVID-19 Testing
Orders—Public Health Agency of Canada**



Office of the
Auditor General
of Canada

Bureau du
vérificateur général
du Canada

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Introduction

Background

Evolution of border control measures

- 15.1** Since the onset of the **coronavirus disease (COVID-19)**¹ pandemic, the Public Health Agency of Canada has directed the implementation of border restrictions and border control measures—such as testing and quarantine—to help prevent travellers from spreading the virus that causes COVID-19 in Canada.
- 15.2** On 25 March 2020, the first of a series of emergency orders imposing a nationwide mandatory quarantine under the *Quarantine Act* came into effect. These orders required any person who entered Canada to quarantine for 14 days and self-monitor for COVID-19 symptoms. The orders allowed for exemptions, such as for essential workers in the trade, transportation, and health care sectors. These orders evolved as the circumstances of the COVID-19 pandemic and understanding of the virus changed.
- 15.3** In our first audit of Canada’s COVID-19 pandemic border measures, completed in March 2021, we found several weaknesses in the Public Health Agency of Canada’s enforcement of mandatory quarantine. In that audit, we found that from March to June 2020, shortly after the quarantine orders were first imposed, the agency did not know whether two thirds of incoming travellers complied with them. The agency also referred less than half of the travellers suspected of not complying with the orders to law enforcement for in-person follow-up and knew little about any follow-up actions taken. The agency agreed with our recommendation to improve its systems and practices so it could better verify whether travellers complied with the quarantine orders.

¹ **Coronavirus disease (COVID-19)**—The disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

15.4 As the pandemic evolved and the virus and its variants began to spread more quickly around the globe, Canada imposed additional border control measures to limit their introduction. As of 6 January 2021, incoming air travellers were required to take a COVID-19 test (and obtain a negative result) not more than 72 hours before their scheduled flights to Canada. As of 14 February 2021, the same requirement also applied to travellers entering at the land border.

15.5 Beginning 21 February 2021, air and land travellers were required to undergo both on-arrival and post-arrival COVID-19 tests. In addition, incoming air travellers were required to pre-book and pre-pay for a 3-day stay at a government-authorized hotel, where they were to remain in quarantine while waiting for their on-arrival test results. The authorized hotels were not contracted by the Public Health Agency of Canada but were voluntary participants that had to meet established criteria to receive quarantining air travellers. For example, the hotels had to meet security requirements and report daily check-in and check-out traveller information to the agency. The government dropped this hotel quarantine requirement on 5 July 2021 for fully vaccinated travellers and on 9 August 2021 for all incoming air travellers. Also dropped on August 9 was the requirement for on-arrival and post-arrival COVID-19 tests for fully vaccinated Canadian citizens and permanent residents. This was further applied to all remaining fully vaccinated travellers on September 7.

15.6 Under the authority of the *Quarantine Act*, Canada may establish designated quarantine facilities for any incoming traveller who does not have a suitable quarantine plan. As of June 2021, the Public Health Agency of Canada was operating 13 such facilities in 9 cities across the country. Quarantine officers admit and discharge travellers to and from these facilities on the basis of agency guidance.

15.7 From March 2020 to August 2021, the agency spent \$614 million to administer border measures, including

- \$65 million for 14-day quarantine orders
- \$342 million for COVID-19 testing orders

- \$7 million to operate government-authorized hotels
- \$200 million to house incoming travellers at designated quarantine facilities

Roles and responsibilities

15.8 Public Health Agency of Canada. Under the *Quarantine Act*, emergency orders may be imposed for quarantine or other measures to limit the introduction or spread of a communicable disease. The Public Health Agency of Canada helps the Minister of Health exercise duties and functions in relation to public health and administers emergency orders imposed under the *Quarantine Act*. The agency may establish suitable quarantine facilities and instruct quarantine and screening officers designated by the Minister of Health to enforce emergency public health measures.

Focus of the audit

15.9 This audit focused on whether the Public Health Agency of Canada improved its administration of mandatory quarantine orders to limit the introduction of the virus that causes COVID-19 and the virus variants into Canada from 1 July 2020 to 30 June 2021, the period beginning after the conclusion of our previous audit on this topic. The audit also focused on how the agency implemented and enforced the following additional border control measures introduced in early 2021: COVID-19 testing for travellers entering Canada, and quarantine of air travellers at government-authorized hotels pending the results of their on-arrival COVID-19 tests.

15.10 This audit is important because border control measures that are evidence-based and well enforced can limit the introduction of the virus and its variants into Canada. In addition, verification of travellers' compliance with quarantine and testing orders will allow the agency to know whether its approach to enforcement is effective and what adjustments it may need to make to help limit the spread of the virus. Finally, in our previous audit, we found several weaknesses in how the agency administered quarantine for incoming travellers, and it is important to

know whether the agency took action to improve its performance.

15.11 More details about the audit objective, scope, approach, and criteria are in **About the Audit** at the end of this report.

Findings, Recommendations, and Responses

Overall message

15.12 Overall, we found that the Public Health Agency of Canada improved its administration of the 14-day quarantine orders since we last examined its performance in this area. In our previous audit, we found that for the period from May to June 2020, the agency did not know whether 66% of incoming travellers followed quarantine orders. From January to June 2021, the percentage of incoming travellers for whom the agency could not verify compliance with quarantine orders dropped to 37%. Because of the move to collect travellers' contact information electronically rather than on paper, the agency was better able to verify whether incoming travellers complied with the orders. We also found that the agency referred a higher number of those suspected of not complying to law enforcement for follow-up action.

15.13 However, the agency did not adequately administer additional border control measures imposed to limit the introduction of the virus and its variants into Canada. We found that the agency was missing or unable to match 30% of COVID-19 test results to incoming travellers from February to June 2021. In addition, the agency did not set up an automated system to track whether travellers who were ordered to quarantine at authorized hotels did so. The agency had records to verify hotel stays for only 25% of incoming air travellers. Although the agency referred more travellers to law enforcement for in-person follow-up, it did not know the outcome for 59% of priority referrals. Ticketing of travellers for non-compliance was dependent on the enforcement regime in each province and territory, and in some jurisdictions, no tickets were issued.

COVID-19 border control measures

The Public Health Agency of Canada improved its verification of traveller compliance with mandatory quarantine orders

What we found

15.14 We found that with the move to collect traveller contact information electronically, the Public Health Agency of Canada improved its ability to verify whether incoming travellers followed the 14-day quarantine orders. From July to December 2020, the period immediately following our previous audit, the agency still faced challenges in verifying compliance for incoming travellers. From January to June 2021, with the move to electronic collection of traveller contact information, the agency successfully contacted the majority of incoming travellers, and the percentage for whom it could not verify compliance dropped to 37%. This is an improvement from the previous audit, in which we found that from May to June 2020, the agency was unaware whether 66% of incoming travellers who were required to quarantine did so.

15.15 We also found that the agency referred more travellers who were suspected of non-compliance to law enforcement for follow-up action. From July 2020 to June 2021, the agency referred 79%, up from 40% during the period of our previous audit.

15.16 The analysis supporting this finding discusses the following topic:

- More travellers contacted

Why this finding matters

15.17 This finding matters because without verifying travellers' compliance with mandatory quarantine orders, the Public Health Agency of Canada cannot know whether its approach to enforcing the orders is effective or to what extent its approach serves to limit the spread of COVID-19. Having this information can improve the agency's future response to infectious disease outbreaks.

Context

15.18 Beginning 25 March 2020, travellers arriving in Canada were required to quarantine for 14 days and provide the Public Health Agency of Canada with their contact information so that the agency could verify and enforce their compliance with this requirement. This requirement affected about 2.5 million travellers from 1 July 2020 to 30 June 2021. The emergency orders exempted certain travellers, such as essential workers in the trade, transportation, and health care sectors. In January 2021, to address the significant risks posed by the virus and its variants, additional emergency orders came into effect that required incoming travellers to be tested for COVID-19 not more than 72 hours before their scheduled flights to Canada and obtain a negative result.

15.19 Our March 2021 report on pandemic preparedness, surveillance, and border control measures examined the agency's enforcement efforts in the initial stage of the pandemic, from 25 March to 30 June 2020. In that audit, we found that the agency did not know whether two thirds of incoming travellers complied with emergency orders to quarantine for 14 days. We also found that the agency did not consistently follow up on travellers suspected of non-compliance with quarantine orders.

Recommendations

15.20 We made no recommendations in this area of examination.

Analysis to support this finding**More travellers contacted**

15.21 We found that the Public Health Agency of Canada's administration of the 14-day quarantine orders had improved since our previous audit. In that audit, we found that from May to June 2020, the agency did not know whether 66% of incoming travellers who were required to quarantine in fact did so. We found that the agency continued to face challenges from July to December 2020: It still did not know whether 58% of incoming travellers followed quarantine orders. Later in the pandemic, the

agency improved its ability to contact travellers to verify compliance with quarantine orders. The percentage of travellers for whom compliance was not verified dropped to 37% from January to June 2021. As in our previous audit, the majority of travellers who received a call were verified to be complying with the mandatory quarantine orders (Exhibit 1).

Exhibit 1—The Public Health Agency of Canada improved its verification of travellers’ compliance with the 14-day quarantine orders as the COVID-19 pandemic continued

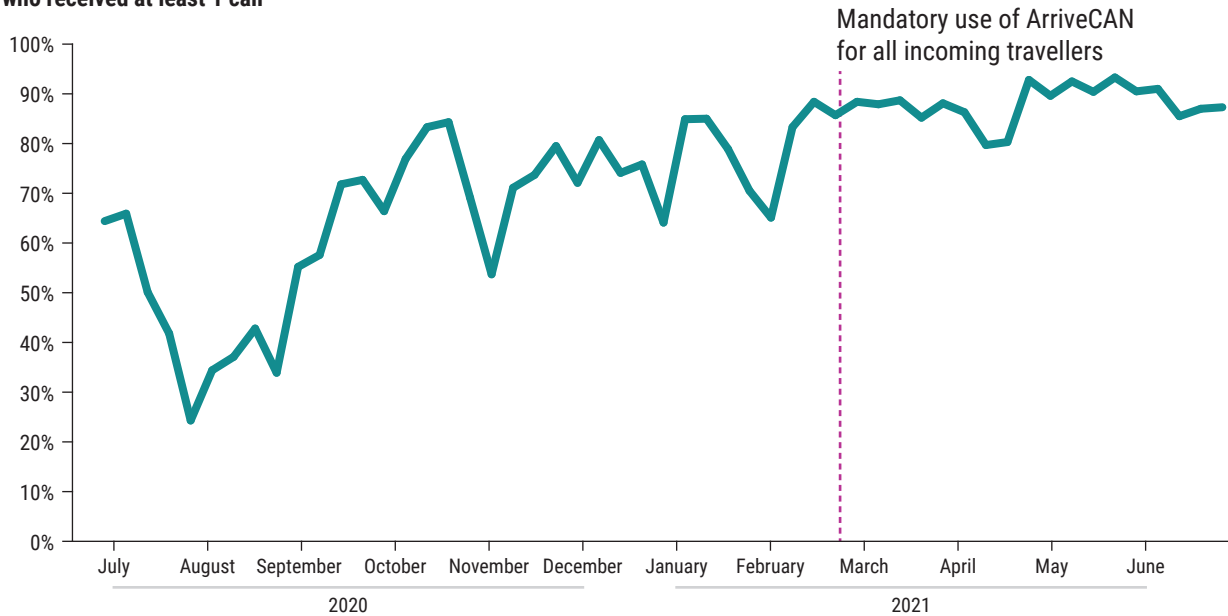
| Category | May to June 2020 | July to December 2020 | January to June 2021 |
|--|------------------|-----------------------|----------------------|
| Number of travellers who were required to quarantine | 165,400 | 1,317,935 | 1,145,716 |
| Percentage of travellers who received at least 1 call to verify compliance | 60% | 62% | 86% |
| Percentage of travellers who received a call and were verified to be in compliance | 54% | 59% | |
| Percentage of travellers who were not verified to be in compliance | 66% | 58% | 37% |
| Percentage of symptomatic travellers who received a call to verify compliance | 58% | 92% | |

15.22 We also found that the agency contacted more travellers who showed COVID-19 symptoms to verify their compliance with quarantine requirements. From July 2020 to June 2021, the agency called 92% of travellers who showed symptoms, up from 58% during our previous audit period.

15.23 We found that in late 2020 and early 2021, the agency took steps to improve its ability to verify travellers’ compliance with 14-day quarantine orders. By collecting travellers’ contact information electronically using the ArriveCAN application rather than a paper-based form, the agency improved the quality of the information it collected and how quickly it was collected. By November 2020, all incoming air travellers were required to submit their contact information using the application. By February 2021, all incoming travellers arriving by air or land were required to do so (Exhibit 2).

Exhibit 2—Electronic collection of traveller contact information allowed the Public Health Agency of Canada to contact more travellers

Percentage of travellers who received at least 1 call



15.24 We found that, with the mandatory use of the ArriveCAN application, the agency had missing or incomplete contact information for just 8% of incoming travellers. This is an improvement compared with the period of the previous audit, during which travellers were providing their contact information mostly through paper forms. We found that in that period, the agency had missing or incomplete contact information for about 20% of incoming travellers.

15.25 A further step taken to improve compliance verification involved in-person visits to travellers during their quarantine periods. In January 2021, the agency contracted private security firms to conduct in-person visits to follow up with travellers it suspected of non-compliance. Security officers from these companies conducted more than 200,000 visits in more than 400 cities across the country from 29 January to 30 June 2021. Travellers found to be not complying with quarantine orders were referred to law enforcement for follow-up.

15.26 Compared with our previous audit, the agency referred a higher proportion of travellers suspected of non-compliance to law enforcement for follow-up action. We found that from July 2020 to June 2021, the agency

referred 79% of those suspected of non-compliance for follow-up action, while in our previous audit, we found that the agency referred only 40%. However, the agency was still unaware of any follow-up actions taken for most of the travellers it referred to law enforcement. (See the final section of this report: “Little follow-up was completed with non-compliant travellers.”) This information is needed to assess whether the agency’s enforcement approach is working to limit the spread of COVID-19.

Gaps in verifying COVID-19 test results and tracking hotel stays

What we found

15.27 We found that from February to June 2021, 30% of COVID-19 test results were either missing or could not be matched to incoming travellers. We also found that, although the Public Health Agency of Canada successfully contacted most travellers with positive COVID-19 tests, it had not contacted 1,156 (14%) of the travellers who tested positive for COVID-19 to assess their isolation plans. In addition, the agency did not have an automated system in place to confirm whether air travellers quarantined as required at government-authorized hotels while awaiting their COVID-19 test results.

15.28 The agency completed a **gender-based analysis plus (GBA+)**² assessment for some border control measures. However, we found little evidence that the agency used the analysis to inform its decision making about implementation of these measures.

² **Gender-based analysis plus (GBA+)**—An analytical process that provides a rigorous method for the assessment of systemic inequalities, as well as a means to assess how diverse groups of women, men, and gender-diverse people may experience policies, programs, and initiatives. The “plus” acknowledges that gender-based analysis goes beyond biological (sex) and socio-cultural (gender) differences and considers many other identity factors, such as race, ethnicity, religion, age, and mental or physical ability.

Source: Adapted from Women and Gender Equality Canada

15.29 The analysis supporting this finding discusses the following topics:

- Gaps in COVID-19 testing
- No automated tracking of mandatory hotel stays for air travellers
- Diversity considerations partially implemented

Why this finding matters

15.30 This finding matters because being aware of travellers' COVID-19 test results—and being able to contact travellers immediately to confirm these results and assess their isolation plans—is critical to limiting virus spread. Tracking whether travellers who are directed to quarantine actually do so is equally important to minimizing virus spread. Conducting a GBA+ assessment helps the agency understand how diverse groups of people experience programs and develop strategies to mitigate potential inequities or negative outcomes.

Context

15.31 In 2021, because of the significant risks posed by the virus and its variants, Canada introduced additional border control measures through emergency orders for incoming travellers according to their modes of entry (Exhibit 3). The Public Health Agency of Canada was required to develop and implement these new, nationwide programs within a matter of weeks.

Exhibit 3—Emergency orders came into effect to reduce the introduction and further spread of the virus that causes COVID-19 and of its variants

| Date (2021) | Emergency order |
|---|---|
| January 6 | Air travellers must have a negative result from a COVID-19 molecular test taken not more than 72 hours before their scheduled flights to Canada (with some exceptions). |
| February 14 | Travellers entering by land must also provide evidence of a negative COVID-19 molecular test done in the United States not more than 72 hours before entering Canada (with some exceptions). |
| February 21 | <p>Travellers entering by land or air must take 2 additional COVID-19 molecular tests: 1 upon arrival, and a second within the 14-day quarantine period (with some exceptions).</p> <p>Travellers entering Canada by air must stay at a government-authorized hotel for up to 3 days while awaiting the result of their on-arrival tests. Travellers receiving a negative on-arrival test are permitted to leave the hotel and conclude their 14-day quarantine at their residences or another suitable quarantine location. Further instructions require travellers with positive test results to isolate in a designated quarantine facility unless they have a suitable plan to self-isolate safely.</p> |
| <p>Source: Based on emergency orders issued under the <i>Quarantine Act</i> and guidance from the Public Health Agency of Canada.</p> | |

15.32 Mandatory testing for the virus for incoming travellers came into effect with the emergency orders implemented in January and February 2021. This requirement was supported by the agency’s evidence on the importance of administering multiple COVID-19 tests (and monitoring the results) to prevent international travellers from bringing the virus into Canada and causing community transmission. By the end of February, Canada’s testing regime consisted of 3 molecular COVID-19 tests for both air and land travellers: a pre-arrival test, an on-arrival test, and a post-arrival test (taken on day 10 of quarantine and later changed to day 8). Travellers with a positive on-arrival or post-arrival test were required to isolate for 14 days from the date of the test. In September 2021, on-arrival and post-arrival COVID-19 testing was ended for fully vaccinated travellers.

15.33 Incoming air travellers were required to book and quarantine at government-authorized hotels for up to 3 days while awaiting the results of their on-arrival COVID-19 tests. Agency officials were responsible for verifying that travellers completed their COVID-19 tests and for following up with those whose results were positive to inform them of the need to isolate for 14 days from the date of their tests. In August 2021, the 3-night hotel quarantine requirement ended for all incoming air travellers.

Recommendation

15.34 Our recommendation in this area of examination appears at paragraph 47.

Analysis to support this finding

Gaps in COVID-19 testing

15.35 From February to June 2021, up to 669,340 incoming travellers were required to complete a COVID-19 test upon arrival. Those who tested negative were also required to complete a second test 8 days after arrival. More air travellers completed their COVID-19 tests: the on-arrival tests were administered at the airport and the post-arrival tests were completed at home, while travellers entering by land were given both test kits to complete at home (Exhibit 4).

Exhibit 4—More air travellers than land travellers completed their mandatory COVID-19 tests from February to June 2021

| Time period (2021) | On-arrival tests | | | | Post-arrival tests | | | |
|----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Arrival by land | | Arrival by air | | Arrival by land | | Arrival by air | |
| | Number of travellers | Test completion rate | Number of travellers | Test completion rate | Number of travellers | Test completion rate | Number of travellers | Test completion rate |
| February (22–28) | 7,066 | 44% | 12,018 | 79% | 7,059 | 38% | 11,930 | 63% |
| March (1–31) | 46,415 | 57% | 78,479 | 86% | 46,326 | 45% | 77,408 | 67% |
| April (1–30) | 74,873 | 63% | 97,673 | 86% | 74,769 | 56% | 95,960 | 73% |
| May (1–31) | 97,403 | 66% | 84,691 | 86% | 97,300 | 59% | 84,691 | 82% |
| June (1–30) | 81,645 | 64% | 84,054 | 85% | 81,586 | 57% | 83,806 | 82% |
| Unknown arrival date | 26 | 0% | 4,997 | 0% | 26 | 0% | 4,772 | 2% |
| Total | 307,428 | 63% | 361,912 | 85% | 307,066 | 55% | 358,567 | 75% |
| Overall COVID-19 positivity rate | 0.2% | | 1.1% | | 0.3% | | 1.1% | |

Note: Test completion rates are for COVID-19 test results completed and matched to incoming travellers.

15.36 We found gaps in the verification of mandatory COVID-19 tests for incoming travellers: 14% of travellers did not complete an on-arrival test, and 26% did not complete a post-arrival test. In addition, because of errors or inconsistencies in the collection of traveller contact information, many COVID-19 test results could not be matched to ArriveCAN traveller records: about 80,500 on-arrival test results and 57,200 post-arrival test results could not be matched. Overall, 30% of COVID-19 test results were either missing or could not be matched to incoming travellers (Exhibit 5). We found limited follow-up with travellers with missing or unmatched COVID-19 test results. For example, only 38% of travellers with unmatched or missing post-arrival test results were contacted and informed that their quarantine period would be extended until a test was completed.

Exhibit 5—There were gaps in completed and matched COVID-19 tests for incoming travellers (February to June 2021)

| Category | On-arrival | Post-arrival | Total |
|--|-----------------------------------|------------------------------------|------------------------------------|
| Number of tests required | 669,340 | 665,633 | 1,334,973 |
| Number of tests completed and matched to incoming travellers | 498,357 | 436,686 | 935,043 (70% of tests required) |
| Number of missing tests | 90,489 (14% of tests required) | 171,755 (26% of tests required) | 262,244 (20% of tests required) |
| Number of test results that could not be matched to travellers | 80,494 | 57,192 | 137,686 (10% of tests required) |
| Number of missing or unmatched test results | 170,983 | 228,947 | 399,930 (30% of tests required) |
| Note: The number of tests required corresponds to the number of incoming travellers who were required to take COVID-19 tests on arrival and post-arrival. | | | |

15.37 We also found gaps in the notification of travellers with a positive COVID-19 test result. The agency was meant to contact all travellers who tested positive to confirm they had received their test results and to inform them of their requirements to self-isolate. Of the 8,071 incoming travellers who tested positive for COVID-19, the agency had not contacted 1,156 (14%) of them. We noted that laboratories contracted to process COVID-19 tests were required to report test results to travellers and public health authorities; however, we did not examine whether they did so.

No automated tracking of mandatory hotel stays for air travellers

15.38 From 22 February to 30 June 2021, about 370,000 air travellers were required to book and stay at a government-authorized hotel while awaiting the results of their COVID-19 on-arrival tests. Border services officers screened incoming air travellers at the 4 airports accepting international flights to confirm that travellers had booked a stay at a government-authorized hotel. Those without hotel

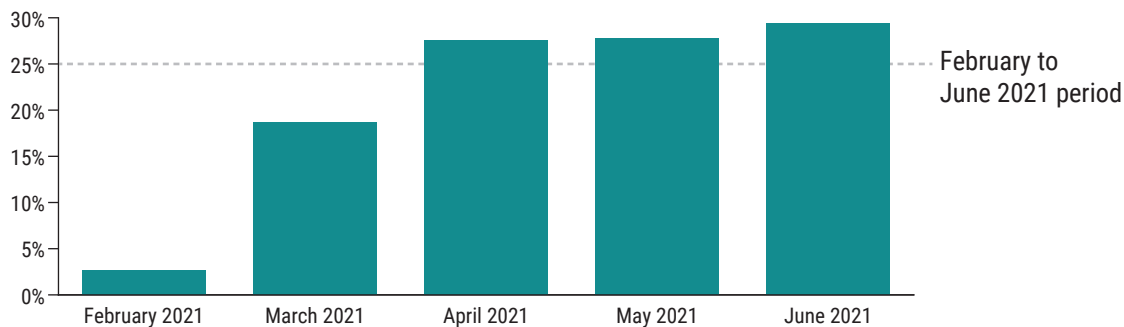
bookings were referred to agency officers for follow-up. However, the agency was unable to verify whether most incoming air travellers complied with hotel quarantine orders post-arrival.

15.39 We found that the agency did not have an automated system in place to know whether air travellers quarantined at authorized hotels as required. The agency set up a secure portal to receive daily check-in information from the participating quarantine hotels to manually track compliance for each traveller. However, because of gaps and duplications in the way that it collected information, the agency had records to verify hotel stays for only 25% of air travellers during the February to June 2021 time period (Exhibit 6). In addition, the agency did not reliably track whether air travellers who had been notified of positive COVID-19 tests had stayed at a government-authorized hotel as required.

15.40 Although not a requirement, hotels notified the agency by email of 326 travellers who had bookings but did not check in. About 74% of these travellers were referred to law enforcement as a priority for follow-up action, but no tickets had been issued at the time of our audit. In June 2021, the agency took steps to automate the collection of hotel stay records for air travellers.

Exhibit 6—The Public Health Agency of Canada verified hotel stays for only 25% of air travellers between February and June 2021







Percentage of travellers verified to have stayed at government-authorized hotels



15.41 The decision to impose a more stringent quarantine requirement on air travellers was supported by a November 2020 border-testing pilot project that found higher COVID-19 positive test rates for air travellers (2.2%) compared with land border travellers (1.9%). While the pilot project did not recommend additional quarantine requirements for air travellers, agency officials told us that by January 2021, the introduction of government-authorized hotels for air travellers at the 4 international airports accepting travellers was supported as a precautionary approach to limit onward transmission of the new and highly transmissible virus variants. Officials also told us that the hotel quarantine requirement was not extended to land travellers because most were proceeding by private transportation to their final places of quarantine and because of operational constraints to establishing quarantine hotels at 117 land ports of entry.

15.42 Since the onset of the pandemic, the agency has operated designated quarantine facilities (Exhibit 7) for travellers who test positive for COVID-19, are symptomatic, or do not present a suitable quarantine plan. Up to June 2021, the agency's quarantine officers directed 12,921 incoming travellers from both air and land ports of entry to designated quarantine facilities. The agency's records indicated that among these, 71 refused to go and 45 left the facility without authorization. We found that the agency issued only 13 tickets to travellers who failed to comply with the requirement to stay in a designated quarantine facility.

Exhibit 7—The Public Health Agency of Canada introduced quarantine sites to prevent incoming travellers from spreading COVID-19 in Canada, with additional requirements for travellers arriving by air

| | Designated quarantine facilities | Government-authorized hotels |
|--|--|---|
|  What | Privately owned hotels for travellers who have tested positive for COVID-19, are symptomatic, or do not present a suitable quarantine plan upon arrival in Canada by land or air. Agency quarantine officers determine which travellers must stay at these facilities. | Privately owned hotels authorized by the government to accommodate asymptomatic air travellers awaiting the results of their on-arrival COVID-19 tests, as part of their 14-day quarantine period. |
|  In operation | Since February 2020 | February 2021 to August 2021 |
|  Managed by | The agency manages the operations by contracting with service providers, including nursing, cleaning, catering, and security services. | Each hotel was responsible for operating its facility in accordance with provincial requirements, including additional cleaning, catering, and security service requirements set out by the agency. |
|  Where | The number has varied. By June 2021, there were 13 facilities in 9 cities nationwide. | About 20 hotels at the start. By July 2021, more than 70 hotels were approved. |
|  Length of stay | 14 days or until the traveller provides a suitable plan to self-isolate or receives a negative test result. | Up to 3 days, while travellers waited for the results of their on-arrival COVID-19 tests. |
|  Number of travellers | About 12,900 travellers housed | About 370,000 required to stay |

15.43 Both government-authorized hotels and designated quarantine facilities were required to have security on site 24 hours a day and 7 days a week. Government-authorized hotels had to maintain a secure perimeter, while designated quarantine facilities had to post security officers at hotel entrances and on floors occupied by quarantining travellers.

15.44 We found that the agency conducted regular in-person visits to government-authorized hotels to verify that they met security requirements. At designated quarantine facilities, the agency’s site managers verified that contracted security personnel were in place. After a significant security incident was reported at a designated quarantine facility in February 2021, the agency conducted

a security review and identified a plan to address deficiencies. It was implementing this plan for all designated quarantine facilities at the end of our audit period.

Diversity considerations partially implemented

15.45 The agency considered a number of diversity factors in its GBA+ assessment of border measures, including age, language, socio-economic status, and digital literacy. However, we saw little rationale for why it implemented only some of the recommendations from this analysis but not others.

15.46 For example, as recommended in the analysis, quarantine officers were permitted to exempt minors and certain travellers with medical needs from government-authorized hotel stays. However, recommended examination of incoming traveller data to better understand how different groups were affected by the border measures was not completed. Nor had the agency developed training for quarantine officers to minimize the potential for bias by the end of our audit period.

15.47 Recommendation. The Public Health Agency of Canada should improve its enforcement of emergency orders imposed to limit the spread of the virus that causes COVID-19 by

- improving its automated tracking and data quality so it can better follow up with travellers who are subject to border measures
- implementing gender-based analysis plus considerations to mitigate any potential adverse effects of existing and future programs on diverse and vulnerable groups

The agency's response. *Agreed. In November 2021, the Public Health Agency of Canada initiated an assessment of its information technology (IT) systems and data requirements for border measures. The results of this assessment will inform a review of current IT systems and broad requirements to improve data and address issues related to the consistency and quality of data used for matching test results to traveller records. The agency will also improve and streamline methods*

for assessing data quality internally. In conjunction with efforts to improve matching and data quality, the agency will continue to review and, where necessary, expand upon existing practices for contacting and tracking travellers who test positive for COVID-19 or who are suspected of non-compliance.

The agency agrees that automated tracking would have improved tracking of travellers at the government-authorized hotels when this requirement was first introduced. The agency implemented an automated process in June 2021 to obtain better check-in and check-out data to facilitate enforcement against non-compliant travellers. While this requirement was phased out soon afterwards, the agency found that the automated process enhanced program administration and integrity and has initiated an assessment of its IT systems and data requirements related to border measures. This assessment and other separate reviews of the pandemic response will help to identify requirements for future responses.

Regarding gender-based analysis plus (GBA+) considerations, while the emergency orders issued under section 58 of the Quarantine Act are not subject to the Cabinet Directive on Regulation and the requirement for a GBA+ analysis, the agency nonetheless completed a GBA+ analysis to inform the development of border measures. The agency also provided specialized training on gender and diversity considerations to frontline staff at the border and at designated quarantine facilities, including training on bias (launched in September 2021), security awareness, and de-escalation. In November 2021, in the context of the ongoing renewal of the emergency orders, the agency started to update its GBA+ analysis and to incorporate its results in the implementation of future border measures.

Little follow-up was completed with non-compliant travellers

What we found

15.48 We found that, although the Public Health Agency of Canada increased the number of travellers it referred to law enforcement for suspected non-compliance with quarantine orders, it was unaware of what follow-up actions ensued in 59% of priority referrals. We also found

uneven ticketing for non-compliance across the provinces and territories: Travellers received fines for non-compliance in some jurisdictions but not in others.

15.49 The analysis supporting this finding discusses the following topics:

- Little information on outcomes for travellers referred to law enforcement
- Uneven ticketing for non-compliance

Why this finding matters

15.50 This finding matters because the agency needs effective tools to enforce the emergency orders that Canada imposed to limit the spread of the virus and its variants. Without knowing what follow-up actions are taken for travellers suspected of non-compliance, the agency cannot determine how effective the imposed border measures are for protecting public health.

Recommendation

15.51 Our recommendation in this area of examination appears at paragraph 57.

Analysis to support this finding

Little information on outcomes for travellers referred to law enforcement

15.52 Of all incoming travellers referred to law enforcement for follow-up, 136,735 travellers were prioritized as a high risk of non-compliance with quarantine orders. We found that the agency was unaware of what follow-up actions law enforcement took for 59% of those priority referrals from July 2020 to June 2021. This is an improvement compared with our previous audit, which found that the agency was unaware of the outcome for 83% of referrals. This means the agency continued to lack complete information about how many travellers ultimately complied with the border measures and whether its enforcement approach was working to limit the spread of the virus and its variants.

Uneven ticketing for non-compliance

15.53 In April 2020, the Public Health Agency of Canada adopted the ticketing regime under the *Contraventions Act* so it could enforce travellers' compliance with quarantine orders. In December 2020, the agency authorized its quarantine officers to issue tickets for non-compliance with border measures at ports of entry and quarantine facilities. Quarantine officers could fine non-compliant travellers from \$100 to \$5,000.

15.54 We found an uneven issuance of tickets for non-compliance with border measures across the provinces and territories. Most tickets for non-compliance were issued to air travellers who arrived at Toronto or Vancouver airports and had refused to book at a government-authorized hotel. No tickets were issued in any of the territories or most other provinces (Exhibit 8), including Alberta and Quebec, where 2 of the 4 airports accepting international flights were located. From December 2020 to June 2021, agency officials issued 6,203 tickets and had records of another 188 issued by local law enforcement agencies, for a total of 6,391 tickets. Of these, more than 5,000 were issued in Ontario.

Exhibit 8—The number of tickets issued for not complying with COVID-19 quarantine orders varied widely by province from December 2020 to June 2021

| Province or territory | Total | Reason for ticket | | | | | Value of tickets issued |
|---|--------------|---------------------|---|---|--------------------------------|-----------|-------------------------|
| | | Related to testing* | Refusal to book a government-authorized hotel | Related to a designated quarantine facility | Confirmed breach of quarantine | Other | |
| Jurisdictions with the <i>Contraventions Act</i> ticketing regime | | | | | | | |
| BC | 971 | 274 | 575 | 9 | 84 | 29 | \$3,010,825 |
| MB | 139 | 124 | N/A | 0 | 10 | 5 | \$449,325 |
| ON | 5,281 | 915 | 4,291 | 4 | 11 | 60 | \$17,712,725 |
| QC | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NB | 0 | 0 | N/A | 0 | 0 | 0 | 0 |
| NS | 0 | 0 | N/A | 0 | 0 | 0 | 0 |
| PE | 0 | 0 | N/A | 0 | 0 | 0 | 0 |
| NL | 0 | 0 | N/A | 0 | 0 | 0 | 0 |
| Jurisdictions without the <i>Contraventions Act</i> ticketing regime | | | | | | | |
| AB | - | N/A | N/A | N/A | N/A | N/A | - |
| SK | - | N/A | N/A | N/A | N/A | N/A | - |
| YK | - | N/A | N/A | N/A | N/A | N/A | - |
| NT | - | N/A | N/A | N/A | N/A | N/A | - |
| NU | - | N/A | N/A | N/A | N/A | N/A | - |
| Total | 6,391 | 1,313 | 4,866 | 13 | 105 | 94 | \$21,172,875 |

* Including 853 tickets issued for pre-departure test infractions.
N/A: Not applicable

15.55 Alberta, Saskatchewan, and the 3 territories have not adopted the ticketing regime under the act. As a result, quarantine officers could not issue tickets in those jurisdictions. They could still refer non-compliant travellers to law enforcement officers, who could lay criminal charges—that may result in a fine—under the *Quarantine Act*. However, at the time of our audit, only 5 criminal charges had been laid in these 5 jurisdictions. The agency did not know the number of tickets that had been issued in Quebec because only provincial prosecutors have the authority to issue these tickets and they are not required to report this information.

15.56 In June 2021, the agency set up a unit to explore options to increase its power to enforce quarantine and COVID-19 testing orders. It considered authorizing more agency officials to pursue follow-up enforcement actions so it could ticket more non-compliant travellers in provinces that have adopted the ticketing regime under the *Contraventions Act*. It did not have a plan to improve

enforcement capability in the provinces and territories that had not adopted the ticketing regime under the *Contraventions Act*.

15.57 Recommendation. The Public Health Agency of Canada should better use information on the outcomes of its referrals for follow-up to assess whether its enforcement approach is working to limit the importation of the virus that causes COVID-19 and its variants. The agency should also improve its capability to achieve a consistent enforcement approach to border measures nationwide, including exploring other tools that could be used in all Canadian jurisdictions.

The agency's response. Agreed. The Public Health Agency of Canada continues to have regular meetings and discussions with the law enforcement community regarding the enforcement of the Quarantine Act. Outcomes reported for priority referrals have improved since the beginning of the year. In November 2021, the agency also renewed efforts to engage law enforcement partners with a particular focus on seeking information regarding referral outcomes for priority cases. The agency will utilize this information to inform its risk-based approach to compliance and enforcement.

The agency's compliance and enforcement program includes a full suite of activities, which are applied consistently to all travellers in all Canadian jurisdictions. However, as noted in the audit report, the issuance of tickets under the Quarantine Act can only occur in jurisdictions that have signed onto the Contraventions Act regime. Starting in 2022–23, additional mechanisms will be assessed to enforce the Quarantine Act more consistently nationally. In addition, the agency will continue to engage with its provincial and territorial counterparts to ensure maximum collaboration in following up with travellers particularly those who have tested positive or are in quarantine.

Conclusion

15.58 We concluded that, although the Public Health Agency of Canada improved its verification of compliance with 14-day quarantine orders, it did not adequately enforce additional border control measures imposed to limit the introduction of the virus that causes COVID-19 and its variants into Canada.

15.59 Following our previous audit of the agency's administration of 14-day quarantine orders, the agency took steps to improve its ability to track whether incoming travellers complied with the 14-day quarantine orders. The mandatory use of the ArriveCAN application improved the agency's ability to collect accurate traveller contact information quickly. The agency was then able to contact the majority of travellers to verify their compliance with quarantine requirements.

15.60 However, the agency did not immediately apply these lessons on the electronic collection of traveller information to its administration of additional border control measures. We found that, because of poor data quality, close to 137,700 COVID-19 test results could not be matched to incoming travellers. We also found that an automated system was not put in place to verify that incoming air travellers stayed at government-authorized hotels. With only manual tracking of daily check-in notifications, the agency had records to verify hotel stays for only 25% of travellers.

15.61 The agency did refer more travellers at high risk of not complying with quarantine orders to law enforcement for follow-up but did not know the outcome for 59% of these priority referrals. The agency has recognized that it needs this information to understand travellers' overall level of compliance and to know whether the border measures imposed to limit the introduction of the virus and its variants are working.

About the Audit

This independent assurance report was prepared by the Office of the Auditor General of Canada on border control measures to limit the introduction of the virus that causes COVID-19 and its variants into Canada. Our responsibility was to provide objective information, advice, and assurance to assist Parliament in its scrutiny of the government's management of resources and programs, and to conclude on whether the Public Health Agency of Canada complied in all significant respects with the applicable criteria.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001—Direct Engagements, set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook—Assurance.

The Office of the Auditor General of Canada applies the Canadian Standard on Quality Control 1 and, accordingly, maintains a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we complied with the independence and other ethical requirements of the relevant rules of professional conduct applicable to the practice of public accounting in Canada, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from entity management:

- confirmation of management's responsibility for the subject under audit
- acknowledgement of the suitability of the criteria used in the audit
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided
- confirmation that the audit report is factually accurate

Audit objective

The objective of this audit was to determine whether the Public Health Agency of Canada administered quarantine requirements for incoming travellers to limit the introduction and spread of the virus that causes COVID-19 and its variants in Canada.

Scope and approach

We gathered audit information and evidence through interviews with agency officials, document reviews, system and process walk-throughs, and analysis of compliance and enforcement data.

Criteria

| Criteria | Sources |
|--|---|
| <p>We used the following criteria to determine whether the Public Health Agency of Canada administered quarantine requirements for incoming travellers to limit the introduction and spread of the virus that causes COVID-19 and its variants in Canada:</p> | |
| <p>The Public Health Agency of Canada (PHAC) administers the 14-day quarantine orders for non-exempt travellers entering Canada.</p> | <ul style="list-style-type: none"> • <i>Quarantine Act</i> • <i>Regulations Amending the Contraventions Regulations (Quarantine Act)</i> • PHAC Regulatory Compliance and Enforcement Framework, Public Health Agency of Canada • COVID-19 Emergency Orders-in-Council, Administrator/Governor in Council |
| <p>The Public Health Agency of Canada follows up with all incoming travellers suspected of non-compliance with 14-day quarantine orders</p> | <ul style="list-style-type: none"> • <i>Quarantine Act</i> • <i>Regulations Amending the Contraventions Regulations (Quarantine Act)</i> • PHAC Regulatory Compliance and Enforcement Framework, Public Health Agency of Canada • COVID-19 Emergency Orders-in-Council, Administrator/Governor in Council |
| <p>The Public Health Agency of Canada administers COVID-19 testing orders for non-exempt travellers entering Canada.</p> | <ul style="list-style-type: none"> • <i>Quarantine Act</i> • COVID-19 Emergency Orders-in-Council, Administrator/Governor in Council |
| <p>The Public Health Agency of Canada follows up with incoming travellers suspected of non-compliance with COVID-19 testing orders.</p> | <ul style="list-style-type: none"> • <i>Quarantine Act</i> • <i>Regulations Amending the Contraventions Regulations (Quarantine Act)</i> • PHAC Regulatory Compliance and Enforcement Framework, Public Health Agency of Canada • COVID-19 Emergency Orders-in-Council, Administrator/Governor in Council |
| <p>The Public Health Agency of Canada administers quarantine orders for non-exempt air travellers entering Canada who must reside at a government-authorized hotel while awaiting their COVID-19 test results, including issuing fines for non-compliance.</p> | <ul style="list-style-type: none"> • <i>Quarantine Act</i> • <i>Regulations Amending the Contraventions Regulations (Quarantine Act)</i> • PHAC Regulatory Compliance and Enforcement Framework, Public Health Agency of Canada |

| Criteria | Sources |
|---|---|
| | <ul style="list-style-type: none"> • COVID-19 Emergency Orders-in-Council, Administrator/Governor in Council |
| The Public Health Agency of Canada administers the quarantine of non-exempt incoming travellers at designated quarantine facilities, including issuing fines for non-compliance. | <ul style="list-style-type: none"> • <i>Quarantine Act</i> • <i>Regulations Amending the Contraventions Regulations (Quarantine Act)</i> • PHAC Regulatory Compliance and Enforcement Framework, Public Health Agency of Canada • COVID-19 Emergency Orders-in-Council, Administrator/Governor in Council |
| The Public Health Agency of Canada monitors whether government-authorized hotels and designated facilities for quarantining non-exempt travellers comply with safety and accessibility requirements | <ul style="list-style-type: none"> • <i>Quarantine Act</i> • <i>Regulations Amending the Contraventions Regulations (Quarantine Act)</i> • PHAC Regulatory Compliance and Enforcement Framework, Public Health Agency of Canada • COVID-19 Emergency Orders-in-Council, Administrator/Governor in Council |

Period covered by the audit

The audit covered the period from 1 July 2020 to 30 June 2021. This is the period to which the audit conclusion applies. However, to gain a more complete understanding of the subject matter of the audit, we also examined certain matters that preceded the start date of this period.

Date of the report

We obtained sufficient and appropriate audit evidence on which to base our conclusion on 10 November 2021, in Ottawa, Canada.

Audit team

Principal: Carol McCalla
 Director: Mary Lamberti
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Patrick Brennan
 Carley Casebeer
 Jan Jones
 Ivorine Tomlinson

List of Recommendations

The following table lists the recommendations and responses found in this report. The paragraph number preceding the recommendation indicates the location of the recommendation in the report.

| Recommendation | Response |
|---|--|
| <p>15.47 Recommendation. The Public Health Agency of Canada should improve its enforcement of emergency orders imposed to limit the spread of the virus that causes COVID-19 by</p> <ul style="list-style-type: none"> • improving its automated tracking and data quality so it can better follow up with travellers who are subject to border measures • implementing gender-based analysis plus considerations to mitigate any potential adverse effects of existing and future programs on diverse and vulnerable groups | <p>The agency's response. Agreed. In November 2021, the Public Health Agency of Canada initiated an assessment of its information technology (IT) systems and data requirements for border measures. The results of this assessment will inform a review of current IT systems and broad requirements to improve data and address issues related to the consistency and quality of data used for matching test results to traveller records. The agency will also improve and streamline methods for assessing data quality internally. In conjunction with efforts to improve matching and data quality, the agency will continue to review and, where necessary, expand upon existing practices for contacting and tracking travellers who test positive for COVID-19 or who are suspected of non-compliance.</p> <p>The agency agrees that automated tracking would have improved tracking of travellers at the government-authorized hotels when this requirement was first introduced. The agency implemented an automated process in June 2021 to obtain better check-in and check-out data to facilitate enforcement against non-compliant travellers. While this requirement was phased out soon afterwards, the agency found that the automated process enhanced program administration and integrity and has initiated an assessment of its IT systems and data requirements related to border measures. This assessment and other separate reviews of the pandemic response will help to identify requirements for future responses.</p> <p>Regarding gender-based analysis plus (GBA+) considerations, while the emergency orders issued under section 58 of the Quarantine Act are</p> |

| Recommendation | Response |
|--|--|
| | <p><i>not subject to the Cabinet Directive on Regulation and the requirement for a GBA+ analysis, the agency nonetheless completed a GBA+ analysis to inform the development of border measures. The agency also provided specialized training on gender and diversity considerations to frontline staff at the border and at designated quarantine facilities, including training on bias (launched in September 2021), security awareness, and de-escalation. In November 2021, in the context of the ongoing renewal of the emergency orders, the agency started to update its GBA+ analysis and to incorporate its results in the implementation of future border measures.</i></p> |
| <p>15.57 Recommendation. The Public Health Agency of Canada should better use information on the outcomes of its referrals for follow-up to assess whether its enforcement approach is working to limit the importation of the virus that causes COVID-19 and its variants. The agency should also improve its capability to achieve a consistent enforcement approach to border measures nationwide, including exploring other tools that could be used in all Canadian jurisdictions.</p> | <p>The agency's response. <i>Agreed. The Public Health Agency of Canada continues to have regular meetings and discussions with the law enforcement community regarding the enforcement of the Quarantine Act. Outcomes reported for priority referrals have improved since the beginning of the year. In November 2021, the agency also renewed efforts to engage law enforcement partners with a particular focus on seeking information regarding referral outcomes for priority cases. The agency will utilize this information to inform its risk-based approach to compliance and enforcement.</i></p> <p>The agency's compliance and enforcement program includes a full suite of activities, which are applied consistently to all travellers in all Canadian jurisdictions. However, as noted in the audit report, the issuance of tickets under the <i>Quarantine Act</i> can only occur in jurisdictions that have signed onto the <i>Contraventions Act</i> regime. Starting in 2022–23, additional mechanisms will be assessed to enforce the <i>Quarantine Act</i> more consistently nationally. In addition, the agency will continue to engage with its provincial and territorial counterparts to ensure maximum collaboration in following up with travellers particularly those who have tested positive or are in quarantine.</p> |