

Integration Joint Board

Agenda item:

Date of Meeting: 16th September 2020

Title of Report Covid19 Public Health update

Presented by: Dr Nicola Schinaia, Associate Director of Public Health

The Integrated Joint Board is asked to:

- Consider the update on Covid19 current status, in terms of:
 - ◇ changing nature of the distribution of infections in A&B community;
 - ◇ the role Covid-19 testing is playing in building such picture;
 - ◇ how the support to Argyll & Bute community due to Covid-19 pandemic is adapting to the changed epidemiological and social situation.

1. EXECUTIVE SUMMARY

In the previous reports, we have presented the evolution of the response to Covid-19 on the Public Health standpoint. Namely, we have outlined:

- an understanding of the epidemiology of Covid-19 in Argyll and Bute
- the development of the testing programme for SARS-CoV-2 in Argyll and Bute
- Caring for people work stream supporting our communities.

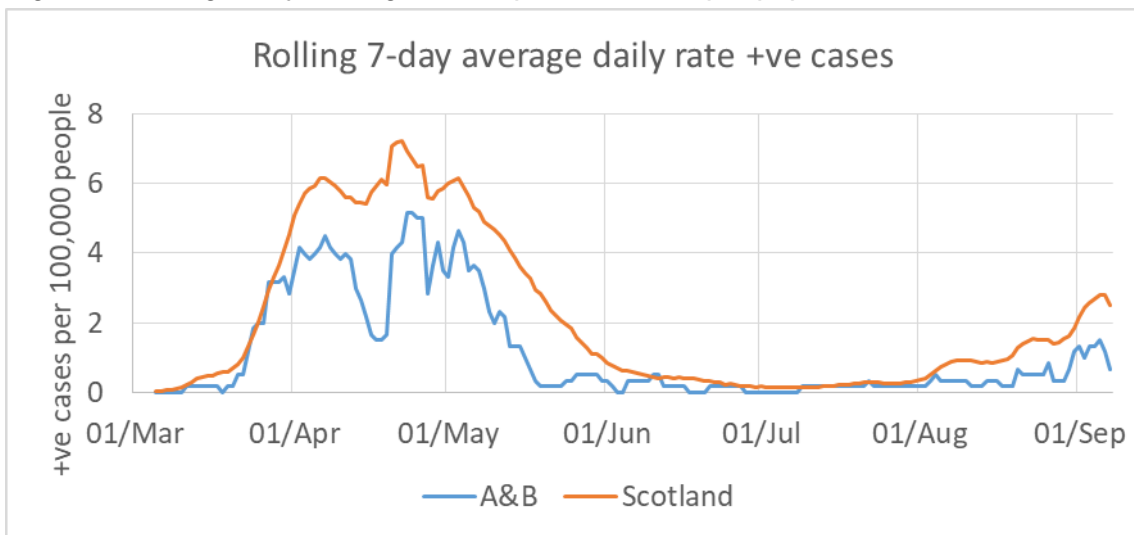
This paper focuses on the changes in the epidemiology of Covid-19 in Argyll and Bute, which have led to changes of priorities in the testing programme and the uptake of testing by different population groups. The number of confirmed cases has increased, with clear age-specific incidence in the younger age groups, as is happening across Scotland, UK and Europe at large. This has led to a sharp increase in people in these age groups being tested overwhelmingly more than any other age group.

We have reflected on the lessons learnt during the first wave of Covid-19 in Argyll and Bute, thinking ahead as to how to respond to going into the winter season, which has its own challenges in terms of respiratory infections.

2. INTRODUCTION

This paper builds on accounts provided in the earlier reports, with the dual aim of providing the timeliest update as the pandemic is unfolding in A&B, as well as the reflection on lessons learnt from the first wave going into the winter and the expected increase in other communicable diseases, challenges around differential diagnosis and timely access to testing.

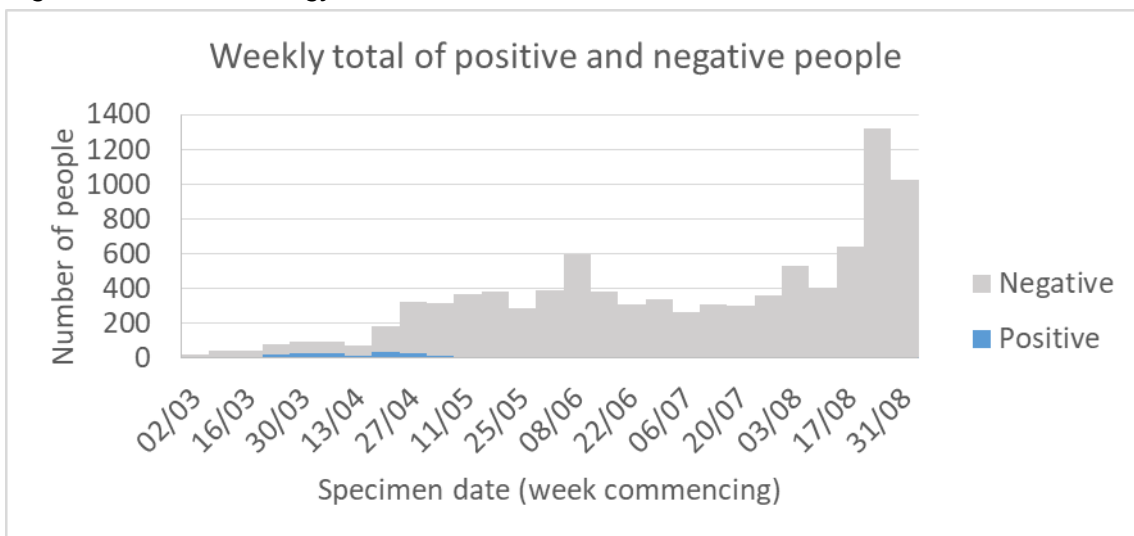
Figure 3. Rolling 7-day average rate of positive cases per population



Source: Public Health Scotland downloaded 9th September

Increases in numbers of cases should be interpreted alongside the numbers tested because testing volume and eligibility has increased over time. The weekly number of total people (including those with both positive and negative results) shows the increase in testing over time (Figure 4). The peak in week commencing 24th August corresponds to the return of school pupils. Note that these numbers will underestimate the total number of tests conducted because it does not include any void tests or repeat testing of cases.

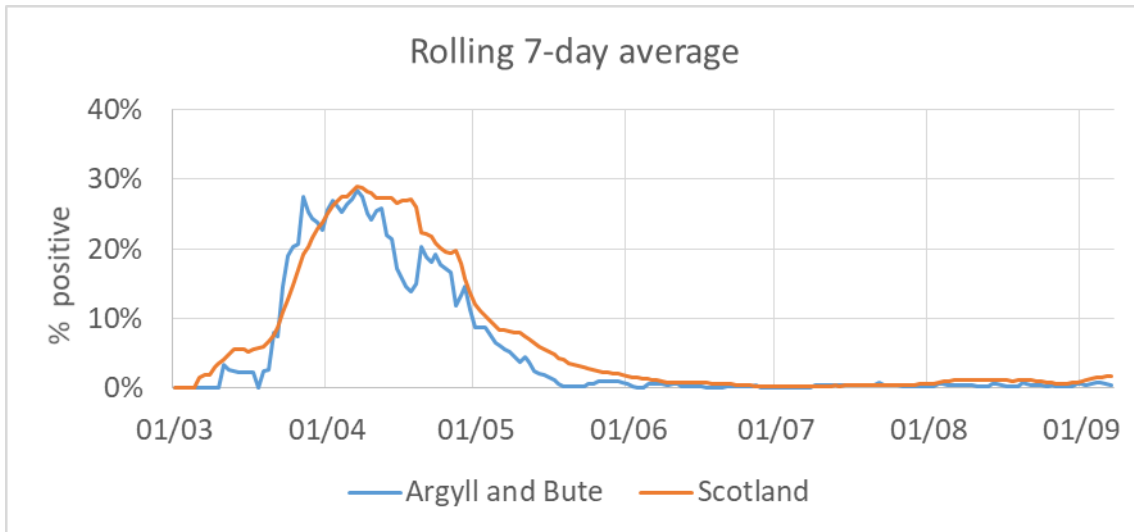
Figure 4. Number of Argyll and Bute residents tested



Source: Public Health Scotland downloaded 9th September. Aggregated from daily data on people positive and people negative.

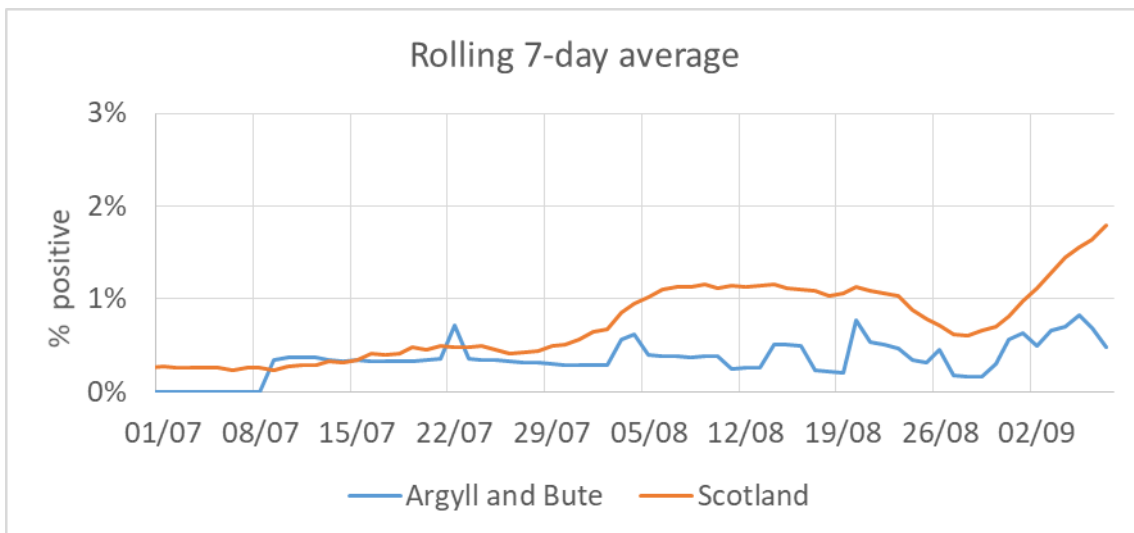
The percentage of people tested was highest in March and April and has decreased both with increased testing and lower number of cases (Figure 5). Figure 6 shows more detail of the percentage of people testing positive from July onwards showing an increase in the positive testing positive in recent weeks.

Figure 5. Percentage people testing positive



Source: Public Health Scotland downloaded 9th September. 7-day total of daily positive people divided by 7-day total of number positive and number negative. Date refers to last date in 7-day period.

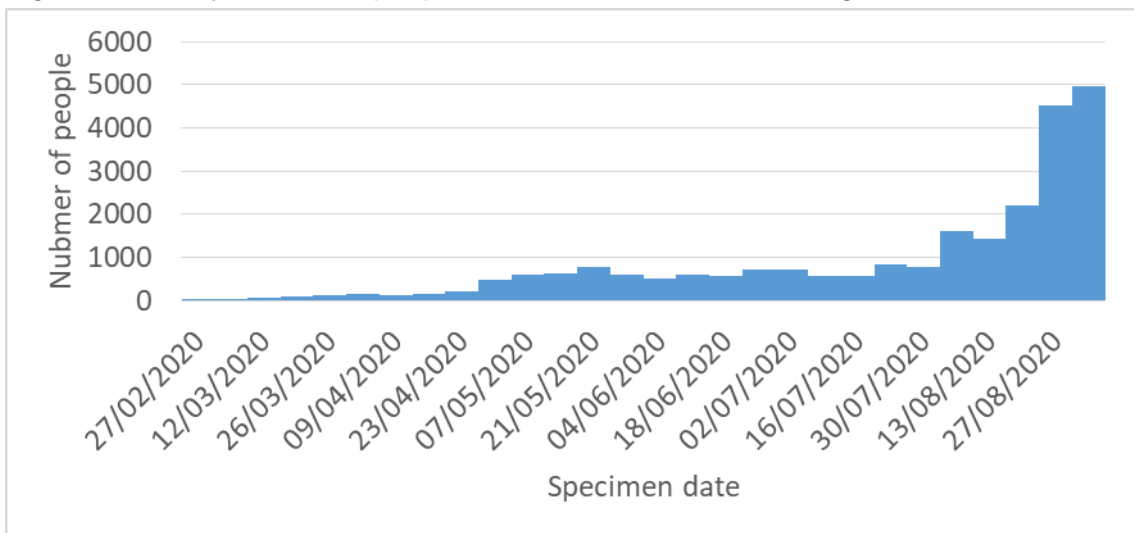
Figure 6. Percentage people testing positive (July onwards)



Source: Public Health Scotland downloaded 9th September. 7-day total of daily positive people divided by 7-day total of number positive and number negative. Date refers to last date in 7-day period.

Argyll and Bute has had confirmed positive cases in pupils of both Hermitage Academy and of Lochgilphead High School. There has been a large increase in the number of younger adults and school aged children tested for COVID-19 across Scotland since schools have returned.

Figure 7. Weekly number of people tested in Scotland in those aged 15-19



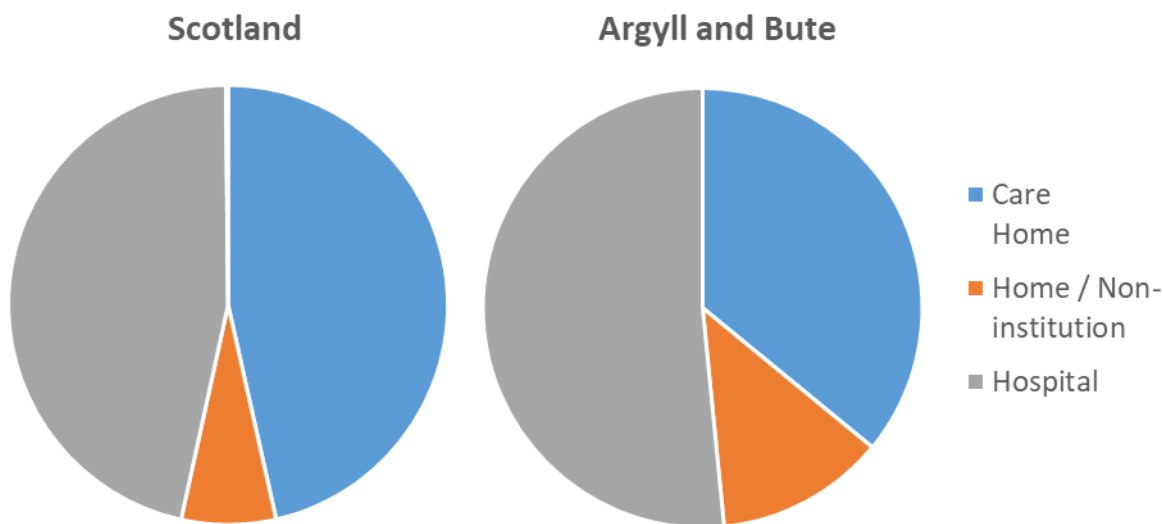
Source: Public Health Scotland downloaded 9th September. Sum of daily number of people positive and people negative, aged 15-19.

3.2 Deaths involving COVID-19

Numbers of deaths within 28 days of a positive test remains at 35 Argyll and Bute residents, with no new deaths by this definition since the end of May. National Records of Scotland (NRS) have stopped publishing numbers of deaths involving COVID-19 (as either a confirmed and presumed causes of death, not necessarily the primary cause of death) as numbers of deaths are currently low. However, by this definition, there have been 64 deaths involving COVID-19 of Argyll and Bute residents, up to the end of May.

Of these, 23 occurred within Care Home locations, with a lower proportion of deaths located in care homes than for Scotland as a whole (Figure 8).

Figure 8. Proportion of deaths registered involving COVID-19 by location of death



Source: National Records of Scotland. Deaths registered up to and including week commencing 25th May.

Data published by NRS is by location of death with the possibility that Care homes may have other deaths involving COVID-19 associated with them e.g. occurring in hospital locations. Detailed outbreak reports regarding Care Home deaths are being compiled and shared with Police Scotland, who are currently supporting a Crown Office and Procurator Fiscal Service review of Care Home deaths in Scotland.

3.3 Contact tracing

In the last report, we described how the Test and Protect programme operates across Scotland. Contact tracing is now carried out for all new confirmed cases of COVID-19. As such, there have been new cases identified since the start of July in those who are known contacts of those with confirmed COVID-19. Isolation of known contacts is therefore likely to have helped to limit further onward transmission of Sars-COV-2 through these contacts. In cases in pupils at Hermitage Academy and in a restaurant worker in Oban, there have been no further cases detected. Argyll and Bute has had no outbreaks such as that in Grantown on Spey, also in the NHS Highland Board area.

Visits or stays to households in areas with higher rates of infection, notably in areas with stricter restrictions within Greater Glasgow and Clyde, is a risk factor for transmitting the virus into Argyll and Bute. In addition to identification of infections in contacts of known cases in Scotland, infections have also been imported to Argyll and Bute residents through return travel from overseas.

Testing of school aged children has risen dramatically since the return of schools in August and increased identification of confirmed cases should be interpreted in this context. Two school pupils of Hermitage Academy tested positive at the end of August. No subsequent positive cases have been identified as associated with these cases and there has been no evidence of transmission of the virus with the school. Two pupils of Lochgilphead High School tested positive in week commencing 31st August. Close contacts of these cases have been identified and are self-isolating for a 2-week period. NHS Highland Health Protection Team has been liaising with Argyll and Bute Council education and with cases and their contacts.

Routine testing of some groups (some keyworker and inpatients) has led to detection of asymptomatic cases. However, there have been no further cases associated with any of these and there have been no further confirmed outbreaks within Argyll and Bute care homes to date. There have also been cases since the start of July that have had no particular risk for infection identified for them and these cases could be said to be occurring by community transmission. Importation of cases from exposure to the virus overseas, through air travel or from close contact with people in areas with higher rates of infection remain possible sources of further cases in Argyll and Bute going forward.

There is a continuing need for the population to follow social distancing guidance and maintain good hand hygiene to minimise transmission of the Sars-COV-2 virus. Identification of and self-isolation of contacts of confirmed cases will continue to contribute to limiting the spread of the Sars-COV-2 virus from those confirmed with COVID-19.

3.4 Caring for People

Caring for People (CfP) tactical meetings reverted to 2x monthly meetings over July and August and have since reverted to monthly meetings. The capacity to re-instate local support services has been retained and this will be activated should there be a local or area wide requirement. There has been a recent focus on evaluating the impact of the first phase of CfP activity and a comprehensive evaluation plan has been overseen by the tactical group. The methods of evaluation include quantitative approaches to map the support services provided and qualitative methods to investigate their impact and benefits. This is with a view to making improvements in any further CfP response.

4. RELEVANT DATA AND INDICATORS

Data have been reported in the above section. In summary, we have presented trends on: confirmed cases of COVID-19 infection, an analysis of the COVID-19-specific mortality, and the changing pattern in testing.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This work supports/underpins the HSCPs strategic and operational response to this emergency pandemic.

6. GOVERNANCE IMPLICATIONS

Financial Impact

These activities - responding to the pandemic and following on from it - have employed a larger number of resources, primarily in terms of person-time. Such increased spending has been tagged to dedicated Covid-19 funding and will be accounted under this budget line work will need to be taken account of within current financial planning and return to business as usual which is in hand..

Staff Governance

The workforce consequences and staff and TU fantastic response to the crisis has epitomised the adoption and strengthening of good communication and formal engagement processes and partnership working.

Clinical Governance

Clinical governance response has been fundamental to the shaping and management of the public health projections and demand modelling and our response to ensure patient, client and staff safety.

7. PROFESSIONAL ADVISORY

Inputs from professionals across stakeholders remain instrumental in the response to the Covid19 pandemic. There has been a close collaborative working between the Departments of Public Health in Argyll and Bute and North Highland. We expect this to be a long-lasting positive outcome of this major incident.

Members of the Public health team have attended advisory groups that have encompassed various professional categories: clinical, social workers, laboratory specialists.

8. EQUALITY & DIVERSITY IMPLICATIONS

Equality and diversity will need to be reviewed and considered as we progress through this pandemic cycle and emergency operating arrangements. Experience from other countries shows that marginalised communities' fair worst in relation to both infection rates and health outcomes. An impact assessment will be developed for the response in due course, but in the meantime principles of equality have informed specific programmes of activity. Examples of this include targeted activity with gypsy/traveller communities and developing communications materials for different audiences e.g. learning disability friendly and subtitles for people with hearing impairment.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliance with GDPR remains critical and is being considered within the various pieces of work supporting the sharing of information and data to protect health and wellbeing of staff and the public and patients.

10. RISK ASSESSMENT

Not required for this report.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

A comprehensive communications strategy exists to provide accurate information on the Covid-19 response to staff, partners and the wider population. The Third Sector Interface contributes to the Caring for People Tactical Partnership and provides a link to local community resilience activity, third sector organisations and community members.

12. CONCLUSION

The role of the Public Health team in responding to the Covid-19 pandemic response in Argyll and Bute has been and will continue to be key to every activity that the HSCP carries out in this area, in conjunction with what is done in the northern part of the Health Board.

DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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