

## **Integration Joint Board**

**Date of Meeting:** 30<sup>th</sup> March 2022

**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 COVID19 current status in A&B community, in terms of:
  - ◇ Distribution of infection rates;
  - ◇ COVID-19 vaccination;
  - ◇ COVID-19 testing programmes.

## **1. EXECUTIVE SUMMARY**

This paper updates on the state of play of COVID-19 Public Health response in Argyll and Bute and focuses on three main areas:

- Sustained community transmission has continued unabated since the beginning of 2022 (where it had already reached its highest levels in 2 years). Main impact has not been on severity of disease, but on staff needing to self-isolate, hence impacting on services, mainly health and social care ones.
- Vaccination programme for COVID-19 – after achieving its goals by the end of 2021, a new phase is expected to resume in April 2022.
- Testing for SARS-CoV-2 in Argyll and Bute – following a widespread deployment of various methods of testing among a variety of population groups over the last 2 years, the UK Government has determined that it is time to bring a lot of these programmes to an end. Hence the Scottish Government is adapting to such changed landscape, and has developed an “exit strategy” from the various testing programmes, that will be briefly outlined in this paper.

## **2. INTRODUCTION**

This paper builds on accounts provided in the earlier reports, and will present the timeliest update as possible of how the pandemic is unfolding in A&B, as well as how the next phase of the pandemic response in Scotland will be developing.

### 3. DETAIL OF REPORT

#### A. Epidemiology of COVID-19 in Argyll and Bute (as reported up to 21<sup>st</sup> March 2022)

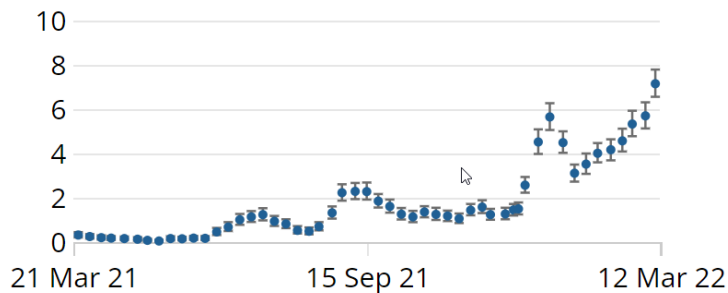
##### Cases

- Reporting of COVID-19 cases now includes both reinfections after 90 days and, following changes to the national case definition, infections confirmed by either LFD or PCR testing.
- 7-day rates of cases have increased in Argyll and Bute since a low on 7<sup>th</sup> February. The most recent data at time of writing suggests that rates may have peaked and are starting to decrease. Rates of confirmed cases remained >1,500 per 100,000 in the 7 days to 18<sup>th</sup> March.
- Cases confirmed by LFD account for 56% of cases (5<sup>th</sup> March – 20<sup>th</sup> March).
- 7% of the recent cases are reinfections 90 days or more following a previous COVID-19 infection (5<sup>th</sup> March – 20<sup>th</sup> March).
- The first BA.2 Omicron variant detected in Scotland was from a sample taken on 23<sup>rd</sup> December 2021. This variant has increased rapidly in Scotland with 84.2% of cases notified on 11<sup>th</sup> March (where the S-gene marker was available) being consistent with the BA.2 variant.  
[COVID-19 & Winter Statistical Report \(publichealthscotland.scot\)](https://publichealthscotland.scot)
- UKHSA (UK Health Security Agency) risk assessment suggests that the BA.2 variant has a growth advantage over the previously dominant BA.1 Omicron variant, but no current evidence to suggest it evades immunity more than the BA.1 variant.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1057361/23-February-2022-risk-assessment-for-VUI-22JAN-01\\_BA.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057361/23-February-2022-risk-assessment-for-VUI-22JAN-01_BA.pdf)
- The ONS infection survey is based on testing of a sample of individuals and, although it has a greater time lag, is not affected by changes in access to testing. It shows that the proportion of people in the community with COVID-19 has increased since a low in the week 16<sup>th</sup> to 22<sup>nd</sup> January 2022 up to 6<sup>th</sup> to 12<sup>th</sup> March (the most recent timepoint available at writing).  
[Coronavirus \(COVID-19\) Infection Survey, UK - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/articles/coronavirus-covid-19-infection-survey-uk-office-for-national-statistics)

See Appendix 1 for embedded NHS Highland Epidemiological Briefing.

**Figure 1. ONS infection survey results – Scotland – up to 12<sup>th</sup> March 2022**

Percentage testing positive for COVID-19



[Coronavirus \(COVID-19\) Infection Survey, UK - Office for National Statistics](https://www.gov.uk/coronavirus-covid-19-infection-survey)

### Test and Protect

- There remains a focus on high-risk settings and significant activity around social care, healthcare and education.
- Across Scotland, 31% of adult homes had a case of suspected COVID-19 in the past week, at March 15<sup>th</sup> 2022, higher than in January 2022. [Coronavirus \(COVID-19\): trends in daily data - gov.scot \(www.gov.scot\)](https://www.gov.scot/coronavirus-covid-19-trends-in-daily-data)
- In Argyll and Bute, at 15<sup>th</sup> March, 725 pupils were not at school due to a COVID-19 related reason. [COVID19 - Schools and Childcare Information August 2021 | Tableau Public](https://www.tableau.com/publication/covid19-schools-and-childcare-information-august-2021)
- Healthcare absences across Scotland remain high. [Coronavirus \(COVID-19\): trends in daily data - gov.scot \(www.gov.scot\)](https://www.gov.scot/coronavirus-covid-19-trends-in-daily-data)

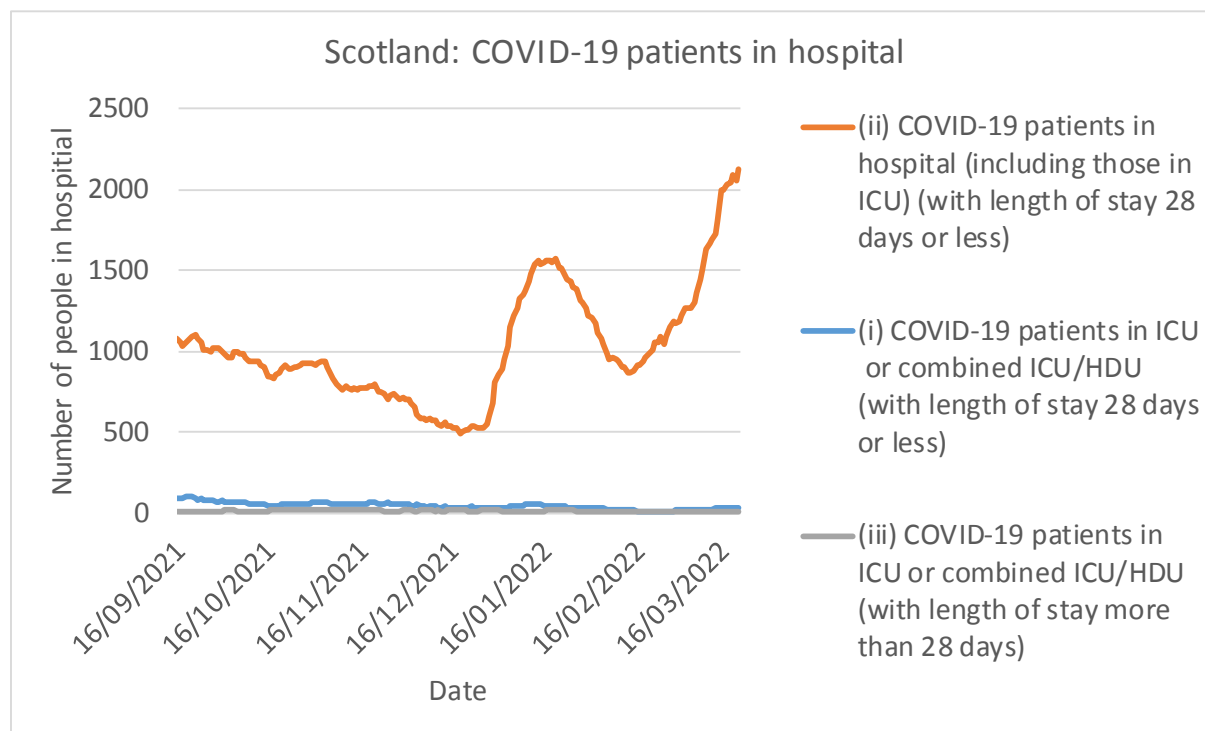
### Hospitalisations

- The number of people in hospital *with* COVID-19 rose to higher levels in Scotland in March 2022 than in January 2022.
- ICU numbers, although increased slightly, remain relatively low at 31 people (<28 days) at 21<sup>st</sup> March 2022. Note that these figures include people in hospital for reasons other than COVID-19.

### Deaths

- Sadly 5 deaths of Argyll and Bute residents occurred within 28 days of a positive test for COVID-19 in February 2022 and a further 6 deaths to date in March 2022 (see also NHS Highland Epidemiological Briefing, Appendix 1).
- In total 123 deaths involving COVID-19 have been registered in Argyll and Bute 'usual resident's' occurring between 01 March 2020 and 28 February 2022.  
[Deaths involving coronavirus \(COVID-19\) in Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/deaths-involving-coronavirus-covid-19-in-scotland)

**Figure 2. Number of people in hospital with COVID-19 in Scotland**



Source: [Coronavirus \(COVID-19\): trends in daily data - gov.scot \(www.gov.scot\)](https://www.gov.scot/defining/coronavirus-covid-19-trends-in-daily-data)  
Details on [definitions](#)

## Modelling

Recent Scottish Government modelling incorporates different scenarios, showing the underlying uncertainty in the possible future course of infections.

- Immune World
- Waning world
- Variant world – vaccine escape with same severity as Delta
- Variant world – vaccine escape with increased severity compared to Delta

[Coronavirus \(COVID-19\): modelling the epidemic \(issue no.92\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/defining/coronavirus-covid-19-modelling-the-epidemic-issue-no-92)

## B. COVID-19 Vaccinations

- On 21<sup>st</sup> March, Public Health Scotland reported that:
  - 60,709 people in Argyll and Bute (an estimated 85.4% of the population aged 18+) have had a *third dose or booster*<sup>1</sup>.
  - 67.6% of those aged 16-17 have had *two* doses
  - 41.5% of those aged 12-15 have had *two* doses.
- Those aged 5-11 are now planned to be vaccinated. In line with JCVI recommendations, the priority is to vaccinate those eligible for a second booster.

<sup>1</sup> Some third doses for immunocompromised persons (a minority of the population) have been recorded as booster doses, and some booster doses have been recorded as third doses. Therefore data are currently combined.

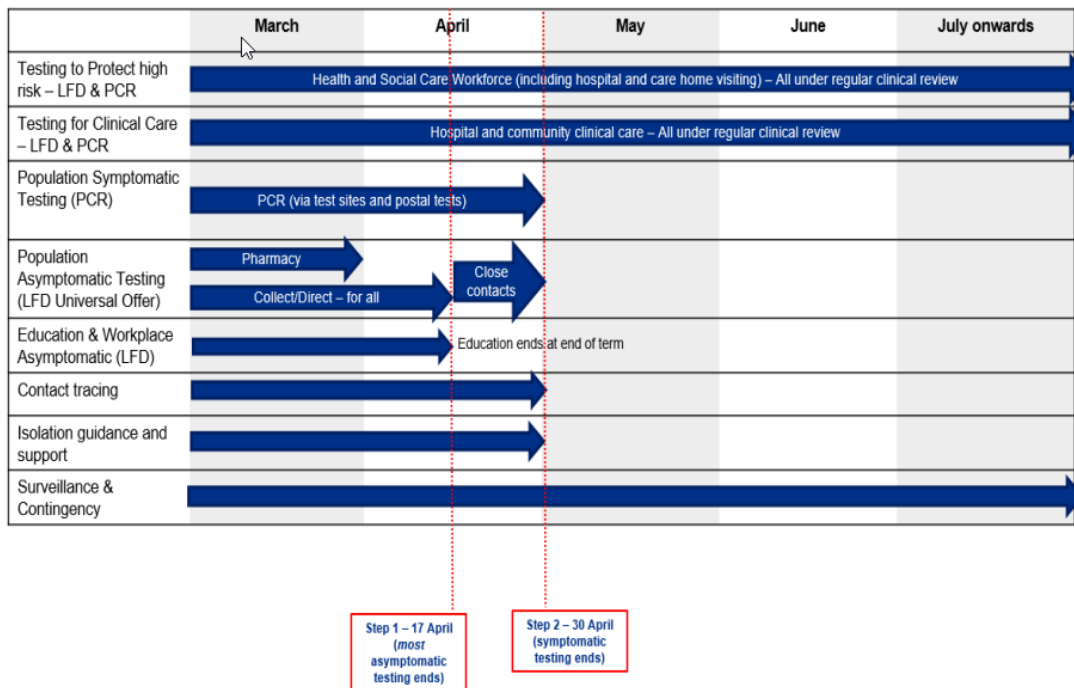
[JCVI statement on COVID-19 vaccination of children and young people: 22 December 2021 - GOV.UK \(www.gov.uk\)](#)

- The 2nd booster program, currently being rolled out, is for:
  - Care home residents
  - those 75+
  - the most vulnerable groups
- Details of local vaccination arrangements can be found here: [Vaccination - Argyll & Bute \(scot.nhs.uk\)](#)

### C. Testing for COVID-19 in Argyll and Bute

Test and Protect in Scotland will change in Scotland, planned to be as according to announcements on 15<sup>th</sup> March 2022.

Transition Plan Timeline



<https://www.gov.scot/publications/test-protect-transition-plan/pages/1/>

### 4. RELEVANT DATA AND INDICATORS

Data have been reported in the above section and in the Appendices. In summary, we have presented trends on: confirmed cases of COVID-19 infection, overall and COVID-19-specific mortality.

## **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, than budgeted for the year. Such increased spending has been tagged to dedicated COVID-19 funding and will be accounted under this budget line.

### **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.

## **8. EQUALITY & DIVERSITY IMPLICATIONS**

Equality and diversity is being reviewed and considered as we progress through this pandemic cycle and emergency operating arrangements. It has already been extensively shown that marginalised communities fare 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 eg 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**

Much progress has been made to reduce the health and socio-economic consequences of the spread of Covid-19. However, given the changed outcomes mainly as a result of the widespread vaccination programme, it is envisaged that the response effort are being scaled down starting from Spring 2022.

With all restrictions being lifted in Scotland, the chances for increased transmission will rise as well, so it remains a priority to continue monitoring the pandemic. All financial and human resources means will be scaled down between April and June 2022, following announcements from UK government and subsequent updated strategy by SG.

**DIRECTIONS**

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	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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## Appendix 1



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