

# Public Sector Response

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## Update covering the period 1 January 2022 to 31 December 2022

By UNCOVER Applied Evidence Synthesis, Usher Institute, University of Edinburgh



### Acknowledgments

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## **Disclaimer:**

This report was commissioned by the Scottish COVID-19 Inquiry as scoping research. It was written to assist the Inquiry with the shape and direction of its investigations, and is published in the interests of transparency. The Inquiry is grateful to the author[s] for their work. The Inquiry is an independent body, and is carrying out its own investigations in accordance with its Terms of Reference. The research represents the views of those who wrote it, and nothing in it is binding on the Inquiry. The research is one of many sources which will be considered by the Inquiry during the course of its investigations.

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# Chapter 1: Overview, key milestones and questions for the Inquiry

## Overview

Research into the Scottish public sector response to the COVID-19 pandemic, in 2020 and 2021, was produced by UNCOVER for the Scottish COVID-19 Inquiry in early 2022. These reports are available as Portfolio 1 of the Introductory Academic Research on the Inquiry website ([note 1](#)).

This report was commissioned by the Inquiry in order to update Portfolio 1, for the period 1 January 2022 to 31 December 2022. Each chapter of this report updates one theme of the Portfolio. The Inquiry did not commission an update of Portfolio 1 Theme 1 (Pandemic Preparedness) but the remaining five themes (Lockdown, Testing, Vaccination, PPE and Shielding) are updated.

The purpose of this report is to provide information to assist the Scottish COVID-19 Inquiry. Each chapter contains an analysis of publicly available resources about key events, people and documentation related to the public sector response to COVID-19, organised by theme. Appendix 1 contains a detailed account of the methodology used in these chapters. Appendices 2-6 contain a detailed timeline of events and decisions for each theme.

The following chapters include a brief overview of key milestones relevant to the theme, and an analysis of the Scottish public sector response in 2022, organised by sub-themes. Where there is overlap between the different themes of the Portfolio, the same information may be used in more than one chapter. The chapters should be read together with the

corresponding reports for 2020-21 ([note 2](#)), in order to give a complete overview of the public sector response throughout the pandemic.

## Summary of key milestones and decisions

We define **milestones** as events that mark important points in the progress of the pandemic, and **decisions** as decisions or actions of the Scottish Government that had the potential to impact the course of the pandemic.

Each chapter begins with an outline of key milestones and decisions that are particularly relevant to its theme. However, some milestones and decisions – such as COVID-19 infection rates and hospital admissions – are relevant, and are likely to have informed actions and outcomes, across all the themes. We have summarised these briefly here:

- 3 January  
20,217 COVID-19 cases are recorded in Scotland. The Scottish Government announces that this is the first time >20,000 cases have been recorded in one day.
- 6 January  
Air travellers to Scotland (if fully vaccinated or under 18) are no longer required to take a pre-departure PCR tests. Lateral flow tests are still required on arrival, but travellers do not need to self-isolate while awaiting the result.
- 11 January  
Total number of COVID-19-related deaths in Scotland (i.e. of people who had tested positive for COVID-19 in the last 28 days) exceeds 10,000.

- 22 January  
30 COVID-19 deaths are recorded in a single day, the highest daily total since 2021.
- 3 February  
MHRA approves the Novavax COVID-19 vaccine Nuvaxovid.
- 9 February  
The Coronavirus (Discretionary Compensation for Self-Isolation) (Scotland) Act is passed in Parliament.
- 9 March  
The number of COVID-19-related hospital admissions in Scotland is 1,636 – the highest daily figure in the last 13 months (even exceeding the peak of 1,571 admissions in January 2022). While fewer people need intensive care, the volume of patients puts pressure on emergency departments and health services.
- 14 March  
The Scottish Chief Medical Officer reports that 85% of new COVID-19 cases in Scotland are due to Omicron variant BA.2. Levels of infection have been increasing for the past 6 weeks, and the ONS estimates that 1 in 18 people has had COVID-19 in the past week. Older patients appear to be more affected, causing longer hospital stays and occupied beds.
- 17 March  
MHRA approves the use of Evusheld (tixagevimab / cilgavimab) for use in adults who are unlikely to mount an immune response from COVID-19 vaccination, or for whom vaccination is not recommended.



- 21 March  
Face masks are no longer required in public places, and businesses no longer need to carry out contact tracing.
- 30 March  
Asymptomatic testing is no longer advised.
- 14 April  
MHRA approves the Valneva COVID-19 vaccine.
- 27 April  
A team of specialist clinicians deem that there is no longer an increased risk for most individuals on the Highest Risk List.
- 30 April  
End of PCR testing and contact tracing. New stay-at-home guidance replaces self-isolation requirements.
- 31 May  
End of the Highest Risk List.
- 15 August  
MHRA approves an adapted Moderna vaccine for adult booster doses.
- 12 October  
More than 1.3 million doses of COVID-19 and flu vaccinations have been delivered since the start of the Winter Vaccination Programme in September.
- 9 November  
MHRA approves second Pfizer/BioNTech bivalent COVID-19 booster vaccine.

- 6 December  
MHRA approves second Pfizer/BioNTech bivalent COVID-19 booster vaccine for use in infants and children aged six months to four years.
- 8 December  
More than 14.9 million doses of COVID-19 vaccination have been administered since the first vaccine was given exactly two years ago.
- 9 December  
End of the Self-Isolation Support Grant.

## Summary of questions for the Inquiry

Each chapter ends with a number of questions that the Inquiry may wish to investigate further, based on our summary and analysis of key events, decisions and actions in 2022. These are summarised here:

### **Chapter 2: Lockdown and other restrictions**

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- 2.1. What was the impact of the timing of removal of restrictions?
- 2.2. Were the restrictions imposed on various settings removed in the optimal order?
- 2.3. How effectively was this communicated to the public?
- 2.4. What were the differences in timing of the lifting of restrictions in Scotland compared to the rest of the UK? What are the implications of these differences in timing?

## Chapter 3: Testing

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- 3.1. What provisions were made for those without the means to pay for testing? Was the Scottish welfare fund the most appropriate means of funding testing for those on low income?
- 3.2. Removing requirements to self-isolate for those who tested positive may have been perceived by some to mean that they should continue as normal regardless of symptoms or infection - were there plans to take into consideration these behavioural impacts?
- 3.3. When testing positive no longer required self-isolation was there clarity about the circumstances in which self-isolation was still advised?
- 3.4. Funding was made available to 'ramp up testing' in 2023/2024, if required. Was this sufficient to return testing capacity to January 2022 levels?
- 3.5. Has the Scottish Government acted on the recommendation of the Scottish Science Advisory Committee to make use of the investment in mass testing skill, personnel and infrastructure to support improvement in Scottish health, with particular attention to the needs of deprived communities, e.g., repurposing COVID-19 testing labs to tackle other major health issues?

## **Chapter 4: Vaccinations**

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### **Sub-theme 1: Vaccination programmes**

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- 4.1. Were the timings appropriate for:
  - a. the approval of second doses of vaccines for children;
  - b. the decision to restrict the fourth booster for people who were vulnerable or shielding?
  
- 4.2. Were public education initiatives on new COVID-19 vaccines and boosters sufficient? [This applies particularly to the bivalent vaccine at a point when most of the population had had 2 or more jabs and showed lack of interest in getting further vaccinations.]
  
- 4.3. Was sufficient public information provided about antiviral medications such as EVUSHELD and Paxlovid?
  
- 4.4. Should more public information have been provided on vaccine waning and its impacts?

### **Sub-theme 2: Vaccine authorisation**

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- 4.5. Were the timing and approval processes for new vaccines/boosters optimal?

### **Sub-theme 3: Vaccine effectiveness**

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- 4.6. What were the reasons for the decision not to provide additional boosters in the context of waning vaccine protection?

## **Sub-theme 4: Vaccine mandates**

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- 4.7. Was the decision to defer fertility treatments for women who were not fully vaccinated justified?
- 4.8. Given that the advice at the start of the pandemic was that pregnant women and those who were expecting to become pregnant within the next three months should not be vaccinated, what outreach was conducted to curb the fears and confusion of women?
- 4.9. What information and support were provided to women who were awaiting/preparing for fertility treatment in late December 2021/January 2022 to deal with the temporary suspension?

## **Sub-theme 5: Vaccine uptake and inequalities**

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- 4.10. How did vaccine inequalities in Scotland compare to the rest of the UK?
- 4.11. Why was ethnic data collection during vaccinations lacking initially? Why were there multiple errors in early reports about differential rates of COVID-19 vaccination uptake published by Public Health Scotland (PHS)?
- 4.12. What efforts were made to address inequalities in access to and uptake of vaccines in specific sub-populations? [Sub-populations include: younger age groups, particular ethnic minorities, those living in the most deprived areas.]
- 4.13. Were efforts made to counter misinformation on social media platforms? If so, what were they?

- 4.14. What was done to address a decline in the uptake of vaccine boosters among healthcare workers and to understand the reasons for this? [Reasons include perceptions of protection conveyed from previous COVID-19 infection.]
- 4.15. How well did the systems supporting the vaccination strategy perform? Was there ongoing monitoring and correction when things went wrong? [Specific systems: vaccine digital bookings, NHS COVID status app, system for obtaining vaccine certifications.]

## **Sub-theme 6: International obligations**

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- 4.16. Could/should Scotland have done more to promote global vaccine access, especially for low and middle income countries (LMIC)? Was there a fair balance between national needs and global responsibility?

## **Chapter 5: PPE**

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- 5.1. Was the timing optimal for the removal of use of face masks in:
- a. Schools?
  - b. Social Care settings such as care homes?
  - c. Public gatherings?
  - d. Public transport?
- 5.2. What were the detrimental effects of continuing to use face masks in these settings?
- 5.3. How effective was the messaging to the public in relation to when they were required to use face masks?

## **Chapter 6: Shielding and high risk groups**

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- 6.1. What are the specific concerns of those previously on the Highest Risk List (HRL) that have failed to be addressed and what additional support do they perceive is still needed?
- 6.2. What other ways could those who continued to shield have accessed guidance, clinical advice, or support?
- 6.3. How could communication to those on the HRL have been improved? Were letters the most effective means of communication?
- 6.4. Was there any recommendation/requirement for clinicians to communicate guidance to/follow-up with those on the HRL?

**Note:** This report is based on a systematic analysis of a defined set of sources that are available in the public domain and that were accessible within the timeframe available for compiling this report. The absence of specific evidence or information from these sources does not imply that such evidence or information does not exist, just that it was not contained within these sources.

# Chapter 2: Lockdown and other restrictions

## Executive summary

This chapter focuses on **Theme 2 of Portfolio 1: Lockdown and other restrictions in response to the COVID-19 pandemic**, updating previously submitted evidence ([note 3](#)) for the period 1 January 2022 to 31 December 2022. A detailed timeline of events and decisions is included in Appendix 2 and the timeline of key events is presented in **Figure 1**.

Our report highlights **key milestones and decisions**, which were concentrated in the beginning of the year from January to March, including the updating of the Scottish Government's Strategic Framework ([note 4](#)), which signalled a change in approach to focus on reducing harms from the COVID-19 pandemic rather than suppressing case numbers.

All COVID-19 restrictions that were legal requirements in Scotland were removed by 21 March 2022. Travel restrictions for people entering Scotland were removed on 18 March 2022 and self-isolation guidelines changed on 1 May 2022 (**Figure 1**). The publicly available sources reviewed did not provide detailed evidence as to the reasons for the timing of the removal of restrictions, therefore we are not able to comment on why restrictions were removed at these times.

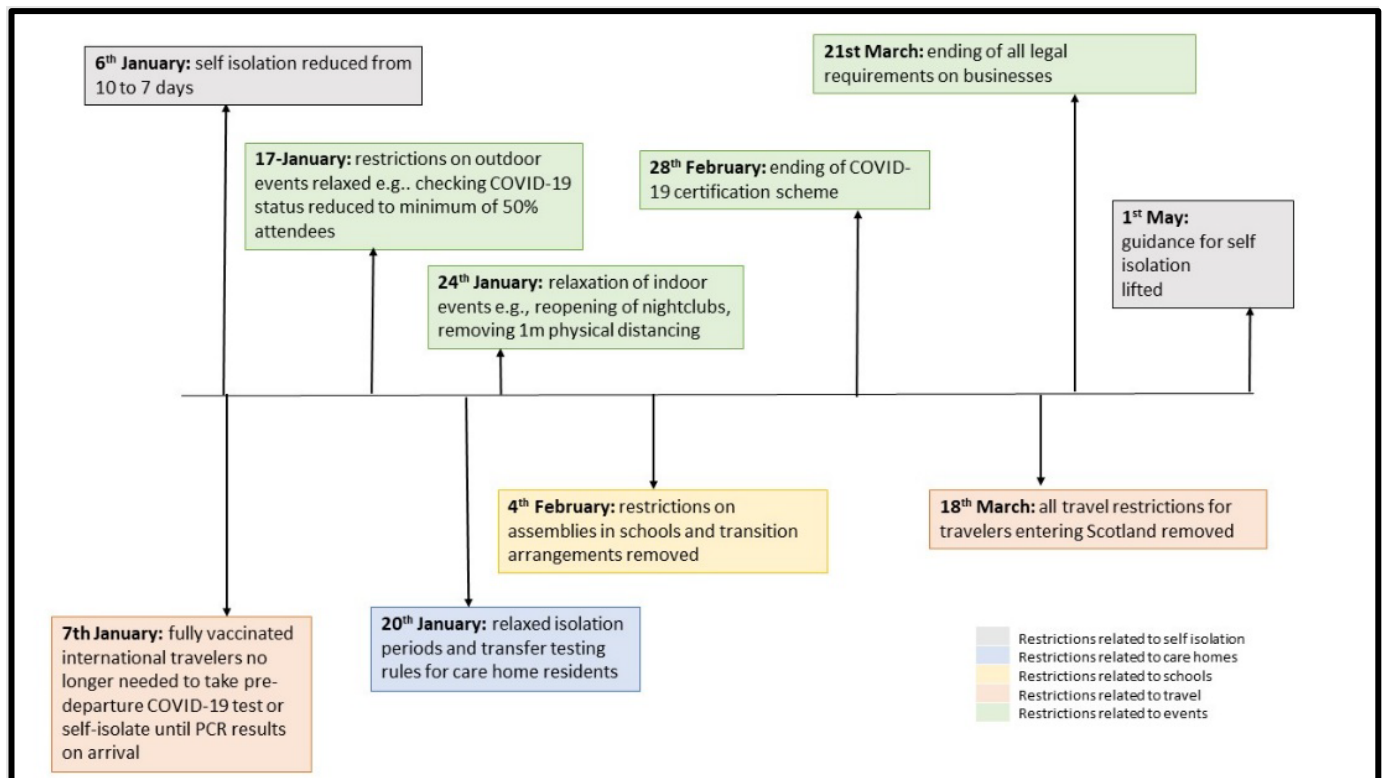
### **Figure 1. Timeline of key events: lockdown and restrictions**

[Figure 1 is shown below. It shows the following dates in a timeline:

- **6th January – Restrictions related to self isolation:**  
self isolation reduced from 10 to 7 days



- **7th January – Restrictions related to travel:**  
fully vaccinated international travelers no longer needed to take pre-departure COVID-19 test or self-isolate until PCR results on arrival
- **17-January – Restrictions related to events:**  
restrictions on outdoor events relaxed e.g.. checking COVID-19 status reduced to minimum of 50% attendees
- **20th January – Restrictions related to care homes:**  
relaxed isolation periods and transfer testing rules for care home residents
- **24th January – Restrictions related to events:**  
relaxation of indoor events e.g., reopening of nightclubs, removing 1m physical distancing
- **4th February – Restrictions related to schools:**  
restrictions on assemblies in schools and transition arrangements removed
- **28th February – Restrictions related to events:**  
ending of COVID-19 certification scheme
- **18th March – Restrictions related to travel:**  
all travel restrictions for travelers entering Scotland removed
- **21st March – Restrictions related to events:**  
ending of all legal requirements on businesses
- **1st May – Restrictions related to self isolation:**  
guidance for self isolation lifted]



The **key sub-themes** that emerged under the broader theme of lockdown and restrictions include changes to regulations and guidance on travel restrictions, self-isolation, outdoor and indoor events and care homes. In addition, we highlight impacts on inequalities associated with the removal of restrictions.

**Travel restrictions:** Travel restrictions were eased on two key dates (7 January 2022 and 18 March 2022) for travellers entering Scotland.

**Self-isolation periods:** The self-isolation period for people testing positive for COVID-19 was reduced on 6 January 2022 and removed on 1 May 2022. From this date, people were advised to remain at home if they had symptoms of or tested positive for COVID-19.

**Outdoor and indoor events:** At the beginning of 2022, restrictions were still in place on both outdoor and indoor events. Some restrictions were relaxed on 17 – 18 January 2022 for outdoor events and on 24 January 2022 for indoor

events. COVID-19 certification was removed on 28 February 2022.

**Care home-related restrictions:** Restrictions and testing requirements for care home residents were relaxed in January; however, as there were vulnerable residents and frequent contact with hospital services in this population, the Government had to balance the risks of infecting others with the negative impacts of self-isolation. The rights of care home residents were included within the Strategic Framework and the Health and Social Care Standards. Specific guidance on opening care homes was produced in June.

**Inequalities:** This broad sub-theme includes social, economic, digital and health inequalities associated with the imposition and removal of restrictions. A report on the economic impacts of relaxing restrictions showed that areas of the country with greater dependence on tourism and hospitality were particularly adversely affected by lockdowns. In February 2022, the Scientific Pandemic Insights Group on Behaviours (SPI-B) warned that the removal of COVID-19-related restrictions was likely to have differential health impacts on certain vulnerable groups. Different approaches to messaging and public information were recommended. Government actions and funding to address inequalities in digital access and mental health and wellbeing are highlighted.

## Introduction

This chapter updates Theme 2 of Portfolio 1 (Public Sector Response), in relation to lockdown and other restrictions. Lockdown is defined in this theme as “the imposition of stringent restrictions on travel, social interaction and access to public spaces” ([note 5](#)). This chapter examines the period from

1 January to 31 December 2022, during which time the Scottish Government's response was centred on beginning to live with the virus.

Several sources of publicly available information have been used to compile this report. A full methodology is included in Appendix 1, and a detailed timeline in Appendix 2. Below, we set out key milestones and decisions in relation to this theme, and analyse our findings by sub-theme for ease of interpretation.

## Findings

This section starts with a summary of key milestones and decisions from January to December 2022. These include an update of the Scottish Government's Strategic Framework ([note 6](#)), which we summarise briefly. We then go on to describe the five sub-themes identified through our analysis. These are:

- **Sub-theme 1: Travel restrictions:** Changes in COVID-19 travel regulations for people traveling to and from Scotland.
- **Sub-theme 2: Self isolation periods:** Changes to, and removal of, self-isolation rules for people with COVID-19 or symptoms consistent with COVID-19.
- **Sub-theme 3: Outdoor and indoor events:** Removal of restrictions and regulations imposed on public events and gatherings.
- **Sub-theme 4: Care home-related restrictions:** Changes in self-isolation and visiting rules for care home residents.
- **Sub-theme 5: Inequality:** Inequality in the removal of restrictions, and funding provided to tackle inequalities.

## Key decisions and milestones

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- **Key decision:** On 3 February 2022, five regulations made under the Coronavirus Act 2020 were extended by the Scottish Government for a further six months until 24 September 2022 ([note 7](#)). These provisions included powers to make public health protection regulations; extended the range of health professionals authorised to give vaccinations; and allowed for the remote registration of deaths and stillbirths, and the temporary closure or continuity of educational institutions and childcare. These regulations would be reviewed every three weeks.

The remaining 12 devolved provisions would expire on 24 March 2022, having come into force on 25 March 2020. These provisions covered: the emergency registration of healthcare professionals; emergency arrangements concerning medical practitioners; temporary registration of social workers; appointment of temporary judicial commissioners; temporary modification of mental health legislation; duty of local authorities to assess needs; death certification review service and cremations; temporary disapplication of disclosure offences; protection of vulnerable groups; powers relating to potentially infectious persons; management of dead bodies; and financial assistance for industry ([note 8](#)).

- **Key decision:** On 4 February 2022 restrictions on assemblies in schools and transitioning arrangements for students going into classes P1 and S1 were removed. Schools were advised to continue other relevant mitigation measures such as adequate ventilation and physical distancing. The Scottish Government guidance for schools was updated to reflect the changing advice ([note 9](#)).

- **Key decision:** On 22 February 2022, the Scottish Government's strategic framework was updated ([note 10](#)). The previous update was in November 2021. This update reflected the Scottish Government's change in approach to focus on reducing harms from the COVID-19 pandemic rather than suppressing case numbers. The framework included the announcement that the following measures would end on the 28 February 2022: COVID-19 certification, regulations on face coverings in indoor public places and public transport. The plan was for these requirements to be converted to guidance; however, the need to collect customer details in hospitality settings and the use of face coverings in public places was extended ([note 11](#)).

As well as stating how restrictions would be eased, the Strategic Framework also described the targeted guidance and legal regulations on adaptations and behaviours that could be used in the future to reduce spread of infection ([note 12](#)). Response categories from routine to extensive protective measures would be applied depending on the level of threat. **Table 1** below summarises the restrictions included within each response category.

**Table 1. Summary of response categories and associated restrictions, as set out in the Scottish Government's Strategic Framework update in February 2022 ([note 13](#)).**

Potential response categories: Routine measures

Restrictions included within these categories:

- Hybrid working encouraged when possible
- Local outbreak management
- Behaviours and setting adapted to reduce spread
- Travel measures may apply

Potential response categories: Baseline protective measures

Restrictions included within these categories:

- Guidance to self-isolate when positive
- Guidance to reduce risk in premises
- Certification in a narrow range of settings
- Face coverings indoor public places and public transport
- Travel measures may apply

Potential response categories: Targeted protective measures

Restrictions included within these categories:

- Requirement to work from home when possible
- Proportionate restrictions on certain high-risk settings and activities
- Protective measures in other high-risk settings
- Guidance to reduce social contacts and increase physical distancing
- International travel requirements and restrictions may apply for certain countries
- Certification in a wider range of settings

Potential response categories: Extensive protective measures

Restrictions included within these categories:

- Potential closure (or limited opening) of further non-essential settings and services
- Legal limits on social gathering and events

## Overview of sub-themes

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The following sections summarise the five sub-themes for lockdown and restrictions that were identified for 2022.

### Sub-theme 1: Travel restrictions

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Travel restrictions were relaxed by the Scottish Government on 7 January 2022, with fully vaccinated international travellers no longer needing to take a pre-departure COVID-19 test or requiring self-isolation until PCR test results on arrival ([note 14](#)). On 18 March 2022, all travel restrictions ended for travellers entering Scotland, with fully vaccinated and non-vaccinated travellers no longer required to complete Passenger Locator Forms ([note 15](#)). Non-vaccinated travellers were no longer required to carry out pre-departure and day 2 PCR testing. These measures aimed to normalise activity in the travel, tourism and the aviation sectors; while continued surveillance by the UK Health Security Agency would allow monitoring for any developments of concern and any subsequent rapid response, as required.

### Sub-theme 2: Self-isolation periods

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There were two events related to changes in rules for self-isolation in 2022. The Scottish Government reduced the period of self-isolation following a positive COVID-19 test from ten to seven days on 6 January 2022. People were also required to record two negative lateral flow tests, one on day 6 and the other 24 hours later, and not have a fever before leaving isolation after a period of seven days. This was in line with guidance from England, Wales and Northern Ireland ([note 16](#)). There were concurrent changes to testing, which are described in Chapter 3 on testing.



At the time these changes were introduced, the number of new reported cases was increasing steeply (87% increase from the previous week) ([note 17](#)). The changes in isolation rules were made to reduce the disruption caused by staff absence in critical services and the economy, whilst attempting to reduce transmission ([note 18](#)).

The guidance advising self-isolation was removed on 1 May 2022 (notes 19, 20). The number of people contracting COVID-19 had been falling over the previous five weeks. The week before the change, one in 19 people were reporting positive tests, falling to one in 25 the week self-isolation ended ([note 21](#)). Rather than self-isolate, those who were positive for COVID-19 or those with a fever or possible COVID-19 symptoms were now advised to follow “Stay at Home” guidelines, available on NHS Inform ([note 22](#)).

The requirements for testing were removed but those who chose to test themselves were advised to remain at home for 5 days if they tested positive. People with mild symptoms who were not unwell were advised to continue their usual activities. Additional information is available in Chapter 3 on testing.

### **Sub-theme 3: Outdoor and indoor events**

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Crowds gathered to ring in the New Year, despite the Scottish Government cancelling all official events for New Year’s celebrations ([note 23](#)). The Scottish Government also cancelled five Scottish League football matches scheduled over the New Year weekend, as some players tested positive for SARS-CoV-2 ([note 24](#)).

Resumption of large outdoor events came into force from 17 January 2022 with the caveat that COVID-19 certification was needed at events involving 4,000 standing or 10,000 seated

participants, or for other events/venues previously covered under certification which needed COVID-19 status of all participants. At any event with more than 1,000 attendees it was mandated to check the COVID-19 status of a minimum of 50% of attendees. The requirement for being fully vaccinated was changed to a booster dose if last vaccine was more than 4 months ago ([note 25](#)).

On 28 February 2022, the Government removed the need for COVID-19 passports for all attendees at large events ([note 26](#)). With respect to indoor events, the Government announced a relaxation of restrictions for indoor events on 18 January 2022 enforced on 24 January 2022, which included revoking any limits on numbers of attendees; reopening nightclubs; removing the one metre physical distancing requirement in hospitality/leisure facilities; and removing COVID-19 certification requirements. However, the need to collect customer details in hospitality settings and the use of face coverings in public places was extended. These legal requirements ended on 21 March 2022 ([note 27](#)).

## **Sub-theme 4: Care home-related restrictions**

On 20 January 2022, the Scottish Government reduced the isolation period from 14 to 10 days for people testing positive for COVID-19 who lived in care homes ([note 28](#)). The Social Care Minister reflected that long isolation periods could be detrimental to care home residents and their friends and families; however, self-isolation was required due to the potential risk to other vulnerable residents with long-term conditions. People who were transferring back to a care home after a hospital stay no longer needed to isolate if they had no symptoms of respiratory virus, had a negative PCR in the previous 48 hours and had not been exposed in the previous 14 days. Those who only had overnight stays in hospitals no

longer had to isolate on return to the care home nor have a negative PCR test.

The Scottish Government recommended removing limits on the number of people from different households allowed to visit care home residents ([note 29](#)). Individual care homes could set limits on numbers of visitors, depending upon visiting area available and other factors. This was in line with the First Minister's statement the previous week advising that the limit of three households for indoor gatherings was no longer necessary ([note 30](#)). It was noted that cases of COVID-19 based on PCR tests had fallen by 64% in mid-January 2022 compared to early January 2022, from an average of 13,000 cases per day to just over 4,600 cases. This was seen across all age groups. The positivity rate for PCR had declined from almost 30% in early January to under 20% on 18 January 2022 ([note 31](#)).

Scotland's Strategic Framework update on 22 February 2022 stated that residents of care homes should be supported to live free from restrictions and that when protection measures were required, these must be proportionate and in place for the shortest period possible ([note 32](#)). The rights of residents to maintain contact with a person important to them whilst in a care home, including during an infective outbreak, was introduced through two statutory Health and Social Care standards ([note 33](#)). The Scottish Government went on to produce guidance, Open with Care, for nursing homes on 1 June 2022 ([note 34](#)). This encouraged the lifting of all restrictions within care homes and provided guidance regarding visiting and outbreak management of COVID-19 and other respiratory viruses.

## Sub-theme 5: Inequality

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This sub-theme focuses on inequality related to restrictions in Scotland. It highlights the greater impact of lockdown and related measures within certain sectors of the economy and identifies groups that may have been more vulnerable when COVID-19 restrictions were removed. We also summarise the funding and actions taken to reduce inequalities. This is presented in terms of the sectors where funding was allocated.

### 5.1 Inequality in impact and removal of restrictions

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On 10 February 2022, the independent Scientific Pandemic Insights Group on Behaviours (SPI-B) published a note on the social and behavioural impact of removal of COVID-19-related restrictions ([note 35](#)). They discussed the possible disproportionate impact on the health of marginalised people (such as migrant workers, people with disabilities and certain ethnic groups); socioeconomically deprived groups; communities characterised by pre-existing health inequalities; and individuals, households and groups with differential access to healthcare, or specific occupational or household circumstances.

SPI-B recommended the provision of more financial aid and public communications targeted at vulnerable groups. They recommended a new narrative around protective behaviours, suggesting that advice about risk-behaviours be communicated by medical workers and other health and scientific experts, rather than by government ministers or officials ([note 36](#)).

An evaluation of economic output and performance during the pandemic, using data from 2020-21, was published on 17 March 2022 by Audit Scotland ([note 37](#)). It showed the unequal economic impact of restrictions, noting that regions where

tourism and hospitality contributed to a greater proportion of economic activity were more vulnerable to lockdown measures. There was a disproportionate impact on rural and island economies, particularly those in the Highlands and Islands and South of Scotland.

## **5.2 Funding and actions to reduce inequalities**

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### **(a) Digital access**

The use of restrictions increased the use of digital methods for communication, access to information and services. The Connecting Scotland programme targeted digitally excluded individuals and households during the COVID-19 pandemic ([note 38](#)). A letter to the Health, Social Care and Sport Committee by Cabinet Secretary Social Justice and Social Security, dated 22 February 2022, outlined the success of this programme ([note 39](#)). Initially designed to reach out to 9,000 individuals on the shielding list, it had managed to bring 60,000 people online since it was launched. In phase 2 of the programme, digital devices were provided to 17,000 families with children, 4,000 young care leavers and 1,500 people with other vulnerabilities ([note 40](#)).

### **(b) Mental health and wellbeing**

The Government launched the Communities Mental Health and Wellbeing Fund for adults in October 2021 ([note 41](#)). The fund, which is now in its third year of existence, has been used by community-based organisations to reduce social isolation and mental health inequalities worsened by the effects of the pandemic, including lockdown and related restrictions ([note 42](#)). The Fund received an additional £6 million in February 2022, taking the total amount of funding to £21 million in 2021-22. A further £15 million funding for a second year of the Fund (2022-23) was also announced.

The Fund supports community groups to reach out to ‘at risk’ target groups, such as women, people living with disabilities or chronic morbidity, minority ethnic groups, socioeconomically deprived individuals, refugees, people with mental health issues etc., addressing social isolation, loneliness and mental health inequalities ([note 43](#)).

In September 2022, the Scottish Government along with the Convention of Scottish Local Authorities (COSLA) published Scotland’s new Suicide Prevention Strategy and Action Plan ([note 44](#)), which included the suicide prevention work required to support COVID-19 recovery in light of wider recognition of the extensive adverse effects of self-isolation on mental health during the COVID-19 pandemic. It also highlighted the ill-effects of lockdowns during the pandemic on delivery of services such as face to face counselling.

### **(c) Social care**

The Scottish Government published a National Carers Strategy on 21 December 2022. This set out the need for policies across the Scottish Government and other public bodies to support carers on the road to recovery from the pandemic in the long-term, along with other action points for COVID-19 recovery and the cost-of-living crisis ([note 45](#)). This reflected the concerns of some carers, who felt vulnerable and left behind as a community during the pandemic, particularly in the context of lockdown and related restrictions; and focused on re-integration within wider society.

## **Discussion and conclusions**

This report highlights key decisions related to the progressive relaxation of COVID-19 restrictions during 2022, under the themes of travel restrictions, self-isolation periods, restrictions on indoor and outdoor events, care home-related restrictions and impacts on inequalities. Most of this activity took place in the first quarter of the year: all legal restrictions were lifted by the end of March 2022 and guidance for self-isolation following a positive COVID-19 test was lifted on 1 May 2022. In the section below, we highlight key questions that the Inquiry might wish to consider. These focus on the timing of, and order in which, restrictions were removed and on the communication of these decisions to the public.

## **Questions for the Inquiry to consider**

- 2.1. What was the impact of the timing of removal of restrictions?
- 2.2. Were the restrictions imposed on various settings removed in the optimal order?
- 2.3. How effectively was this communicated to the public?
- 2.4. What were the differences in timing of lifting of restrictions in Scotland compared to the rest of the UK? What are the implications of these differences in timing?

# Chapter 3: Testing

## Executive summary

This chapter focuses on **Theme 3 of Portfolio 1: Testing and self-isolation**, updating previously submitted evidence for the period from 1 January 2022 to 31 December 2022 ([note 46](#)). A detailed timeline of events and decisions is included in Appendix 3 and the timeline of key events is presented in **Figure 2**.

Our report highlights key milestones and decisions regarding COVID-19 testing and self-isolation. A detailed analysis of the emergent themes in testing and self-isolation throughout 2022 is presented. Key sub-themes include:

### **Sub-theme 1: Testing capacity and accessibility**

In 2022, the Test and Protect programme ended and testing sites closed. Laboratory-based COVID-19 polymerase chain reaction (PCR) tests and rapid antigen tests using lateral flow devices (LFDs) were no longer available to the general population. Testing procedures and capacity remained in place as part of the Variants and Mutations (VAM) Plan, which involved contact tracing as part of outbreak investigation and response in high-risk settings. Public Health Scotland's VAM Plan set out a process for assessing, escalating, and managing incidents arising from new COVID-19 variants and mutations of public health importance in Scotland ([note 47](#)).



## **Sub-theme 2: Changes to testing and self-isolation requirements**

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The Scottish Government published the Test and Protect Transition Plan. By the end of April 2022, focus had shifted from population-level symptomatic testing to targeted testing for clinical care, surveillance, and outbreak response ([note 48](#)).

## **Sub-theme 3: Effects of behaviours and perceptions on testing**

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Changes to testing behaviour were estimated to have a larger impact on epidemic trajectories than other non-pharmaceutical interventions. Some concern was raised that ending free testing for people with symptoms, and removing requirements to self-isolate for those who tested positive might be perceived by some to mean that they should continue as normal regardless of symptoms or infection ([note 49](#)).

## **Sub-theme 4: Inequality in testing and self-isolation**

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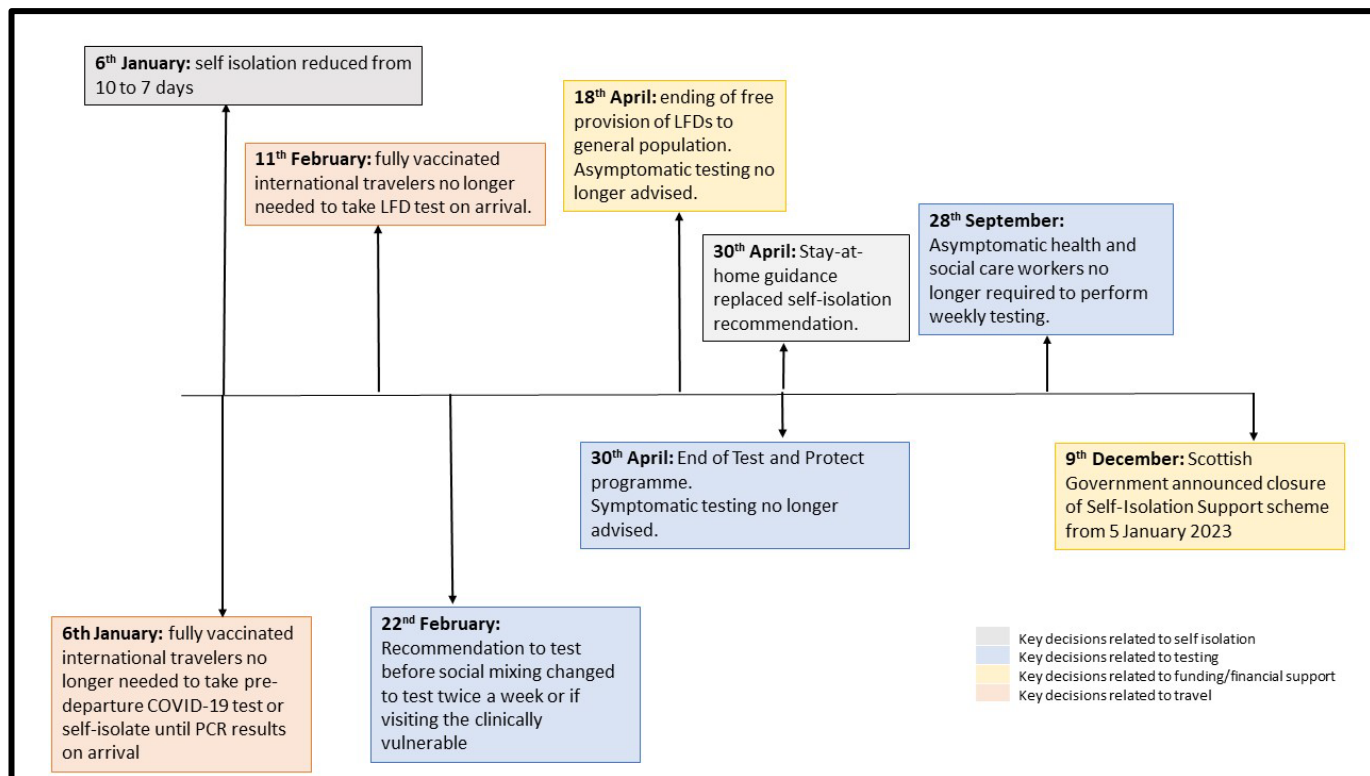
The end of free testing could cause difficulty for socioeconomically deprived and minority populations in taking precautionary measures and seeking medical treatment ([note 50](#)).

### **Figure 2. Timeline of key events: testing and self-isolation**

[Figure 2 is shown below. It shows the following dates in a timeline:

- **6th January – Key decisions related to travel:**  
fully vaccinated international travelers no longer needed to take pre-departure COVID-19 test or self-isolate until PCR results on arrival

- **6th January – Key decisions related to self isolation:**  
self isolation reduced from 10 to 7 days
- **11th February – Key decisions related to travel:**  
fully vaccinated international travelers no longer needed to take LFD test on arrival.
- **22nd February – Key decisions related to testing:**  
Recommendation to test before social mixing changed to test twice a week or if visiting the clinically vulnerable
- **18th April – Key decisions related to funding/financial support:**  
ending of free provision of LFDs to general population.  
Asymptomatic testing no longer advised.
- **30th April – Key decisions related to testing:**  
End of Test and Protect programme.  
Symptomatic testing no longer advised.
- **30th April – Key decisions related to self isolation:**  
Stay-at-home guidance replaced self-isolation recommendation.
- **28th September – Key decisions related to testing:**  
Asymptomatic health and social care workers no longer required to perform weekly testing.
- **9th December – Key decisions related to funding/financial support:**  
Scottish Government announced closure of Self-Isolation Support scheme from 5 January 2023]



## Introduction

This chapter updates Theme 3 of Portfolio 1 (Public Sector Response), in relation to the requirement for testing and self-isolation supported by public agencies ([note 51](#)). This chapter examines the period from 1 January to 31 December 2022, during which time the Scottish Government’s response was centred on beginning to live with the virus.

Several sources of publicly available information have been used to compile this report. A full methodology is included in Appendix 1, and a detailed timeline in Appendix 3. Below, we set out key milestones and decisions in relation to this theme, and analyse our findings by sub-theme for ease of interpretation.

# Findings

This section starts with a summary of key milestones and decisions from January to December 2022. We then go on to describe the four sub-themes identified through our analysis. These are:

- **Sub-theme 1:** Testing capacity and accessibility
- **Sub-theme 2:** Changes to testing and self-isolation requirements
- **Sub-theme 3:** Effects of behaviours and perceptions on testing
- **Sub-theme 4:** Inequality in testing and self-isolation

## Key milestones and decisions

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**6 January 2022:** Air travellers to Scotland who were fully vaccinated or under 18 years were no longer required to take pre-departure COVID-19 PCR tests, nor to self-isolate on arrival while awaiting the result of their lateral flow test, which had to be taken within 2 days of arrival to the UK ([note 52](#)).

**9 February 2022:** The Coronavirus (Discretionary Compensation for Self-Isolation) (Scotland) bill was passed in Parliament ([note 53](#)).

**30 March 2022:** Asymptomatic testing was no longer advised ([note 54](#)).

**30 April 2022:** End of PCR testing and contact tracing. New stay-at-home guidance replaced self-isolation recommendations ([note 55](#)).

**9 December 2022:** End of the Self-Isolation Support Grant ([note 56](#)).

## Overview of sub-themes

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The following sections summarise the four sub-themes for testing and self-isolation that were identified for 2022.

### **Sub-theme 1: Testing capacity and accessibility**

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On 1 January 2022, a COVID-19 testing centre in Dumbarton was targeted in an arson attack, directly impacting the volume of testing that was conducted in the centre ([note 57](#)).

On 4 February 2022, the Scottish Government announced that 15 million COVID-19 PCR tests had been performed since the beginning of the pandemic. The announcement acknowledged the role that National Services Scotland had played in increasing testing capacity in 2021, by establishing hubs at Gartnavel Hospital in Glasgow (West), Foresterhill in Aberdeen (North), and Lauriston Place in Edinburgh (East), in addition to the UK network of Lighthouse Laboratories in Scotland ([note 58](#)). The Government also noted that recent changes to testing and self-isolation requirements (sub-theme 2) would help to maximize testing capacity and the ability to expedite contact tracing.

On 10 February 2022, a paper was presented to SAGE, describing different scenarios for the evolutionary trajectories and possible impacts of COVID-19 in the medium term (12-18 months) and longer term ([note 59](#)). Access to testing was described as a key component in reducing transmission, which would likely impact the shape and duration of future waves of COVID-19 infection. The paper predicted that outcomes would be significantly affected by how quickly testing, along with vaccinations and antiviral provision, could be ramped up in an emergency.

Also on 10 February 2022, SPI-B discussed the effect of halting free testing, based on modelling studies ([note 60](#)). The models predicted that halting free testing (making significant changes to testing capacity) might:

- make it difficult for symptomatic people to confirm infection and take appropriate action to reduce transmission;
- further contribute to public confusion regarding whether certain symptoms warrant testing;
- cause COVID-19 symptoms to become subsumed into the broader category of common respiratory-illness symptoms, which would lead people to treat these symptoms as they would any other illness with similar symptoms; and
- encourage symptomatic individuals to continue as normal regardless of symptoms or infection.

In a report published in March 2022, the Scottish Science Advisory Council recommended that the Scottish Government invest in the COVID-19 testing programme, specifying the importance of retaining collaborative relationships, skills, personnel, and infrastructure for future pandemics or health emergencies and for repurposing to tackle other important health issues in Scotland ([note 61](#)).

On 18 April 2022, in accordance with the recommendation that asymptomatic individuals no longer needed to test regularly using LFDs, the Scottish Government halted the provision of free LFDs to the general population, except for those purposes for which testing remained advised ([note 62](#)). Testing remained available and free of charge for those eligible for antiviral treatments (by home order channel), and for those who required testing in advance of certain medical procedures (arranged in hospital by clinicians).

On 30 April 2022, the Test and Protect programme ended and testing sites closed. PCR and LFD tests were no longer

available to the general population ([note 63](#)). Beyond 30 April 2022, testing procedures and capacity remained in place as part of the Variants and Mutations (VAM) Plan, which involved testing and contact tracing as part of outbreak investigation and response in high-risk settings. In addition, a core contingency of LFD stocks, Mobile Testing Units, and PCR testing capacity were to be retained in the event that a rapid response was needed, such as for a new variant of concern. This contingency plan included two months' worth of enhanced testing, a fleet of ten Mobile Testing Units, and ongoing access to a UK-wide PCR testing network.

In a letter from the Deputy First Minister and Cabinet Secretary for COVID-19 Recovery to the Convener of the COVID-19 Recovery Committee on 20 December 2022, the Scottish Government committed to working with Public Health Scotland to ensure adequate funding in 2023-24 for a surveillance program, including the funding necessary to ramp up testing if needed ([note 64](#)).

## **Sub-theme 2: Changes to testing and self-isolation requirements**

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On 3 January 2022, secondary pupils were advised to take at-home COVID-19 lateral flow tests before they returned to school after the holiday period ([note 65](#)). Asymptomatic students were advised to take a test the night before, or the morning of, their return to school. After that, testing using LFDs should be done twice weekly, and all test results regardless of outcome (positive, negative, or void) should be registered via the online portal ([note 66](#)).

On 5 January 2022, the Scottish Government announced changes to testing and self-isolation requirements ([note 67](#)). From 6 January 2022 any new cases could end self-isolation if

they were without fever and had a negative LFD test result on Day 6 and again at least 24 hours later. Those who tested positive on an LFD would no longer need to take a confirmatory PCR test. Pressure on the COVID-19 testing system from the high number of infections after the holidays prompted this change in testing policy ([note 68](#)).

On 6 January 2022, restrictions on travellers to the UK were eased ([note 69](#)). From this date, those travelling to Scotland by air who were fully vaccinated or under the age of 18 were no longer required to take pre-departure COVID-19 tests and did not need to self-isolate on arrival while awaiting the result of their LFD test, which had to be taken within two days of arriving. Those whose LFD test was positive still needed to self-isolate and take a free confirmatory PCR test.

On 24 January 2022, the Scottish Government announced that fully vaccinated adults and those under 18 years of age travelling by air to Scotland were no longer required to take an LFD test on arrival from 11 February 2022 ([note 70](#)). Unvaccinated travellers were still required to take a pre-departure COVID-19 test and a post-arrival PCR test on or before day two, but they were no longer required to self-isolate and did not have to take a day 8 test.

On 22 February 2022, prior population-level advice to test on every occasion before mixing with others was changed to advice to test at least twice weekly and before mixing in crowded places or with anyone clinically vulnerable through age or other health conditions ([note 71](#)).

On 15 March 2022, the Scottish Government's Test and Protect transition plan was published (**Figure 3**) ([note 72](#)). By the end of April 2022, focus had shifted from population-level symptomatic testing to targeted testing for clinical care,



surveillance, and outbreak response. The transition plan had two phases:

**Phase 1:** From 18 April 2022, asymptomatic individuals were no longer advised to test regularly using LFDs, including in workplaces (except health and social care settings) and educational settings. The requirement for people with symptoms to self-isolate and take a PCR test continued until the end of April 2022. Fully vaccinated close contacts of COVID-19 cases were also advised to continue daily testing using LFDs for 7 days until the end of April 2022. Anyone who visited a care home or hospital was advised to test using an LFD in advance.

**Phase 2:** From 30 April 2022, the general population was no longer advised to take a test if they were experiencing symptoms. Instead, there was a new stay-at-home-if-unwell guidance given ([note 73](#)). Adults with COVID-19 symptoms and fever were advised to stay home until their fever was gone or they felt well. Children under the age of 18 with mild symptoms and without fever could continue to go to school or other educational settings. On 30 April 2022, testing sites closed and population-level contact tracing (including use of the Protect Scotland app), isolation, and support ended. Ongoing routine asymptomatic testing in health and social care settings was to continue with regular clinical review, as were testing procedures and capacity for surveillance and outbreak response.

On 25 September 2022, the Scottish Government announced that asymptomatic health and social care workers were no longer required to perform weekly testing for COVID-19 from 28 September 2022 ([note 74](#)). The UK CMOs agreed it was safe to halt weekly testing for staff, unpaid carers and visitors to care homes and hospitals; however, testing was to remain in place for admissions into care homes and visitors were advised to follow the 'COVID Sense' guidelines ([note 75](#)). In addition,

outbreak testing and symptomatic testing for healthcare workers in patient-facing roles continued.

### **Figure 3. Scottish Government's Test and Protect Transition Plan (note 76)**

[Figure 3 is shown below. It shows the following items in a Transition Plan Timeline:

#### **NHS Scotland: Test and Protect**

##### **Testing to Protect high risk – LFD and PCR**

- Health and Social Care Workforce (including hospital and care home visiting) – All under regular clinical review:  
March to July onwards

##### **Testing for Clinical Care – LFD and PCR**

- Hospital and community clinical care – All under regular clinical review:  
March to July onwards

##### **Population Symptomatic Testing (PCR)**

- PCR (via test sites and postal tests):  
March to April

##### **Population Asymptomatic Testing (LFD Universal Offer)**

- Pharmacy:  
March
- Collect/Direct – for all:  
March to mid-April
- Close contacts:  
mid-April to end of April

## Education and Workplace Asymptomatic (LFD)

- March to mid-April  
Education ends at end of term

## Contact tracing

- March to April

## Isolation guidance and support

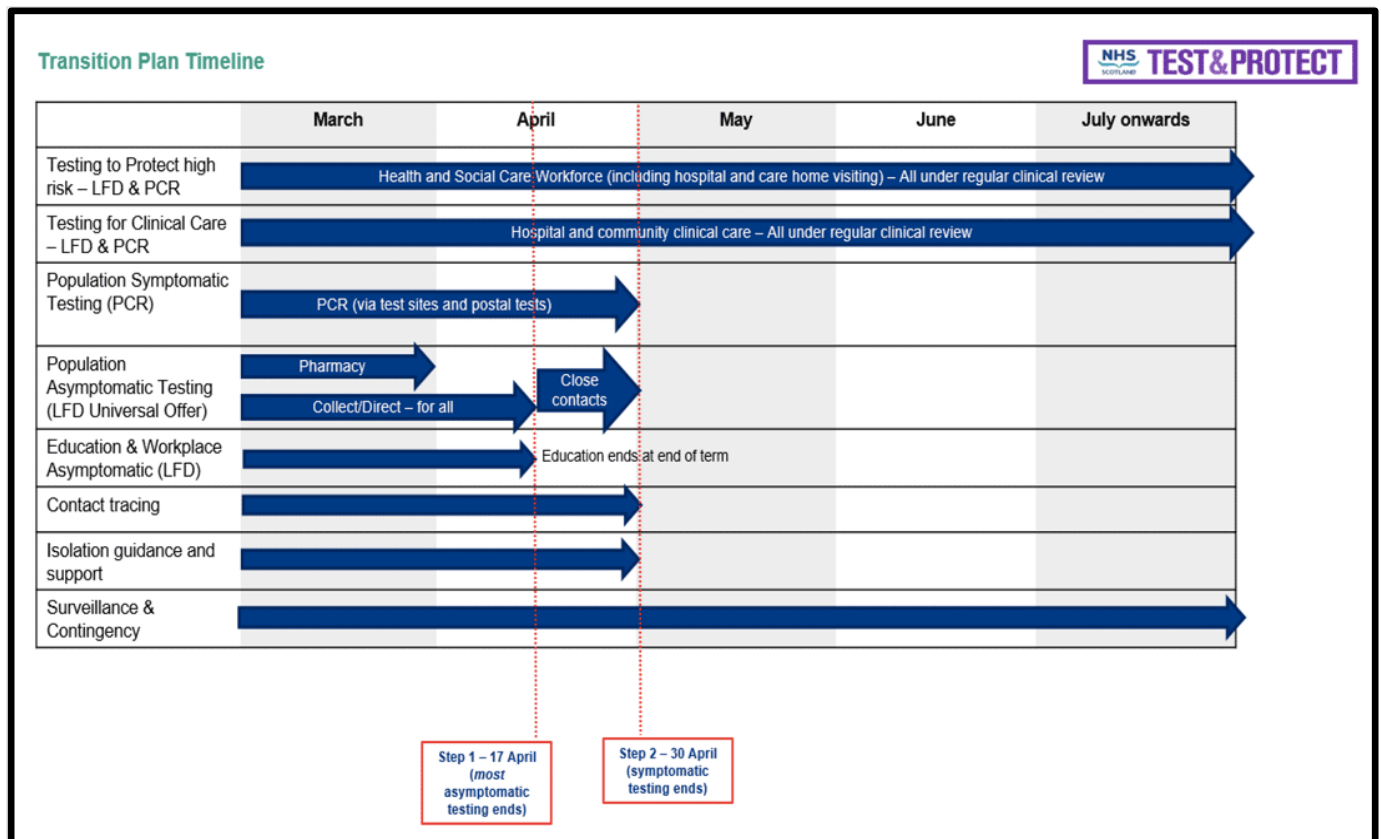
- March to April

## Surveillance and Contingency

- March to July onwards

A dotted line at mid-April is labelled:  
Step 1 – 17 April (**most** asymptomatic testing ends)

A dotted line at end of April is labelled:  
Step 2 – 30 April (symptomatic testing ends)]



## **Sub-theme 3: Effects of behaviours and perceptions on testing**

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SPI-M-O advised the UK Government on 12 January 2022 that patterns in testing data were being affected by testing behaviours before and after the festive period, day-of-week effects, and recent changes to testing policies, which in turn were making interpretation of the data difficult ([note 77](#)). On 13 January 2022 SAGE noted the same, that changes to testing policy and to behaviours with respect to testing before and after Christmas had caused uncertainty in trends in the number of new cases ([note 78](#)). In the SAGE meeting on 28 January 2022, SPI-B was asked to consider and share with SPI-M-O any recent evidence on behaviours around testing (as part of SPI-B work to be commissioned by the Cabinet Office) ([note 79](#)). Additionally, SPI-M-O and UKHSA (Jenny Harries) were asked to consider what studies would elucidate the impact of testing behaviour on prevalence in the UK, including devolved administrations in the discussion. At this time the working hypothesis was that community testing and communication of risk within local networks sufficiently interrupted transmission to restrict growth. Changes to testing behaviour could have a larger impact on epidemic trajectories than other non-pharmaceutical interventions, but this remained uncertain and further evidence on testing behaviours was required, as well as analysis of testing effects across the UK in different regions and devolved administrations ([note 80](#)).

On 2 February 2022 SPI-M-O published a consensus statement on COVID-19 testing from Warwick University research ([note 81](#)). Initial estimates were that testing, self-isolation, and other behaviours and protective measures had reduced transmission by 20-45%. They also estimated a 25-80% increase in transmission if there were a return to pre-pandemic behaviours and no mitigations.

In the final SAGE meeting on 10 February 2022, SPI-B presented a note on the social and behavioural impacts of lifting remaining restrictions, including testing ([note 82](#)). Lifting testing and self-isolation restrictions based on modelling meant policy makers and communicators should consider the unintended consequences to changes to the current provision of testing. Some recommended considerations were that:

- Halting free testing would make it difficult for symptomatic people to confirm infection and take appropriate action to reduce transmission
- Halting free testing could increase anxiety and limit social participation among some people, particularly those who were, or who live with someone who was, clinically vulnerable.
- Lack of testing availability and public confusion as to whether an individual's symptoms warranted testing had led to most people with COVID-19 symptoms not taking a test. Removing free access to testing could cause COVID-19 symptoms to become subsumed into the broader category of common respiratory-illness symptoms and people may treat these symptoms as they would any other illness with similar symptoms (high confidence).
- Ending free testing for those with symptoms and removing requirements to self-isolate for those who test positive could be perceived by some to mean that they should continue as normal regardless of symptoms or infection.

Lastly, Scotland's Strategic Framework Update on testing and surveillance published on 22 February 2022 stated that since the festive period, and changes to testing policy to remove confirmatory PCR tests, there had been a significant decrease in the levels of daily PCR testing ([note 83](#)). Tests settled at around 8,000-12,000 tests per day.

## Sub-theme 4: Inequality in testing and self-isolation

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Inequalities were highlighted at several points during 2022 regarding testing and self-isolation.

On 9 February 2022 the ‘Coronavirus (Discretionary Compensation for Self-Isolation) (Scotland) bill’ passed in Parliament ([note 84](#)). Health Boards were not obligated to provide compensation to individuals asked to self-isolate due to COVID-19 but had to provide compensation to individuals asked to self-isolate for other infectious diseases. The law remained in effect until 31 October 2022. The bill was projected to save Health Boards £320 million in 2022.

However, on 9 December 2022 the Scottish government announced that The Self-Isolation Support would close to new applicants, effective 5 January 2023 ([note 85](#)). The grant provided nearly £73 million in support to low-income workers who needed to self-isolate due to themselves or a dependent testing positive for COVID-19 from October 2020 – October 2022. Crisis Grants through the Scottish Welfare Fund, alteration to Universal Credit Rates, and Statutory Sick Pay were suggested as alternative sources of support. This resulted in low-income workers no longer receiving the Self-isolation support grant of £500 when testing positive for COVID-19 and missing paid work.

SPI-B noted, in a paper published on 10 February 2022 ([note 86](#)), that the removal of access to free COVID-19 testing might cause anxiety and stress for people who are socioeconomically deprived, especially those who are, or who live with, clinically vulnerable individuals. Furthermore, it may cause socioeconomically deprived and minority groups to avoid seeking medical treatment, or be unable to quickly adopt

protective behaviours. In the report, SPI-B suggested that the scientific rationale, as well as the continued benefits of protective behaviour, must be communicated by clear and consistent messaging whenever restrictions are lifted. They suggested that the timing was appropriate for shifting messaging from central government to local public health, UKHSA and NHS agencies with more local reach.

## Discussion and conclusions

The Omicron variant became the dominant strain in December 2021, causing a rapid increase in cases over the holiday period and peaking early in January 2022 ([note 87](#)). Although the country was operating at maximum testing capacity at that time (as described in Theme 1 above), the sheer volume of cases heightened pressure on the COVID-19 testing system, instigating changes to confirmatory PCR testing requirements ([note 88](#)). As the Omicron wave subsided throughout February 2022, the Scottish Government began to ease at-home testing and self-isolation requirements, as well as testing restrictions for travel. In March 2022, the Test and Protect Transition Plan was published, paving the way for an ending to population-level testing and self-isolation requirements by the end of April 2022.

The utility of the testing programme was noted throughout the references reviewed. Testing provided estimates of transmission levels that informed decision-makers in the government and healthcare sectors. Limitations were noted, however, as factors such as holidays and access to testing were observed to influence individual testing behaviour, directly impacting the reliability of the testing data ([notes 89, 90](#)). Regardless, testing and self-isolation in combination with other protective behaviours (such as mask-wearing, working from

home, and avoiding high-risk settings) were estimated to have a significant impact on reducing transmission levels ([note 91](#)).

The rapid development of mass PCR-testing capacity resulted from the collaboration of individuals across industry, academia, and the charity sector ([note 92](#)). Testing capacity grew rapidly from just 8,000 PCR tests per day across the UK in March 2020 to 98,000 tests per day in March 2022 at the Glasgow Lighthouse Lab alone, with capacity for another 22,000 tests per day at the three Scottish NHS regional hubs (North, East, and West) ([notes 93, 94](#)).

In their March 2022 report, the Scottish Science Advisory Committee highlighted the importance of maintaining the collaborative relationships forged amongst and between members of the scientific community, and those in other disciplines, sectors, and organizations throughout the pandemic, to work towards a common cause of improving the health of Scottish citizens and preparing for future crises ([note 95](#)). The report recommended that the Scottish Government redirect the use of laboratories established for COVID-19 testing towards addressing other major health issues, in order to capitalize on the investment made to date, and to retain readiness for future pandemics ([note 96](#)).

The necessity of retaining a core contingency of LFD stocks, Mobile Testing Units, and PCR testing capacity for the purposes of surveillance, both for detecting new variants of concern and for identifying and being able to respond quickly to outbreaks in high-risk settings, was also noted ([note 97](#)). On 20 December 2022, the Scottish Government confirmed their commitment to make adequate funding available to ensure a surveillance programme in Scotland would be retained for 2023/2024, as well as the resources needed to ramp up testing again if required ([note 98](#)).



Testing and self-isolation requirements for the general population ended at the end of April 2022, under the Scottish Government's Test and Protect transition plan ([note 99](#)). Leading up to this point, some predicted that an end to testing and self-isolation could have negative effects. These included: increasing COVID-19 transmission; disproportionately reducing the ability of some groups to confirm infection and take appropriate measures to reduce subsequent transmission of the virus; increasing anxiety and limiting social participation for some individuals; subsuming 'suspected COVID-19 symptoms' into the broader category of 'symptoms of common respiratory illnesses'; and encouraging symptomatic individuals to continue to live and socialize as usual, instead of staying home when unwell ([note 100](#)). We found no evidence in the documentation reviewed up until 31 December 2022 to either support or refute these predictions.

## Questions for the Inquiry to consider

- 3.1. What provisions were made for those without the means to pay for testing? Was the Scottish welfare fund the most appropriate means of funding testing for those on low income?
- 3.2. Removing requirements to self-isolate for those who tested positive may have been perceived by some to mean that they should continue as normal regardless of symptoms or infection - were there plans to take into consideration these behavioural impacts?
- 3.3. When testing positive no longer required self-isolation was there clarity about the circumstances in which self-isolation was still advised?

- 3.4. Funding was made available to ‘ramp up testing’ in 2023/2024, if required. Was this sufficient to return testing capacity to January 2022 levels?
- 3.5. Has the Scottish Government acted on the recommendation of the Scottish Science Advisory Committee to make use of the investment in mass testing skill, personnel and infrastructure to support improvement in Scottish health, with particular attention to the needs of deprived communities, e.g., repurposing COVID-19 testing labs to tackle other major health issues?

# Chapter 4: Vaccination

## Executive summary

This chapter focuses on **Theme 4 of Portfolio 1: The design and delivery of the vaccination strategy**. The report aims to provide details on significant events (e.g., approval of vaccines, delivery of vaccines for different age groups, effectiveness of vaccines) and actors involved in the design and delivery of the Scottish COVID-19 vaccination strategy during the period of 1 January 2022- 31 December 2022 to assist the Inquiry. A detailed timeline of events and decisions is included in Appendix 4, the timeline of key events is presented in **Figure 4** and additional supplementary tables and figures related to the vaccination theme are presented in Appendix 5.

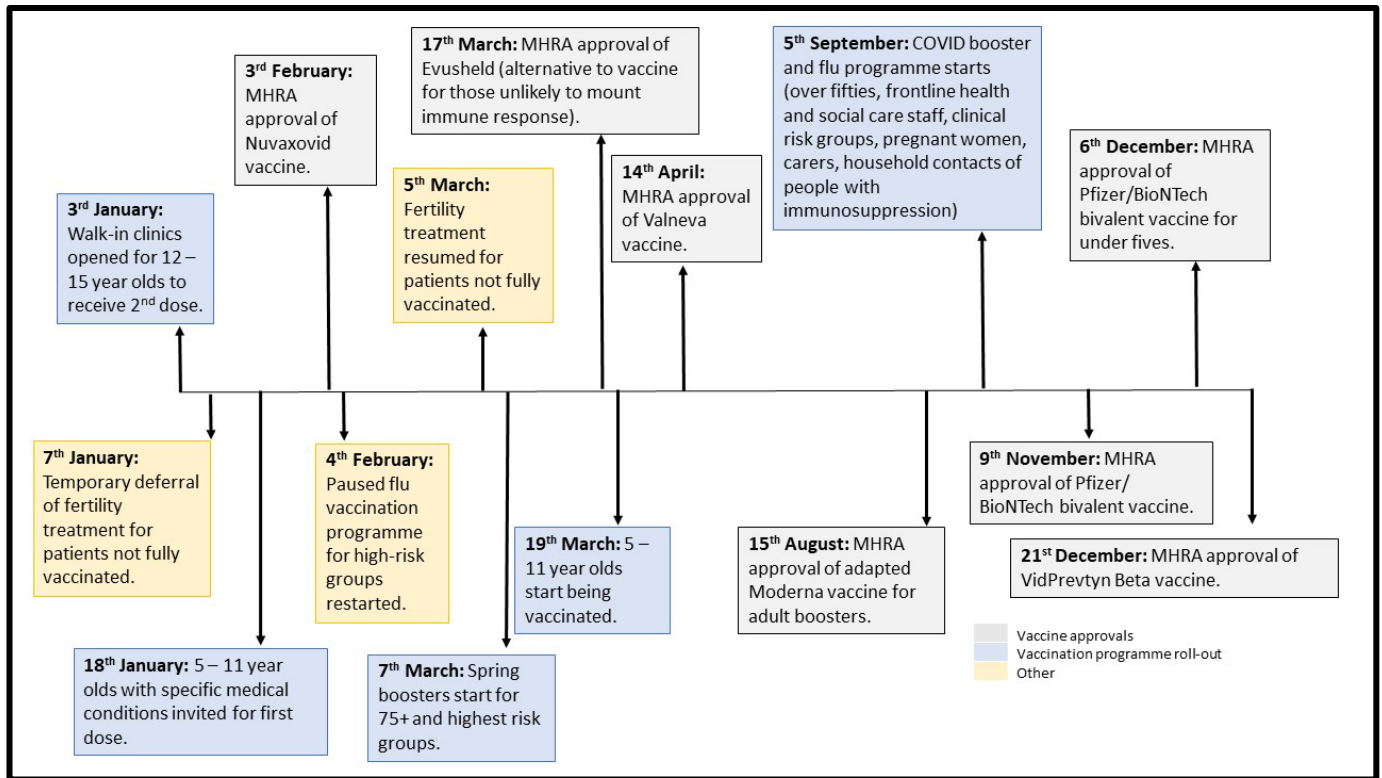
### **Figure 4. Timeline of key events: vaccination strategy**

[Figure 4 is shown below. It shows the following dates in a timeline:

- **3rd January – Vaccination programme roll-out:**  
Walk-in clinics opened for 12 - 15 year olds to receive 2nd dose.
- **7th January – Other:**  
Temporary deferral of fertility treatment for patients not fully vaccinated.
- **18th January – Vaccination programme roll-out:**  
5 - 11 year olds with specific medical conditions invited for first dose.
- **3rd February – Vaccine approvals:**  
MHRA approval of Nuvaxovid vaccine.

- **4th February – Other:**  
Paused flu vaccination programme for high-risk groups restarted.
- **5th March – Other:**  
Fertility treatment resumed for patients not fully vaccinated.
- **7th March – Vaccination programme roll-out:**  
Spring boosters start for 75+ and highest risk groups.
- **17th March – Vaccine approvals:**  
MHRA approval of Evusheld (alternative to vaccine for those unlikely to mount immune response).
- **19th March – Vaccination programme roll-out:**  
5 - 11 year olds start being vaccinated.
- **14th April – Vaccine approvals:**  
MHRA approval of Valneva vaccine.
- **15th August – Vaccine approvals:**  
MHRA approval of adapted Moderna vaccine for adult boosters.
- **5th September – Vaccination programme roll-out:**  
COVID booster and flu programme starts (over fifties, frontline health and social care staff, clinical risk groups, pregnant women, carers, household contacts of people with immunosuppression)
- **9th November – Vaccine approvals:**  
MHRA approval of Pfizer/BioNTech bivalent vaccine.
- **6th December – Vaccine approvals:**  
MHRA approval of Pfizer/BioNTech bivalent vaccine for under fives.

- **21st December – Vaccine approvals:**  
MHRA approval of VidPrevtyn Beta vaccine.]



A detailed analysis is presented, with a list of the main findings and their information sources, along with important questions and outstanding concerns. Additionally, the methodology applied is outlined and an appendix table with the key details for each significant event is provided.

The key sub-themes identified include:

- Vaccination programme
- Vaccine authorisation
- Vaccine effectiveness
- Vaccine mandates
- Vaccine uptake and equality
- International obligations

The critical issues that should be considered for the inquiry include:

- Timing of new vaccine approvals
- Timing of approval of second doses of vaccines for children
- Timing of removal of vaccine mandates
- Public information on vaccines

## Introduction

**Theme 4** of Portfolio 1 (Public sector response) focuses on the design and delivery of the vaccination strategy. There are currently seven COVID-19 vaccines approved for use in the UK ([note 101](#)). These vaccines include:

1. Pfizer/BioNTech vaccine (for individuals 12 years and over and children 5 to 11 years)
2. Oxford/AstraZeneca vaccine (for individuals aged 18 years and older)
3. Moderna vaccine (for individuals 6 months and older)
4. Janssen vaccine (for individuals 18 years and older)
5. Novavax vaccine (for individuals 12 years and older)
6. Valneva vaccine (for individuals aged between 18 and 50 years)
7. VidPrevtyn Beta (for individuals aged 18 years and older)

Of the above-mentioned seven vaccines, three (Novavax, Valneva, VidPrevtyn Beta) were approved for use during the period of 1 January – 31 December 2022. Three bivalent COVID-19 vaccines which include a component of the original virus strain to provide broad protection against COVID-19 and a component of the Omicron variant to provide better protection against COVID-19 caused by the Omicron variant, were also approved during the period 1 January – 31 December 2022.

The overarching aim of this review was to identify and highlight significant events and actors involved in matters related to the

Scottish COVID-19 vaccination strategy for the period of 1 January 2022 - 31 December 2022. Included in the review are relevant documents and the sources that describe these events, along with issues and concerns regarding these events that the Inquiry may wish to consider.

## Findings

Appendix 4 provides a timeline of significant events and actors involved in the design and delivery of the vaccination strategy. Analysis of the timeline identified the following seven sub-themes:

1. Vaccination programme
2. Vaccine authorisation
3. Vaccine effectiveness
4. Vaccine mandates
5. Vaccine uptake and equality
6. International obligations

## Key milestones and decisions

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### Key milestones related to Scottish adults

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- On 3 February 2022 the UK Government announced that the Novavax COVID-19 vaccine Nuvaxovid was approved by MHRA.
- On 17 March 2022 MHRA approved the use of Evusheld (tixagevimab/cilgavimab) for use on adults who are unlikely to mount an immune response from COVID-19 vaccination or for whom vaccination was not recommended.
- On 14 April 2022 MHRA approved the use of the Valneva COVID-19 vaccine.

- On 15 August 2022 MHRA approved the use of an adapted Moderna vaccine for adult booster doses in the UK.
- On 12 October 2022 more than 1.3 million COVID-19 and flu vaccines had been delivered since the winter vaccine programme launched in September, as announced by the Scottish Government.
- On 9 November 2022 a second Pfizer/BioNTech bivalent COVID-19 booster vaccine was approved by the MHRA.
- On 8 December 2022 the Scottish Government announced that more than 14.9 million doses of the COVID-19 vaccination had been administered in Scotland since the first jab was given exactly two years previously.

## **Key milestones related to Scottish children**

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- On 6 December 2022 a second Pfizer/BioNTech bivalent COVID-19 booster vaccine was approved by the MHRA for use in infants and children aged 6 months to 4 years.

## **Sub-theme 1: Vaccination programme**

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Following Medicines and Healthcare products Regulatory Agency (MHRA) approval, the Joint Committee on Vaccination and Immunisation (JCVI) makes recommendations on the use of the vaccines by the NHS and the prioritisation of different groups of people for vaccination ([note 102](#)). Final decisions about the implementation of vaccine programmes are made by the UK government and devolved administrations. The Scottish government has followed recommendations from JCVI since the beginning of the COVID-19 vaccine rollout programme in December 2020.

On 2 January 2022, the Scottish government appealed for families to get young people aged 12-15 their second dose of the COVID-19 vaccine as early as possible in the New Year



([note 103](#)). This appeal followed JCVI advice that this age group could get their second vaccination from 12 weeks after their first dose. The second vaccine walk-in clinics then opened on 3 January 2022 for those aged 12–15 who had received their first vaccine twelve or more weeks previously ([note 104](#)).

Data received from UK Health Security Agency (UKHSA) in January 2022 showed that booster doses were continuing to provide high levels of protection against severe disease from the Omicron variant among older adults ([note 105](#)).

Consequently, on 7 January 2022, JCVI advised that there was no immediate need to introduce a second booster dose, or fourth jab, to the most vulnerable (care home residents and those aged over 80); that priority should continue to be given to rolling out first booster doses to all age groups; and that unvaccinated individuals should come forward for their first two doses as soon as possible ([note 106](#)).

Following advice from JCVI, the Scottish government announced that as of 18 January 2022 children aged five to 11 years old with specific medical conditions which placed them at greater risk from COVID-19, would be invited for their first vaccination ([note 107](#)).

In December 2021, the flu vaccination programme was paused so that health boards could prioritise the delivery of COVID-19 booster jabs. On 4 February 2022, the Scottish Government announced that flu vaccinations would be offered again until the end of March 2022 for those in high-risk groups ([note 108](#)).

On 14 February 2022, JCVI advised a non-urgent offer to all 5- to 11-year-olds of two (10mcg) doses of the Pfizer-BioNTech paediatric vaccine. The two doses would be given with an interval of at least 12 weeks between doses ([note 109](#)).

Findings from the Siren study were also published on 14 February 2022. This study, which aimed to provide vital evidence on protection against SARS-CoV-2 infection following both previous infection and vaccination, found that in previously uninfected individuals two doses of the Pfizer vaccine were associated with high short-term protection against SARS-CoV-2 infection, but that this protection reduced considerably after 6 months ([note 110](#)). This finding provided important insights for COVID-19 vaccination programmes.

On 21 February 2022, the Scottish government announced that second booster jabs would be offered to those aged 75 and over and those at highest risk of severe COVID-19 disease following the latest JCVI advice ([note 111](#)).

On 22 February 2022, the Scottish government followed the advice of JCVI and announced that children aged five to 11 would be offered COVID-19 vaccination appointments in community clinics from 19 March 2022, thereby allowing greater access to vaccinations ([note 112](#)). This decision followed advice from JCVI recommending the universal vaccination of five- to 11-year-olds.

On 6 March 2022, the Scottish government announced that spring booster jabs would be offered to those aged 75 and over and people at highest risk of severe COVID-19 disease from the following day ([note 113](#)). This rollout of spring booster jabs followed guidance from JCVI based on the emerging scientific evidence that booster vaccination was needed to maintain the best protection against COVID-19 for those at highest risk of severe effects of the virus.

On 19 May 2022, JCVI provided interim advice to government regarding COVID-19 booster doses in the autumn. This recommended boosters for more vulnerable adults, alongside

frontline social care and health workers, to maintain their protection over the winter against severe COVID-19 ([note 114](#)).

On 15 June 2022 the UK Government announced that core functions of the Vaccine Taskforce would merge with UKHSA and the Office for Life Sciences in the autumn of 2022 as more people had received vaccinations and the threat of the pandemic seemed to have been reduced ([note 115](#)).

Addressing the Scottish Parliament on 23 June 2022, the First Minister (Nicola Sturgeon) stated that as of 20 June 2022, 91% of those aged 75 and over, and 86 % of elderly care home residents had received a fourth dose of the COVID-19 vaccine, the majority of which had been administered as part of the spring booster programme ([note 116](#)).

During a COVID-19 Recovery Committee meeting on June 23, 2022, it was highlighted that COVID-19 public health messaging was not adequately targeted at different groups. People in the shielding category and communities where there was below average take-up of vaccination needed to be provided with information on vaccine protection, EVUSHELD and autumn boosters ([note 117](#)). During a previous COVID-19 Recovery Committee meeting on 26 May 2022, it was indicated that MHRA could have held discussions with the general public to educate them on the process used to approve vaccines. More transparent information could have been provided to reduce population anxiety and the impacts of social media misinformation ([note 118](#)).

Following advice from JCVI, the Scottish Government announced on 15 July 2022 that a further booster vaccination would be offered to those at highest risk of severe COVID-19 disease from September 2022, in line with other nations in the UK. Those at highest risk included: older adult care home residents and staff, frontline health and social care workers, all

adults aged 50 and over, those aged 5 to 49 years in a clinical risk group, including pregnant women, household contacts of people with immunosuppression, and carers aged 16-49 years ([note 119](#)).

On 5 September 2022 Scotland's winter vaccine programme began. In this programme, the COVID-19 vaccine was administered at the same time as the flu jab where possible. The new bivalent COVID-19 vaccines, which target Omicron and the original variant of COVID-19, would be deployed alongside existing vaccines ([note 120](#)).

The Cabinet Secretary for Health and Social Care, Humza Yousaf, announced that as of 6 September 2022 more than 440 clinics across Scotland were actively available during the COVID-19 vaccine programme. It was hoped that through these clinics people who may experience barriers would be able to come forward for vaccinations ([note 121](#)).

On 28 September 2022, UKHSA urged everyone eligible for a free flu vaccine and a COVID-19 booster to take up the offer as soon as possible ahead of a potentially difficult winter, with respiratory viruses circulating widely ([note 122](#)).

On 12 October 2022, the Scottish government announced that they had reached a key milestone with more than 1.3 million COVID-19 and flu vaccines having been delivered since the winter vaccine programme launched in September 2022 ([note 123](#)).

On 23 October 2022, the Scottish government announced that people in Scotland aged 50-64 years could now book an appointment on the new NHS Inform website for their winter COVID-19 and flu vaccines ([note 124](#)).

A key milestone was announced on 8 December 2022 by the Scottish government, that more than 14.9 million doses of the COVID-19 vaccination had been administered in Scotland since the first COVID-19 vaccine was given exactly two years previously. Health Secretary Humza Yousaf thanked healthcare staff for their “incredible efforts” in the fight against COVID-19 ([note 125](#)).

On 16 December 2022, the Scottish government again urged those eligible for the free COVID-19 and flu vaccinations to get their jabs as winter set in and hospitalisations began to increase. The reminder came as Public Health Scotland (PHS) data showed in the week ending 11 December 2022, that there were on average 735 patients in hospital with COVID-19, an 18.2% increase from the previous week ([note 126](#)).

## **Sub-theme 2: Vaccine authorisation**

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The responsibility for licensing vaccines in the UK lies with the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA continually monitors safety during widespread use of any vaccines, including the COVID-19 vaccines that are available in Scotland and the UK. The MHRA engaged with academia and other scientific experts at regular intervals to systematically monitor the safety of the COVID-19 vaccines throughout the pandemic. Based on their considerations, new vaccines and boosters were granted approvals by MHRA.

On 17 March 2022, a new medicine, Evusheld (tixagevimab/cilgavimab), was authorised for COVID-19 prevention by MHRA after meeting the UK regulatory standards of safety, quality and effectiveness ([note 127](#)). This medication was authorised for use in adults who are unlikely to mount an

immune response from COVID-19 vaccination or for whom vaccination is not recommended.

An updated version of the COVID-19 vaccine made by Moderna, which targets two coronavirus variants (known as a “bivalent” vaccine) was approved for adult booster doses by MHRA on 15 August 2022, after it was found to meet the UK regulator’s standards of safety, quality and effectiveness ([note 128](#)). The JCVI then updated its published advice to include the bivalent vaccine approved by the MHRA ([note 129](#)).

Approval was granted by MHRA for a Pfizer/BioNTech ‘bivalent’ Covid vaccine that targets both the original strain of SARS-CoV-2 and the Omicron BA.4 and BA.5 sub-variants on 9 November 2022 ([note 130](#)).

Authorisation was granted for a new Pfizer/BioNTech COVID-19 vaccine (Comirnaty) for use in infants and children aged 6 months to 4 years on 6 December 2022 by MHRA ([note 131](#)).

On December 21, 2022, VidPrevtyn Beta, the COVID-19 vaccine developed by Sanofi, was approved, making it the seventh COVID-19 vaccine to be authorised by the UK MHRA ([note 132](#)).

### **Sub-theme 3: Vaccine effectiveness**

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The key measure of the success of the vaccination programme in protecting against severe disease, hospitalisations and deaths is defined as vaccine effectiveness (VE). VE analysis is a scientific method used to measure how well a vaccine protects people against outcomes such as infection, symptoms, hospitalisation, and death in the ‘real world’. This approach accounts for potential biases in the data and risk factors such as age, sex, prior infection, co-morbidities, socioeconomic

status, and time since vaccination. This method is the most robust way to measure whether a vaccine is working. The COVID-19 vaccine surveillance strategy developed by Public Health Scotland (PHS) was utilized to monitor the effectiveness, safety, and impact of all approved COVID-19 vaccines in Scotland during the pandemic ([note 133](#)). UKHSA also published a summary of current vaccine effectiveness in their weekly COVID-19 vaccine surveillance report to provide information on scientific findings regarding the effectiveness of different vaccinations ([note 134](#)).

Early COVID-19 studies postulated that the effectiveness of coronavirus (COVID-19) vaccines against mild disease with the Omicron variant is lower than effectiveness against the previous Delta variant ([notes 135, 136](#)). However, high levels of protection against hospitalisation with the Omicron variant were observed after three doses of vaccinations ([note 137](#)). An updated analysis presented data collected and analysed by PHS on VE against symptomatic disease for cases aged 65 years or older. These data are shown in **Appendix 5 Figure A1** for those who received a primary course of the AstraZeneca (Figure A1a) and Pfizer (Figure A1b) vaccine ([note 138](#)). In all periods, effectiveness was lower for Omicron compared to Delta. There was minimal or no effect against mild disease with the Omicron variant from 20 weeks after the second dose of either an AstraZeneca or Pfizer primary course. Among those who had received two doses of AstraZeneca, at two to four weeks after a booster dose (either Pfizer or Moderna vaccines), VE ranged from around 62% to 65%, dropping to 48% and 56% at five to nine weeks for the Pfizer and Moderna booster respectively. For the Pfizer booster, VE dropped further to 32% at ten+ weeks. Among those who had received two doses of Pfizer followed by a Pfizer booster, VE was 65% at two to four weeks post-booster, dropping to 49% at five to nine weeks and 31% at ten+ weeks. For those who had received two doses of Pfizer followed by a Moderna booster, VE was 70% at two to

four weeks post-booster, dropping to 57% at five to nine weeks. VE against symptomatic disease with the Omicron variant was found to be significantly lower compared to the Delta variant and waned rapidly in elderly individuals older than 65 years. However, protection against hospitalisation (90-95% after two - nine weeks of a booster dose) was much greater than protection against symptomatic disease (**Appendix 5 Table A1**) ([note 139](#)).

Considering this latest evidence, JCVI announced in early January 2022 that there was no immediate need for the introduction of second boosters for elderly people (care home residents and those aged over 80) in Scotland ([note 140](#)). Timing and need for further booster doses would continue to be reviewed as the data evolved ([note 141](#)).

On January 11 2022, results of the EAVE-II study were shared with the Scottish government COVID-19 Advisory Group ([note 142](#)). Within this study, analysis of data on vaccine effectiveness was seen to be unaffected by changes in testing procedures since they always relied on symptomatic PCR tests. Consistent with the UKHSA study discussed above, data from the EAVE-II study also indicated reduced vaccine protection against Omicron as compared to the Delta variant of COVID-19. Waning of vaccine protection against symptomatic infection for both variants was also observed. The booster and third dose of the COVID-19 vaccines were associated with 57% (95% CI 55, 60), reduced risk of symptomatic infection with the Omicron variant compared to those who were more than 25 weeks post-second dose of COVID-19 vaccine (**Appendix 5 Table A2**) ([notes 143, 144, 145](#)).

During the Scottish government COVID-19 Advisory Group meeting on 3 February 2022, vaccination studies were discussed with a focus on looking at the BA.2, a variant of Omicron identified in early January 2022, which appeared to be



more transmissible and resulted in an increase in the number of mild COVID-19 cases ([note 146](#)). Early studies showed the same effectiveness of vaccines on BA.2 variant as BA.1 and no increase of hospitalizations. Work on evaluating vaccine effectiveness and waning was carried out by several scientific groups, with most showing booster effectiveness to be high for mortality and hospitalization reductions. Treatment options other than vaccines, such as effective Paxlovid trials, were suggested in the meeting as well. The working group proposed focusing on evaluating the effectiveness of treatment options, “achieving value for money” and thereby also recommended extending EAVE work on effectiveness to antivirals ([note 147](#)).

## **Sub-theme 4: Vaccine mandates**

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On 7 January 2022 the Chief Medical Officer (CMO) Sir Gregor Smith wrote a letter to health boards concerning the temporary deferral of fertility treatment for patients not fully vaccinated against COVID-19 ([note 148](#)). This recommendation followed JCVI advice that pregnant women should be considered as a clinical risk group within the COVID-19 vaccination programme due to growing evidence that they were at increased risk of serious consequences from COVID-19.

On 18 January 2022, North Sea energy firm Canadian Natural Resources issued a statement confirming it would only allow members of staff who were vaccinated to work on its offshore facilities. The announcement was branded as a "draconian" measure by the Unite trade union.

On 5 March 2022 the CMO confirmed that he had written to Scotland's health boards to advise them that unvaccinated women should no longer be deferred for IVF treatment ([note 149](#)). Although JCVI advice stated that pregnant women should be considered as a clinical risk group for COVID-19, the newly

available data on unvaccinated individuals released in March 2022 suggested that the risk of severe disease requiring hospital or critical care admission had reduced over the previous four to six weeks ([note 150](#)). Hence the mandate was lifted.

## **Sub-theme 5: Vaccine uptake and inequality**

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PHS collected vaccination uptake data by different age groups and population ethnicity during the pandemic. Statistical data analysis and reviews were conducted to identify different groups with low vaccine uptake and to understand the issues faced by them in being vaccinated or in deciding whether to be vaccinated altogether. The government targeted educational outreach as well as barrier removal in obtaining vaccines for such groups leading to a high vaccination uptake in Scotland with over 11.8 million COVID-19 vaccine doses administered between the start of the vaccination programme on 8 December 2020 and 31 January 2022 ([note 151](#)).

At the beginning of May 2022, the vaccination uptake for those aged 12 or over was 82.8% for dose one, and 78.7% for dose two. For those aged 16 and over the uptake of dose three was found to be 70.0% and, for dose four, uptake for those aged 75 and over was 67.2% (**Appendix 5 Figure A2**) ([note 152](#)).

On 11 May 2022, PHS published the COVID-19 Statistical Report as an update and correction to the PHS COVID-19 Statistical report from 2 February 2022 ([notes 153, 154](#)). The rectified report of 11 May identified errors in the assignment of ethnicities in the earlier report, leading to bias in the vaccine uptake calculations. The data collected on vaccine uptake by ethnicity in the corrected May report indicated that the highest uptake of the third vaccine dose was by White ethnic groups for all age groups apart from 30–39-year-olds. For the 30–39-year-

olds uptake was highest in Asian groups. For all age groups, except for 40–49-year-olds, uptake was lowest in African groups. In 40- 49-year-olds uptake was lower in the Caribbean or Black groups (**Appendix 5 Figure A3**). The difference is most apparent in the 80+ age group where uptake was 96.8% for the White ethnic group and 68.4% for the African ethnic group. For all individuals aged 16+ years, uptake was found to be lowest in the African ethnic group at 41.7% (**Appendix 5 Table A3**) ([note 155](#)).

The percentage decrease in dose three vaccination uptake compared to dose two was highest in younger age groups and differed by ethnicity. Drop-off was greatest in the African ethnic group, (25.8% fewer people aged 16+ receiving a third dose compared to a second dose). The lowest drop-off was in the White ethnic group, (11.3% fewer people receiving a third dose compared to a second dose) (**Appendix 5 Table A4**) ([note 156](#)).

Some children may not have been eligible for dose three due to the timing of receiving their second dose. This is especially true of the 16-17 age group, which had only recently been eligible for third doses. High drop-off in this age group may be indicative of individuals not yet reaching 12 weeks since their second dose. In general, vaccine uptake was lower in areas with a high proportion of students. This may have been due to over-estimation of the population size, as individuals may have no longer been resident in Scotland but may not have de-registered with a GP in Scotland, or had been vaccinated out of Scotland as they had been temporarily living elsewhere ([notes 157, 158](#)).

This report did not examine the causative factors for low vaccine uptake in certain ethnic groups as compared to others and only alluded to the reasons for differences in coverage of vaccination between ethnic groups, deprived areas and small

geographic areas. It did not provide information regarding access to services and mobility, service delivery, health literacy, vaccine acceptability or other characteristics which were essential factors impacting vaccine uptake during the pandemic.

A report of the Health, Social Care and Sport Committee, published on 28 September 2022, highlighted that during the COVID-19 pandemic NHS Lothian undertook an Integrated Impact Assessment (IIA) of its COVID-19 vaccination programme. The IIA identified groups of people who would be more likely to encounter barriers to accessing COVID-19 vaccination through mainstream pathways (which involved a posted letter and invitation to attend a mass vaccination centre) and made recommendations on how these barriers could be overcome. These identified groups included Black, Asian, and minority ethnic (BAME) communities, people living with a chronic disease, people living with a disability, people with problematic substance use, and those experiencing poverty, homelessness, food insecurity and digital exclusion ([notes 159, 160](#)).

On 19 May 2022, the Scottish government published a literature review describing the vaccine barriers and incentives to uptake ([note 161](#)). Significant differences in vaccine uptake were observed in Scotland, with minority ethnic groups, those living in the most deprived Scottish Index of Multiple Deprivation (SIMD) deciles, younger people, men and pregnant women more likely to be hesitant about vaccination. The “Monitoring racialised health inequalities in Scotland” report from Public Health Scotland highlighted the main drivers for reduced COVID-19 vaccine uptake were lack of trust in organisations promoting the vaccine, lack of available information which is culturally and linguistically appropriate, lack of flexibility in vaccine appointments, and perceived harms from vaccine promoted via social media ([note 162](#)). These challenges

existed before the pandemic and there is a need to create better relationships between healthcare practitioners and racialised minority communities.

## **Complacency**

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Complacency may have played a role in determining low vaccine uptake in younger cohorts – that is, the perception that they were not at risk since the vaccine would not work against the new strain or due to the thought process that COVID-19 disproportionately impacts older people and those with pre-existing conditions. Many studies in Scotland reported that young health care workers previously infected with COVID-19 believed that natural infection would suffice in provision of immunity development and declined to get vaccinated with second/third boosters ([notes 163](#), [164](#), [165](#)).

## **Convenience**

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The literature review highlighted many examples of accessibility barriers to certain populations resulting in low vaccination uptake ([note 166](#)). People shielding worried about leaving homes to go to mass vaccination centres where they might be exposed to the virus. Communication barriers due to poor health literacy or digital exclusion, and logistical barriers in locating or travelling to the vaccination venues were identified in some studies of minority ethnic groups ([note 167](#)). Limited healthcare or lack of access to healthcare because of residential segregation or a lack of understanding about the functioning of the health system were some of the other obstacles to vaccine uptake and a cause of increasing inequalities. Sandesh Gulhane at the Health, Social Care and Sport Committee meeting on June 28 2022 highlighted the lack of information leaflets available in Hindi in the NHS Greater Glasgow and Clyde area. He raised the issue of absence of

information on the large Sikh and Hindu communities in PHS's report on Monitoring Ethnic Health Inequalities in Scotland during COVID-19. The report also did not include any analysis of the factors driving inequalities in vaccination uptake among certain communities in Scotland ([note 168](#)).

At the Health, Social Care and Sport Committee meeting On 8 September 2022, Carolyn Low, Director of Finance at NHS National Services Scotland, raised the issue of digital exclusion and its impact on vaccination uptake. Digital bookings were implemented to compensate for the high budget spent on the initial vaccination letters and bookings carried out during the first two years of the pandemic. In an attempt to implement a more cost-effective approach to vaccine delivery by digital bookings, there was a risk of reduced or delayed vaccine uptake and of excluding the most vulnerable people who were unable to use digital systems ([note 169](#)).

Refugees, asylum seekers and undocumented migrants working in the UK missed getting vaccinated because they lacked UK status, identification or proof of address for registrations with an NHS General Practitioner (GP). They received refusals on calling the COVID helpline for booking vaccine appointments despite "Public Health England's public guidelines that all are eligible to register with a GP and are entitled to vaccination and treatment for COVID-19 without either an NHS number or being registered with a surgery." ([note 170](#))

Another example of exclusion involved the NHS COVID-19 Status App ([note 171](#)). This offered digital proof of vaccinations via a QR code for each vaccination received for people aged 12 years and over vaccinated in Scotland. Children could not use the app and had to request paper copies or PDFs instead ([note 172](#)).

On 31 May 2022 at the Health, Social Care and Sport Committee meeting, Danny Boyle, coordinator of the Ethnic Minority National Resilience Network, suggested that the failure to collect ethnicity data on vaccinations had hampered decision-making about the allocation of resources to specific communities. Additionally, he observed in his outreach work that the vaccine posters/write-ups translations used overcomplicated language which was potentially confusing for many people to understand ([note 173](#)).

Dr Sally Witcher raised the issue of lack of public health messaging targeted at different groups at the COVID-19 Recovery Committee meeting held on 23 June 2022. No information on waning vaccine protection, EVUSHELD and autumn boosters had been provided to the population ([note 174](#)).

When concerns about convenience such as those highlighted above were raised, they were taken into consideration by the Scottish government and efforts were made to improve vaccination access. Health boards and local authorities, working in partnership with third sector organizations, adopted person-centred strategies which contributed to the vaccination of Gypsy/Travellers, seasonal workers, refugees and those living in emergency accommodation ([note 175](#)). Vaccines were also delivered at religious sites, pharmacies, food banks, schools and workplaces. The Scottish Ambulance Service (SAS) adopted an agile model using mobile units for vaccinations to reach rural and remote areas ([note 176](#)).

## **Confidence**

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To understand barriers to vaccination and why some people accepted the vaccine and others did not, the Scottish government conducted phone calls/ video interviews between

11 March and 3 May 2022 in a Scotland-wide study (published 11 August 2022) ([note 177](#)). This involved 81 interviewees, who were members of groups less likely to be vaccinated against COVID-19 or flu, or experiencing difficulty accessing COVID-19 or flu vaccines. The study found that people listened to the experiences of family and friends to form opinions and decisions regarding vaccinations. People also accessed information from their home countries, some of which had quite different interpretations of vaccinations because of religious or cultural standpoints that then filtered into communities in Scotland or made them more susceptible to fake news ([note 178](#)).

Fake news about all aspects of vaccination, including the content, process, side effects and long-term consequences, was a continuing and disruptive challenge faced in Scotland and around the world. Incomplete information, confusing reports and lack of clarity became reasons for reduced vaccination uptake among many people in Scotland ([note 179](#)).

The Vaccine Information Fund set up by the Scottish government in collaboration with BEMIS Scotland and the Ethnic Minority National Resilience Network, aimed to equip and empower communities with resources and access to information, in an attempt to “push back” against fake news circulating in the country ([note 180](#)).

Concerns about the short- and long-term side effects of vaccines, their effectiveness (e.g., due to the emergence of new variants), the thoroughness of research trials and quality standards in vaccine production (given the unparalleled speed at which vaccines were developed) led to low confidence among many groups of people, who then refrained from being vaccinated ([note 181](#)).



Studies conducted in the UK found that Black and Black British respondents were more likely than White British and Irish people to state that they did not trust vaccines (29.2% vs 5.7%). Pakistani and Bangladeshi respondents mentioned concerns about side effects more often than the White British and Irish group (35.4% vs 8.6%) ([note 182](#)). Lack of infrastructure for information centres, limited direct engagement of health services and history of clinical trials carried out in African countries which have raised concerns over human rights in the past were also attributable factors for people to have been scared and unsure of vaccines ([note 183](#)).

Pregnant women from minority ethnic groups expressed higher levels of vaccine hesitancy compared to White British pregnant women. Concerns about the safety to foetuses and infertility were partly attributed to the changing guidance provided from JCVI at different times of the pandemic ([note 184](#)).

Pregnant and breastfeeding women were also found to be vaccine hesitant, in particular if they were unemployed and with low or medium levels of education, highlighting the existence of both social and gender-based health inequalities in Scottish society ([notes 185, 186](#)).

A Scottish qualitative study highlighted that systemic inadequacies in maternity care provision for women from ethnic minority backgrounds had been further exacerbated by health service COVID-19 modifications. Pregnant women expressed uncertainty about the accuracy of information and reported ineffective care provision via virtual/telephone appointments with NHS staff. They felt that 'non-westernised' accents were interpreted as a proxy for lower socioeconomic status and educational attainment by healthcare staff on the phone, leading to limited understanding of patients' concerns, increasing anxiety and a deterioration of trust ([note 187](#)).

Misinformation led to fear of the risk of adverse side effects when news in the media was released related to the association between vaccination with AstraZeneca and blood clots, and between vaccination with Pfizer or Moderna and pericarditis/myocarditis. This also proved a challenge for the promotion of vaccine safety ([note 188](#)).

A Scottish government literature review on barriers and incentives to vaccine uptake concluded that factors such as unemployment, lack of education, impact of religious or ethical beliefs, historical colonisation leading to mistrust in organisational systems and misinformation and conspiracy theories spread on digital platforms and mainstream media may also have contributed to reduced vaccine uptake ([note 189](#)).

The Scottish government allocated funding and conducted collaborative work with health boards, local representatives, community partners and faith leaders to co-produce communication messages and conduct outreach and engagement activities to build trust and address fear of vaccination among various ethnic groups in Scotland ([note 190](#)).

## **Sub-theme 6: International obligations**

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On 1 June 2022, the Scottish government issued a joint statement with the Welsh government urging the UK government to back a temporary waiver of intellectual property protections for COVID-19 vaccines, to help expand equitable global access to safe and effective vaccines ([note 191](#)). The Scottish government highlighted that without equitable access, many countries would continue to experience high levels of severe illness and death from COVID-19. This would then put significant additional pressure on already fragile healthcare

systems, disrupt much-needed economic recovery, and leave the world's most vulnerable people exposed to an increased risk of poverty and hunger. Ensuring equitable access to vaccines is not only a moral imperative but is critical to safeguarding global health security.

## **Discussion and conclusions**

This report highlights key decisions related to the vaccination programme during 2022, under six sub-themes: the continued roll-out of the vaccination programme in Scotland, vaccine authorisation processes, vaccine effectiveness, vaccine mandates, vaccine uptake and inequalities, and Scotland's international obligations in relation to vaccines.

Questions that the Inquiry might wish to consider are detailed below. These focus on the timing of key decisions and on the effectiveness of communication with the public. Timing of announcements is highlighted, specifically in relation to the approval of new vaccines, the rollout of second doses to children and the removal of vaccine mandates. The effectiveness of Scottish Government communication with the public is highlighted, particularly in relation to two groups: the clinically vulnerable/those who were shielding and communities with low vaccine uptake.

# Questions for the Inquiry to consider

## **Sub-theme 1: Vaccination programmes**

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- 4.1. Were the timings appropriate for:
  - c. the approval of second doses of vaccines for children;
  - d. the decision to restrict the fourth booster for people who were vulnerable or shielding?
- 4.2. Were public education initiatives on new COVID-19 vaccines and boosters sufficient? [This applies particularly to the bivalent vaccine at a point when most of the population had had 2 or more jabs and showed lack of interest in getting further vaccinations.]
- 4.3. Was sufficient public information provided about antiviral medications such as EVUSHELD and Paxlovid?
- 4.4. Should more public information have been provided on vaccine waning and its impacts?

## **Sub-theme 2: Vaccine authorisation**

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- 4.5. Were the timing and approval processes for new vaccines/boosters optimal?

## **Sub-theme 3: Vaccine effectiveness**

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- 4.6. What were the reasons for the decision not to provide additional boosters in the context of waning vaccine protection?

## **Sub-theme 4: Vaccine mandates**

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- 4.7. Was the decision to defer fertility treatments for women who were not fully vaccinated justified?
- 4.8. Given that the advice at the start of the pandemic was that pregnant women and those who were expecting to become pregnant within the next three months should not be vaccinated, what outreach was conducted to curb the fears and confusion of women?
- 4.9. What information and support were provided to women who were awaiting/preparing for fertility treatment in late December 2021/January 2022 to deal with the temporary suspension?

## **Sub-theme 5: Vaccine uptake and inequalities**

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- 4.10. How did vaccine inequalities in Scotland compare to the rest of the UK?
- 4.11. Why was ethnic data collection during vaccinations lacking initially? Why were there multiple errors in early reports about differential rates of COVID-19 vaccination uptake published by Public Health Scotland (PHS)?
- 4.12. What efforts were made to address inequalities in access to and uptake of vaccines in specific sub-populations? [Sub-populations include: younger age groups, particular ethnic minorities, those living in the most deprived areas.]
- 4.13. Were efforts made to counter misinformation on social media platforms? If so, what were they?

- 4.14. What was done to address a decline in the uptake of vaccine boosters among healthcare workers and to understand the reasons for this? [Reasons include perceptions of protection conveyed from previous COVID-19 infection.]
- 4.15. How well did the systems supporting the vaccination strategy perform? Was there ongoing monitoring and correction when things went wrong? [Specific systems: vaccine digital bookings, NHS COVID status app, system for obtaining vaccine certifications.]

## **Sub-theme 6: International obligations**

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- 4.17. Could/should Scotland have done more to promote global vaccine access, especially for low and middle income countries (LMIC)? Was there a fair balance between national needs and global responsibility?

# Chapter 5: Personal protective equipment (PPE)

## Executive summary

This chapter focuses on updating Theme 5 of Portfolio 1: investigation into the strategic elements of the handling of the pandemic in relation to supply, distribution and use of personal protective equipment ([note 192](#)). The scope of this document is to provide information to assist the Inquiry. This is an analysis of publicly available resources about key events, key people and key documentation updating previously submitted evidence and covers the period from 1 January to 31 December 2022. The review methodology is included in Appendix 1, a detailed timeline of events and decisions is included in Appendix 6 and the timeline of key events is presented in **Figure 5**.

The term personal protective equipment (PPE) is used in respect of health and social care settings since face masks were distributed through health boards and specific types were used depending on the level of risk of transmission. The term face covering, or face mask, is used in all other community settings as these would be obtained by the public and did not have specifications. Therefore, the two sub-themes for this theme have been created based on setting; **personal protective equipment in health and social care settings and advice and regulations for community face mask use**.

Our report highlights key milestones, significant events and decisions, which were concentrated in the beginning of the year from January to April, including the updating of the Scottish Government's Strategic Framework ([note 193](#)), signalling a change in approach to focus on reducing harms from the COVID-19 pandemic rather than suppressing case numbers.

Most regulations regarding face coverings in schools, public gatherings, public transport and indoor spaces were reviewed through 2022 and restrictions removed in stages with the caveat that face covering should be used where deemed appropriate. However, the beginning of 2022 saw high rates of COVID-19 with absences among healthcare workers, which prompted the Government to extend use of personal protective equipment in hospitals, primary care and wider community healthcare; this continued throughout the year. The publicly available sources of information we reviewed did not provide detailed evidence as to the reasons for the removal of rules on face coverings, therefore this report is not able to comment on why rules were changed in all instances. Reasons (where provided) have been included in the report.

The Scottish Government's Strategic Framework, updated on 22 February 2022, is a key document in 2022 ([note 194](#)). It provides the strategic approach taken to deal with the pandemic and to keeping the virus levels suppressed to allow people to go back to living normal daily lives. The framework contains a section on how usage of PPE would be maintained, wastage minimised and Scotland's capacity to produce PPE continued. This was discussed further in the Coronavirus (COVID-19) PPE Strategy and Governance board minutes on 17 March 2022 ([note 195](#)).

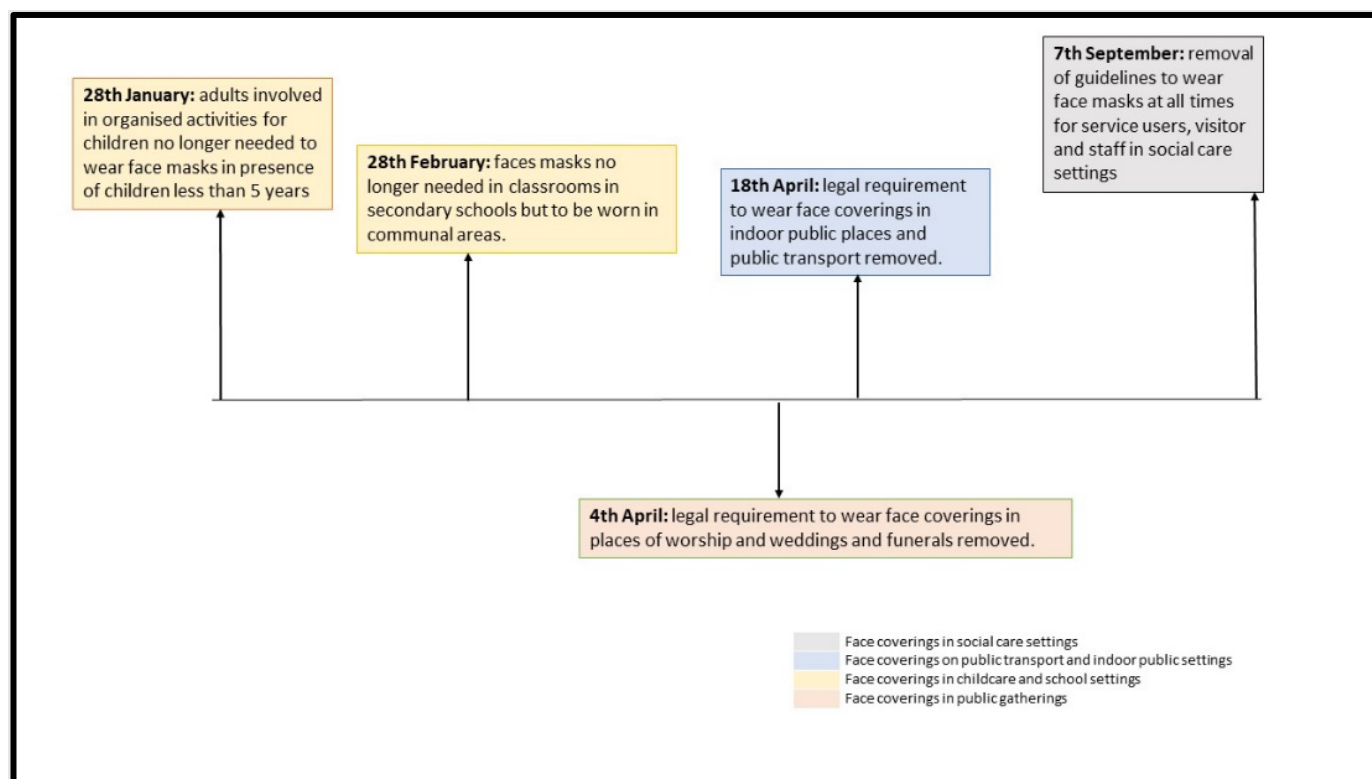
## **Figure 5. Timeline of key events: PPE**

[Figure 5 is shown below. It shows the following dates in a timeline:

- **28th January – Face coverings in childcare and school settings:**  
adults involved in organised activities for children no longer needed to wear face masks in presence of children less than 5 years



- **28th February – Face coverings in childcare and school settings:**  
faces masks no longer needed in classrooms in secondary schools but to be worn in communal areas.
- **4th April – Face coverings in public gatherings:**  
legal requirement to wear face coverings in places of worship and weddings and funerals removed.
- **18<sup>th</sup> April – Face coverings on public transport and indoor public settings:**  
legal requirement to wear face coverings in indoor public places and public transport removed.
- **7th September – Face coverings in social care settings:**  
removal of guidelines to wear face masks at all times for service users, visitor and staff in social care settings]



# Introduction

In 2022 several portfolios of evidence were produced to aid the Inquiry with its investigation of the public sector response to the COVID-19 pandemic in Scotland ([note 196](#)). These portfolios on the public sector response were divided into themes. Theme five covered the supply, distribution and use of personal protective equipment from the beginning of the pandemic until February 2022. The resulting report contained information pertaining to the Scottish Government's response to the pandemic in terms of the production, supply, distribution, and availability of PPE in health care settings, the type of PPE in health and social care settings, and advice and regulations for community facemask or face covering use.

This chapter updates previous work on this theme, reviewing the decisions that were made relating to PPE for health and social care workers, face coverings in schools, face coverings on public transport and indoor spaces and face coverings in public gatherings between 1 January and 31 December 2022.

Several sources of publicly available information were used to compile this report. The findings were synthesised into sub-themes for ease of interpretation. All sources are referenced in the footnotes with the methods and full list of references given in the appendices. A detailed overview is presented in timeline format in Appendix 6.

# Findings

During 2022 the Scottish Government's response to the pandemic focused on beginning to live with the virus. There was a progressive removal of rules pertaining to the wearing of face masks in different settings with the underlying message being that people should continue wearing masks whenever they felt this was necessary. The only situation where this was not the case was in healthcare settings, where PPE continued to be used throughout 2022.

Two sub-themes have been identified during this period: firstly, PPE use in health and social care settings and secondly, advice and regulations for community face mask use in the general population. Community face mask use is further sub-divided into specific settings.

## **Sub-theme 1: Personal protective equipment (PPE) in health and social care settings:**

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regulations on use of PPE changed for the social care setting towards the end of 2022 but remained for those in healthcare settings.

## **Sub-theme 2: Advice and regulations for community face mask use:**

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- **2.1: Face coverings in childcare settings and schools:** the removal of regulations enforcing face coverings in classrooms in high schools, followed by secondary schools with the continued need for face coverings in communal spaces.
- **2.2: Face coverings on public transport and indoor public places:** the delay and subsequent removal of the

legal requirement to wear face coverings on public transport and indoor public places.

- **2.3: Face coverings in public gatherings:** the rule for wearing of face coverings in places of worship, at weddings and funerals revoked.

## **Sub-theme 1: Personal protective equipment in health and social care settings**

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The Nosocomial Review Group, a subgroup that reports to the Scottish Government COVID-19 Advisory Group, reported high absence rates among healthcare professionals in January 2022 ([note 197](#)). Positivity of PCR for COVID-19 was 27.7% at this time with the increased transmissibility of the Omicron variant causing high levels of infection ([note 198](#)). Several clusters of infection were seen, with two thirds in long term care, mental health and rehabilitation facilities. The increased contacts within these settings, as well as socialising in and outside of work settings were thought to be causing these clusters ([note 199](#)).

The group noted the importance of infection prevention and control measures to reduce contacts between healthcare professionals in non-clinical spaces. The group advised that staff need to be fit-tested for respiratory protective equipment. We did not find any evidence about whether or not any action was taken to address this advice. This may have differed from health board to health board ([note 200](#)). In terms of financial costs, Audit Scotland published a report in 2022 on the Government's financial response to COVID-19 noting that £448 million had been spent on PPE in 2020 and 2021 ([note 201](#)).

A key event for service users, visitors and staff working in the social care settings occurred on 7 September 2022 when guidelines to wear face masks at all times were removed. Instead, those working in adult care homes would wear them in

specific situations such as during COVID-19 outbreaks ([note 202](#)).

Those working in hospitals, primary care and community healthcare settings were provided with guidance from the Scottish Government document, ‘Coronavirus (COVID-19): extended use of face masks and face coverings in hospitals, primary care and wider community healthcare’ ([note 203](#)). This was initially developed in 2020 and updated in April, August, September and October 2022. Those working in healthcare settings would continue to wear PPE throughout 2022. The guidance to wear masks in healthcare settings was not withdrawn until 16 May 2023 ([note 204](#)).

## **Sub-theme 2: Advice and regulations for community face mask use**

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The rules and regulations for wearing face coverings were changed through the course of 2022. At the beginning of the year, the key document for the public was “Coronavirus (COVID-19): face coverings and masks” which had last been updated on 21 December 2021 ([note 205](#)). Over the first four months of the year, there was a staggered removal of the legal requirement to wear masks in different settings.

### **2.1 Face coverings in childcare settings and schools**

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On 28 January 2022, the Scottish Government relaxed its rules regarding face coverings, with adults involved in organised activities for children no longer needing to wear masks in the presence of children less than 5 years of age in view of the improvement in the Omicron situation since December 2021 ([note 206](#)).

On 28 February 2022, the Scottish Government amended its previous regulation as part of a phased lifting of regulations on face coverings in secondary schools with face masks no longer needed in classrooms but to be worn in communal areas, however, those wishing to continue wearing face masks were to be fully supported. Restrictions on assemblies in schools were also removed with the caveat of maintaining physical distancing, adequate ventilation and face coverings where appropriate ([notes 207, 208](#)).

## **2.2 Face coverings on public transport and indoor public places**

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The First Minister announced on 15 March 2022 that the legal requirement to wear face coverings on public transport and in indoor public settings would remain, given a spike in COVID-19 case numbers ([note 209](#)). The requirement to wear masks was due to be removed on 21 March 2022 along with other restrictions such the removal of the requirement for business and service providers to record customer details. However, the rise in the number of people in hospital with COVID-19 over the preceding three weeks, with the Omicron variant accounting for 80% of cases, led the Government to delay the withdrawal of this legal requirement.

From 18 April 2022, the legal requirement to wear face coverings in indoor public places was removed but the Government continued to encourage voluntary mask-wearing ([note 210](#)). Public transport operators such as ScotRail and ferry operator CalMac strongly encouraged mask-wearing. The trend in the number of COVID-19 cases was falling with the Office for National Statistics reporting one in 17 people in Scotland were positive in the week ending 9 April; in the previous week this had been one in 13. Scotland's National Clinical Director, Professor Jason Leitch, described how in

Scotland dealing with the virus was changing from using the law to common sense and guidance ([note 211](#)).

## **2.3 Face coverings in public gatherings**

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From 4 April 2022, wearing face coverings in places of worship, and at weddings and funerals, ceased to be a legal requirement in Scotland ([note 212](#)).

## **Discussion and conclusions**

This report focuses on the requirements to wear face masks in different settings during 2022. Findings are reported separately for health and social care and for community settings. During 2022 there was a gradual relaxation of requirements to wear face masks, consistent with an official focus on learning to live with the virus and on a staged return to normal life. The speed with which the rules were relaxed differed across settings and planned rule changes sometimes had to be postponed when case numbers rose, driven by the Omicron variant. In community settings (for example, schools, public transport, public spaces and gatherings) face mask use was encouraged but no longer required after 18 April 2022. In social care settings, wearing face masks was mandatory until 7 September 2022, after which it was only required during COVID-19 outbreaks in care homes. In contrast, face masks continued to be required in healthcare settings until May 2023.

Questions that the Inquiry might wish to consider are detailed below. These focus on the timing of key decisions, on potential detrimental impacts of continued face mask use, particularly in schools and care homes and on the effectiveness of public communication.

## Questions for the Inquiry to consider

- 5.4. Was the timing optimal for the removal of use of face masks in:
  - e. Schools?
  - f. Social Care settings such as care homes?
  - g. Public gatherings ?
  - h. Public transport?
- 5.5. What were the detrimental effects of continuing to use face masks in these settings?
- 5.6. How effective was the messaging to the public in relation to when they were required to use face masks?



# Chapter 6: Shielding and high risk groups

## Executive summary

This chapter focuses on **Theme 6 of Portfolio 1: The requirement for shielding of high-risk groups and associated assistance programmes**, provided or supported by public agencies ([note 213](#)). The scope of this report is to provide information to assist the Inquiry by synthesising the available evidence. This is an analysis of publicly available resources about key events, people and documentation, updating previously submitted evidence and covering the period from 1 January 2022 to 31 December 2022. The review methodology is included in Appendix 1, a detailed table of information reviewed is in Appendix 7 and a timeline of key events is presented in **Figure 6**.

The report highlights key milestones: significant events and decisions regarding those considered at the highest risk of severe COVID-19 disease outcomes, known in Scotland as the Highest Risk List (HRL) (formerly called the Shielding List from March 2020 to July 2021 ([note 214](#))). A detailed analysis of the emergent themes for this group throughout 2022 is presented. Key sub-themes include:

**Provisions for high-risk groups:** During 2022 several specific provisions were made for those defined as 'High Risk'. High-risk groups were prioritised for new COVID-19 treatments including an antiviral drug, PF-07321332+ritonavir (Paxlovid®) from Pfizer and AstraZeneca's Evusheld (tixagevimab/cilgavimab) pre-exposure prophylaxis ([note 215](#)). Similarly, there was prioritisation of vaccinations and COVID-19 testing for high-risk groups. In January 2022, Scotland's Chief

Medical Officer (CMO) informed individuals on the HRL that they remained eligible for priority PCR testing should they develop symptoms of COVID-19. Additionally, a winter flu jab and second/third booster doses of the COVID-19 vaccine were prioritised for those on the HRL ([note 216](#)). Continuation of the 2021 social and wellbeing provisions was made for individuals on the HRL in 2022. In particular, the CMO signposted a range of emotional, social, and financial support options on the Scottish Government website ([note 217](#)).

**Communication with HRL:** Guidance and updates for the HRL were predominantly communicated and instigated via letters from the CMO. Three letters were sent to individuals on the HRL in 2022. The first letter in January 2022 introduced the ‘Distance Aware’ scheme, wherein badges or lanyards would be available to anyone who wanted to signal to others that they wished additional social distancing space ([note 218](#)). The second letter in March 2022 announced a review of the HRL ([note 219](#)), and the third letter in April 2022 announced the end of the HRL, effective 31 May 2022 ([note 220](#)).

**Changes to the Highest Risk List:** Scotland’s Updated COVID-19 Strategic Framework published on 22 February 2022 reported that 180,000 people had been identified as being at highest risk from COVID-19 ([note 221](#)). The update highlighted that COVID-19 vaccinations and boosters had given many people at higher risk sufficient protection from the virus, such that they no longer needed to be on the HRL. Subsequently, the HRL was ended on 31 May 2022 ([note 222](#)).

**Inequality in high-risk groups and shielding measures:** Several specific issues of inequalities for high-risk groups were documented. New research demonstrated that those shielding experienced increased stress, fear, anxiety and sleep disturbance, and pre-existing mental health conditions were

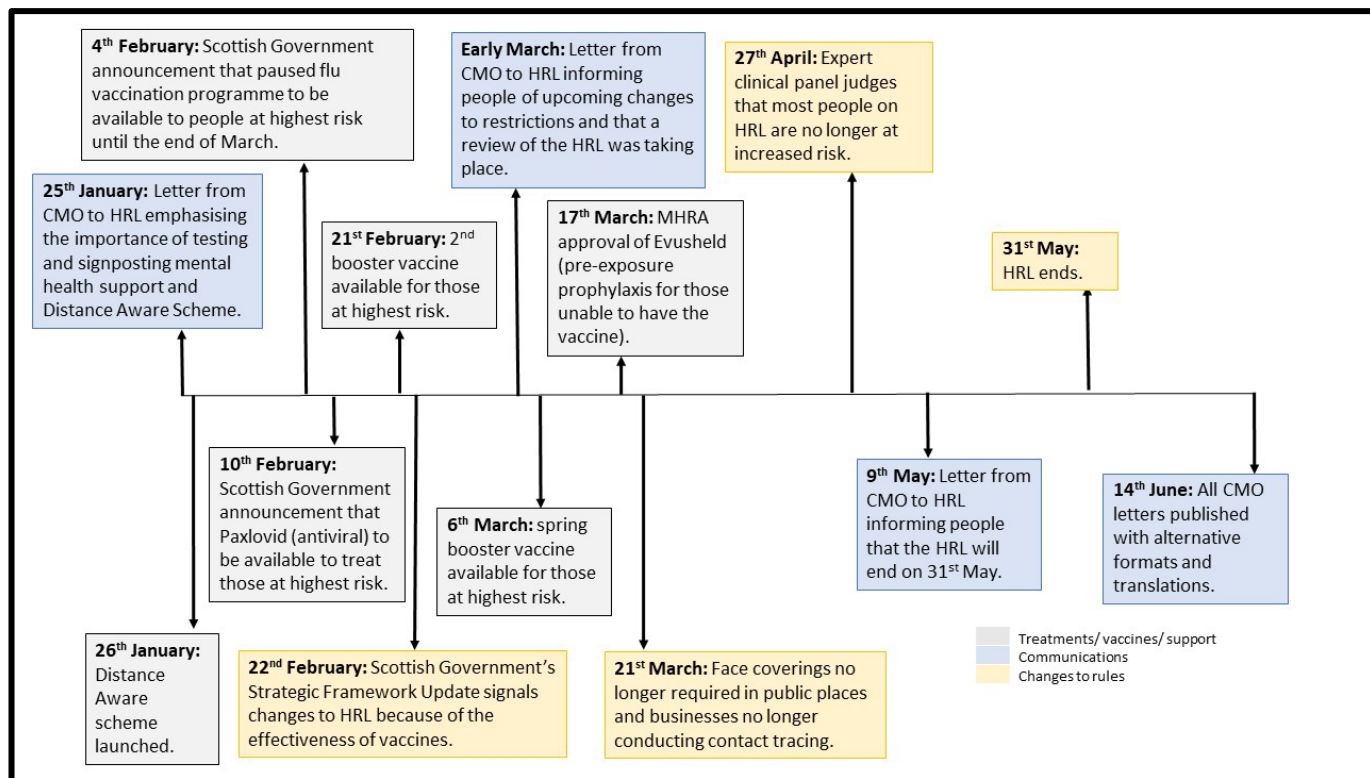
exacerbated ([note 223](#)). Some measures were introduced to address inequalities in the HRL's integration into public spaces and the workplace ([note 224](#)).

## **Figure 6: Timeline of key events: shielding and high risk groups**

[Figure 6 is shown below. It shows the following dates in a timeline:

- **25th January – Communications:**  
Letter from CMO to HRL emphasising the importance of testing and signposting mental health support and Distance Aware Scheme.
- **26th January – Treatments/vaccines/support:**  
Distance Aware scheme launched.
- **4th February – Treatments/vaccines/support:**  
Scottish Government announcement that paused flu vaccination programme to be available to people at highest risk until the end of March.
- **10th February – Treatments/vaccines/support:**  
Scottish Government announcement that Paxlovid (antiviral) to be available to treat those at highest risk.
- **21st February – Treatments/vaccines/support:**  
2nd booster vaccine available for those at highest risk.
- **22nd February – Changes to rules:**  
Scottish Government's Strategic Framework Update signals changes to HRL because of the effectiveness of vaccines.

- **Early March – Communications:**  
Letter from CMO to HRL informing people of upcoming changes to restrictions and that a review of the HRL was taking place.
- **6th March – Treatments/vaccines/support:**  
spring booster vaccine available for those at highest risk.
- **17th March – Treatments/vaccines/support:**  
MHRA approval of Evusheld (pre-exposure prophylaxis for those unable to have the vaccine).
- **21st March – Changes to rules:**  
Face coverings no longer required in public places
- and businesses no longer conducting contact tracing.
- **27th April – Changes to rules:**  
Expert clinical panel judges that most people on HRL are no longer at increased risk.
- **9th May – Communications:**  
Letter from CMO to HRL informing people that the HRL will end on 31st May.
- **31st May – Changes to rules:**  
HRL ends.
- **14th June – Communications:**  
All CMO letters published with alternative formats and translations.]



## Introduction

In 2022 several reports were produced to aid the Inquiry with its investigation of the public sector response to the COVID-19 pandemic in Scotland ([note 225](#)). In accordance with the terms of reference for Portfolio 1, Theme 6 focused on the requirement for shielding and associated assistance programmes, provided or supported by public agencies. This document is an update of this theme, reviewing and highlighting the decisions that were made relating to the Highest Risk List (formerly the Shielding List ([note 226](#))) in the period of 1 January 2022 to 31 December 2022.

At the beginning of the pandemic, those deemed to be 'at highest risk' from COVID-19 were asked to shield and were added to the Shielding List. The formal requirement to shield was only in force from March 2020 – August 2020; however, after that period many individuals continued to shield, either by

their own choice, at the recommendation of their clinician, or because a caregiver continued to shield them ([note 227](#)).

Scotland's Shielding List was renamed the Highest Risk List in July 2021 ([note 228](#)). The list was comprised of those judged to be at highest risk of poor outcomes from COVID-19, and included people diagnosed with specific conditions (see **Box 1**) or recommended for inclusion by their clinician (see previous report for a detailed discussion of the former Shielding List ([note 229](#))). As people were added to the HRL, they received a letter from Scotland's CMO to confirm their 'high risk' status. The HRL formally ended on 31 May 2022 ([note 230](#)).

Throughout 2022, 'high-risk' individuals were prioritised for certain provisions, such as priority access to COVID-19 testing ([note 231](#)) (see Chapter 3 on Testing and Self-Isolation), COVID-19 treatments, and COVID-19 vaccinations/booster jabs; however, the terms 'high-risk', 'higher-risk', and 'highest-risk' were used sometimes interchangeably and sometimes in different contexts relating to distinct groups of people (see **Box 1**).

In 2022 the Scottish Government's response was centred on beginning to 'live with the virus' and therefore the emerging findings in this review are different from those in the first report ([note 232](#)). Included in the review are relevant documents and the sources that describe these events, along with issues and concerns regarding these events that the Inquiry may wish to consider. The review methodology is in Appendix 1 and a detailed table of information reviewed is in Appendix 7. All data included are publicly available.

**Box 1: Distinct definitions of ‘high risk’ groups used within the references reviewed.**

**Highest Risk List:** Those identified throughout the pandemic as being ‘at highest risk’ of poor COVID-19 outcomes were added to the HRL (formerly the Shielding List prior to July 2021) ([note 233](#)). Those eligible for the list primarily included people with specific cancers, severe respiratory conditions, those immunosuppressed or those with other conditions significantly increasing their risk of infections (see previous report for specific details). Individuals could also be added to the list on the recommendation of their clinician ([note 234](#)).

**COVID-19 vaccination prioritisation:** Those ‘at highest risk’ of severe COVID-19 disease were prioritised for COVID-19 vaccination booster doses. Eligible groups were determined by the Joint Committee on Vaccination and Immunisation (JCVI) and included adults 75 years and over, residents in care homes for older adults, and individuals aged 12 years and over who were immunosuppressed ([note 235](#)).

**COVID-19 treatment prioritisation:** those deemed by an independent expert group commissioned by the Department of Health and Social Care to be ‘at highest risk’ were prioritised for COVID-19 treatments. A complete description of the eligible cohorts was not provided; some eligible groups, however, included those who were immunocompromised, cancer patients, or those with Down’s Syndrome ([note 236](#)).

[End of Box 1]

# Findings

Appendix 6 details all the decisions and milestones analysed in relation to high-risk groups in 2022. The main decisions and milestones applicable to high-risk groups are summarised as follows:

## Key milestones and decisions

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**21 March 2022:** Face coverings no longer required in public places and businesses no longer conducting contact tracing ([note 237](#)).

**27 April 2022:** A team of specialist clinicians deemed there was no longer an increased risk for most individuals on the Highest Risk List ([note 238](#)).

**31 May 2022:** End of the Highest Risk List ([note 239](#)).

## Sub-theme 1: Provisions for high-risk groups

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### 1.1 Prioritisation of COVID-19 treatments for high-risk groups

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On 28 January 2022 the UK Government announced that a second antiviral (the first being molnupiravir) PF-07321332+ritonavir (Paxlovid®) from Pfizer would be available for use from 10 February 2022 to treat COVID-19 infection in those at highest risk ([note 240](#)). In clinical trials the innovative antiviral treatment reduced the risk of hospitalisation or death by 88% when administered within 5 days of symptom onset. The UK Government's Antivirals Taskforce procured 4.8 million courses of antivirals (2.75 million courses of PF-07321332+ritonavir and 2.23 million courses of molnupiravir),



which amounted to more courses per head of population than in any other European country at the time. The taskforce worked with the NHS, the UK Health Security Agency, and devolved administrations to ensure the antivirals were made accessible to patients across the UK ([note 241](#)).

Not everyone on the HRL was eligible to receive the antiviral if they tested positive for COVID-19. An independent expert group commissioned by the Department of Health and Social Care determined the eligible cohorts (which included those who were immunocompromised, cancer patients, or those with Down's Syndrome), and the inclusion of these cohorts in clinical policy was agreed upon by all four Chief Medical Officers in the UK ([note 242](#)). Those in the eligible cohorts were informed by the NHS that they could receive antiviral treatment if they tested positive for COVID-19. Prescriptions for PF-07321332+ritonavir were made available by delivery through the NHS COVID Medicines Delivery Unit (CMDU) ([note 243](#)).

On 17 March 2022 the Medicines and Healthcare products Regulatory Agency (MHRA) approved the use of AstraZeneca's Evusheld (tixagevimab/cilgavimab) as a pre-exposure prophylaxis to prevent COVID-19 infection for adults who were unlikely to mount an immune response from COVID-19 vaccination and for individuals who could not have the COVID-19 vaccine for other reasons, such as a previous allergic reaction to one of the vaccine components ([note 244](#)). In adult clinical trials, Evusheld reduced the risk of developing symptomatic COVID-19 by 77%. A single dose was found to provide protection for at least six months. At the time, the effectiveness of Evusheld against the Omicron variant had not yet been determined ([note 245](#)).

In a letter sent on 12 April 2022 from the Scottish Government's Cabinet Secretary for Health and Social Care to the Convener of the Health, Social Care and Sport Committee regarding the

future funding of COVID-19 therapeutics, the Cabinet Secretary described the provision of COVID-19 treatments for high-risk individuals thus far, stating that over 5,000 people in Scotland at very high risk of adverse COVID-19 outcomes had received COVID-19 treatments since late December 2021 ([note 246](#)). This letter stated that the Secretary of State for Health had decided that there would be no increase in funding for COVID-19 therapeutics for 2022-2023. A supply of COVID-19 therapeutics was purchased by the UK Government and the treatments would remain available until supplies ran out ([note 247](#)).

## **1.2 Prioritisation of vaccinations and COVID-19 testing for high-risk groups**

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In a letter from the CMO to individuals on the HRL sent on 25 January 2022, the CMO reminded those individuals on the list that they remained eligible for priority PCR testing should they develop symptoms of COVID-19 ([note 248](#)).

On 4 February 2022 the Scottish Government announced that flu vaccines were available for those in high-risk groups until the end of March 2022 ([note 249](#)). The flu vaccination programme had been paused since December 2021 to allow health boards to prioritise the delivery of COVID-19 booster jabs for protection against the Omicron variant ([note 250](#)).

Second booster doses were made available for those at high risk on 21 February 2022 ([note 251](#)). Individuals 75 years of age and over, older adults living in care homes and those over the age of 12 who were immunocompromised could receive a second booster dose when 24 weeks or more had passed since their first booster jab. 'Those at high risk' in the context of vaccination prioritisation did not refer to the same group of people on the HRL.

A spring booster dose was made available after 6 March 2022 for those at high risk, with the same eligibility as on 21 February 2022, when a minimum of 24 weeks had passed since their last booster ([note 252](#)). Those eligible for second booster doses were reminded by the CMO in a letter to individuals on the HRL on 22 March 2022 ([note 253](#)).

### **1.3 Financial and social support for high-risk groups**

On 23 January 2022 the Scottish Government launched a voluntary ‘Distance Aware’ scheme as a means for individuals to self-identify to others that they would like additional space and extra care when in public ([note 254](#)). The scheme involved the provision of badges or lanyards to anyone, including individuals on the HRL, that could be worn in public to signal to others a preference for social distancing. The CMO apprised those on the HRL of the scheme in a letter on 25 January 2022. The badges and lanyards were made available from 26 January 2022, with instructions in the CMO’s letter on how to order one or where they could be obtained in person ([note 255](#)).

In the letter of 25 January 2022, the CMO listed various resources where those on the HRL could receive emotional, social, and financial support:

- Returning to work or re-entering the workforce:
  - Guidance provided by the Scottish Government on their website
  - Fair Start Scotland
  - No One Left Behind
  - Skills Development Scotland
  - Access to Work grant

- Mental health and wellbeing support:
  - Primary healthcare providers (e.g., general practitioners, therapists, specialist nurse)
  - NHS 24
  - Clear Your Head Scotland
  - Breathing Space
  - Samaritans
  - British Red Cross Coronavirus Helpline
  - Connecting With You (run by British Red Cross)
- Support to get food, medicine and essentials:
  - Friends, family, and neighbours
  - National Assistance Helpline ([note 256](#))

On 10 February 2022 the Cabinet Secretary for Health and Social Care responded to the Citizen Participation and Public Petitions Committee's request for more information regarding a review of mental health services ([note 257](#)). In the response the Cabinet Secretary described how one focus of the £15 million Communities Mental Health and Wellbeing Fund was to help tackle mental health inequalities that had been exacerbated by the COVID-19 pandemic and address the needs of 'at risk' groups, including those on the HRL ([note 258](#)).

On 16 June 2022 the Auditor General's report on Scotland's financial response to COVID-19 highlighted that a 16-day period lapsed between the announcement of funding through the Food Fund for those on the HRL and when the funds became available ([note 259](#)). There was a 3-day period between when the funds became available and when the first payment was made.

On 13 October 2022 the Scottish Government responded to concerns raised by the COVID-19 Recovery Committee ([note](#)

**260**). Individuals on the HRL had reported that their concerns regarding plans for the next phase of the pandemic and recovery had not been addressed. The Scottish Government responded that they recognized those at highest risk might find adjusting to the next phases difficult, and that the Scottish Government had continued to fund, promote, and pilot initiatives designed to provide reassurance and protection for those at higher risk, including the Distance Aware scheme (**note 261**), the British Red Cross's Connecting with You service (**note 262**), and the COVID Sense Signage pilot (**note 263**). The Scottish Government reported that the COVID Sense (marketing) campaign would be replaced with the 'Stay Well this Winter' campaign, which would include messaging around safety behaviours for people to protect themselves and those at higher risk (**note 264**).

## **Sub-theme 2: Communication with high-risk groups**

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Throughout 2022, groups considered to be 'high risk' were given specific communications and guidance from the Scottish Government. On 25 January 2022 the CMO sent a letter to those on the HRL emphasising the continued importance of testing (**note 265**). It noted that those on the HRL would be given priority in PCR testing. Signposting to support for mental health, well-being, and loneliness was provided via NHS24 and third-sector partners (Breathing Space, Samaritans, and British Red Cross). The letter also introduced the 'Distance Aware' scheme (described in section 1.3 above). Additionally, to assist in the return to work, the letter stated that all HRL individuals would be eligible for one-to-one support from Fair Start Scotland for up to 18 months (**note 266**).

A second correspondence from the CMO was sent in early March 2022 to those on the HRL to inform them of changes to

COVID-19 restrictions ([note 267](#)). From this point on, a key COVID-19 management strategy would be the vaccination programme rather than shielding. By 21 March 2022 face coverings and contact tracing would no longer be legally required. Furthermore, the letter stated that a review of the HRL was taking place. It pre-empted changes in the definition of who was ‘high risk’. The changes to the list would be in relation to the positive effect of the vaccination programme and improvements in COVID-19 treatments, resulting in fewer people being classified as ‘high risk’. Finally, people aged 12 and above who were immunosuppressed would be offered a second vaccine booster dose ([note 268](#)).

A third letter was sent on 9 May 2022 informing high-risk groups that the HRL would end with effect from 31 May 2022 ([note 269](#)). The letter stated that this was justified by a careful review of the scientific evidence that had emerged over the last two years and by the vaccination programme significantly reducing the risk of severe COVID-19 for the majority of people on the list. Those who remained at high risk would be those considered as immunosuppressed. Signposting to a full spectrum of support as described above was repeated. The Strategic Framework was highlighted as a roadmap to support those previously on the HRL in returning to a more normal way of life ([note 270](#)).

On 14 June 2022 all three letters were published by the Scottish Government with alternative formats and translations.

### **Sub-theme 3: Changes to the highest risk list**

On 22 February 2022, Scotland’s COVID-19 Strategic Framework Update was published, emphasizing the revised objective of managing COVID-19 through vaccines, treatments, and sensible public health behaviours and adaptations ([note](#)

**271**). The updated framework reported that 180,000 people had been identified as being at highest risk from COVID-19. It is unclear whether this number referred to people on the HRL or if it included other definitions of ‘high-risk’ individuals used throughout the pandemic, such as that used by the JCVI for vaccination prioritisation, or that of the UK expert working group for COVID-19 treatment eligibility (**notes 272, 273**). The update highlighted that COVID-19 vaccinations and boosters had given many people at higher risk sufficient protection from the virus, such that many no longer needed to be on the HRL (**note 274**). The Scottish Government stated its intention to work with the Clinical Advisory Group to communicate this change and provide support to those who no longer needed to be on the HRL. In addition, the Scottish Government committed to finding additional ways to identify and support individuals at highest risk as new evidence and potentially new variants emerged (**note 275**).

In a letter from the CMO on 22 March 2022 to those on the HRL, the CMO reminded individuals that a review of the HRL was being undertaken and that changes to the list were likely forthcoming (see Sub-Theme 2) (**note 276**).

A review of the HRL was conducted by a team of specialist clinicians who decided that there was no longer an increased risk to most people on the list. This decision came after careful review of the scientific literature, a review of the effectiveness of a full course of COVID-19 vaccines and booster doses for high-risk individuals, and improved accessibility of preventive and therapeutic COVID-19 treatments (**note 277**). The Scottish Government announced this decision on 27 April, 2022 (**note 278**).

On 9 May 2022 the CMO sent a letter to individuals on the HRL informing them that the list would be ending on 31 May 2022 (see Sub-Theme 2). The NHS sent letters to those who

remained eligible for access to booster doses or antiviral treatments to notify them of their eligibility ([note 279](#)).

## **Sub-theme 4: Inequality in high-risk groups and shielding measures**

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Several specific issues of inequalities for high-risk groups were documented in 2022. On 18 January 2022 during a meeting of the Health, Social Care and Sport Committee, Inclusion Scotland shared their research that those shielding experienced increased stress, fear, anxiety and sleep disturbance, and that pre-existing mental health conditions were exacerbated ([note 280](#)). In addition, people who were shielding found it particularly difficult to access food, medicine and to get the support they needed. At the meeting of SAGE on 10 February 2022, there was discussion of the social and behavioural impacts of removing access to free testing ([note 281](#)). Removing precautionary actions might increase anxiety in those who found testing reassuring; this was a particular concern affecting those who were themselves, or cared for someone who was, critically vulnerable.

The Auditor General's report on 16 June 2022 showed that there was a 16-day period between the announcement of the Food Fund for those on the Shielding List and when the funds became available ([note 282](#)). There was a 3-day period between fund availability and first payment made.

Scottish Government published a letter in response to the COVID-19 Recovery Committee's review of the communication of public health information and messaging relating to COVID-19 ([note 283](#)). Individuals on the HRL had said that their concerns regarding plans for the next phase of the pandemic and recovery had not been addressed.



## 4.1 Reintegration into work

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Measures were instated to address some of the barriers created for high-risk individuals to exiting the ‘shielding’ period. In the CMO’s letter to individuals on the HRL on 25 January 2022 it was stated that Scottish Government published information for those who had lost or changed employment ([note 284](#)). This included those on the HRL being eligible for Fair Start Scotland support ([note 285](#)). Eligible individuals could receive one-to-one support for up to 18 months to overcome barriers to work/help find a suitable job. Once in employment, in-work support was provided for a further 12 months. ‘No One Left Behind’ targeted those not currently in employment, education, or training by offering help to access volunteering, training, employment, or educational opportunities ([note 286](#)). Advice was also available on ways to maximise income, cut living costs, and access benefits and resources such as childcare. Additionally, Skills Development Scotland (SDS) provided a range of career advice on redundancy, employment, online learning, immediately available jobs, and wider support services ([note 287](#)). The Access to Work grant could be utilised for things like special equipment, help getting to work, or a job coach ([note 288](#)).

## 4.2 Reintegration into public spaces

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The Distance Aware scheme was launched on 26 January 2022 ([note 289](#)). The scheme aimed to prompt people to take extra care around those who would appreciate it, including keeping a safe distance. Should those in high-risk groups decide this was something that would increase their confidence and comfort in public spaces, they could wear a badge or lanyard with the Distance Aware logo. This was based on data that 73% of people on the HRL who responded to a survey question on this said they would like something small to wear to help them feel

more confident and comfortable when entering public spaces ([note 290](#)).

## Discussion and conclusions

While this theme focuses on the requirement for shielding and associated assistance programs, it is important to note that there was no formal requirement to shield throughout 2022 ([note 291](#)). Those who continued to shield did so voluntarily, or at the recommendation of their clinicians, or because their carers decided to continue to shield them. The HRL was carried forward from 2021 to identify those judged to be at the highest risk of severe disease from COVID-19 ([note 292](#)). It is not reported whether there were any changes to the criteria for addition to the HRL in 2022 compared to 2021. It is notable that there are inconsistent definitions of those ‘at highest risk’ throughout the references reviewed for this portfolio. We identified three distinct definitions of ‘high risk’ individuals: 1) those on the HRL; 2) as defined by the JCVI in relation to COVID-19 vaccination/booster eligibility; and 3) as defined by the UK Expert Working Group in relation to COVID-19 treatment eligibility (see Box 1 above). There is overlap within these definitions, but not everyone on the HRL would be ‘at highest risk’ according to the definitions imposed by the JCVI and the UK Expert Working Group, which may have caused confusion for those on the HRL in relation to which provisions/supports they were/were not eligible to receive.

Prior to and throughout 2022, the Scottish Government recognised the importance of supporting and prioritising the needs of those at highest risk ([note 293](#)). This included providing financial support through the Communities Mental Health and Wellbeing Fund ([note 294](#)) and signposting individuals to where they could access mental health, social,

and other financial support in correspondence letters from the CMO ([note 295](#)). To better understand the needs and considerations of those at highest risk, Public Health Scotland conducted a survey, to which 13,000 individuals on the HRL responded ([note 296](#)). Of concern to many was a sense of anxiety or discomfort regarding reintegrating into public spaces. In response, the Scottish Government developed and launched the Distance Aware scheme ([note 297](#)). Despite communicating with and providing targeted support to those on the HRL, the COVID-19 Recovery Committee reported in September 2022 that some individuals previously on the HRL still did not feel safe in public and that recent communications did not address their concerns ([note 298](#)).

At the beginning of 2022, guidance for those on the HRL remained as in late 2021 ([note 299](#)). Those on the HRL were still given priority PCR testing; were recommended to take lateral flow tests twice per week and before socialising or traveling; and were advised to follow the same guidance as for the general population, unless advised otherwise by their General Practitioner (GP) or specialist clinician ([note 300](#)). In February 2022, the Scottish Government in its COVID-19 Strategic Framework Update stated that due to sufficient immunity from COVID-19 vaccinations and less severe disease from Omicron, many people on the HRL were no longer clinically at higher risk and that they would be removed from the HRL where the evidence indicated that removal was warranted ([note 301](#)). This message was reiterated in the March 2022 letter from the CMO to individuals on the HRL, and pre-warning was given of anticipated upcoming changes to the HRL ([note 302](#)). It is not reported when, how, or how often people on the HRL were evaluated for their inclusion on the list, or what immediate support individuals received when they were removed from the list. In April 2022, the CMO decided that there was enough evidence to support a complete termination of the HRL, which took effect on 31 May 2022 ([note 303](#)).

From January 2022 until the end of the HRL on 31 May 2022, those on the HRL were told by the CMO that their GPs and/or specialist clinicians should be the first point of contact for individual clinical advice; however, stakeholders have reported that many people on the HRL continued to shield and that many of those on the HRL and their carers had not accessed services ([note 304](#)).

On 30 March 2022, Public Health Scotland published the findings of its second survey on the impact of shielding in Scotland (the survey itself took place in October-November 2021) ([note 305](#)). We included the first PHS survey of shielding (published in 2021) in our first report.

According to the 2022 PHS report, 81% of people who were shielding "still make decisions that are mainly influenced by fear of COVID-19 infection", and over a third (36%) "still try to minimise all physical contact with other households." This was based on a sample of 13,581 people, or 7.5% of all the people included on the Highest Risk List. If their responses are a fair representation of the views of everyone who was on that list, we can assume that around 64,800 people in Scotland (36% of 180,000) were still trying to minimise all outside contact. This is likely to be the closest we can come to an estimate of how many people were still shielding in practice, a year after the government had ended its shielding recommendations.

## Questions for the Inquiry to consider

- 6.1. What are the specific concerns of those previously on the HRL that have failed to be addressed and what additional support do they perceive is still needed?
- 6.2. What other ways could those who continued to shield have accessed guidance, clinical advice, or support?
- 6.3. How could communication to those on the HRL have been improved? Were letters the most effective means of communication?
- 6.4. Was there any recommendation/requirement for clinicians to communicate guidance to/follow-up with those on the HRL?

# Appendix 1: Methods

## Sources

The following sources were used:

- 1) Scottish Parliament Information Centre Timeline of Coronavirus (COVID-19) in Scotland. Last accessed on 4 June 2023.
- 2) Yearly Wikipedia timelines for the COVID-19 pandemic in 2022. Last accessed 4 June 2023.
- 3) Minutes and papers of Scientific Advisor Group for Emergencies (SAGE) meetings. Last accessed 4 June 2023.
- 4) Minutes and papers of the Scottish Government COVID-19 Advisory Group. Last accessed on 4 June 2023.
- 5) Coronavirus (COVID-19) update: First Minister statements from 5 January to 30 March. Last accessed on 4 June 2023.
- 6) Reports and correspondence of the Health and Sport Committee. Last accessed on 22 May 2023.
- 7) Audit Scotland reports on Scotland's Economy and Scotland's financial response to the pandemic. Last accessed on 5 May 2023.

We extracted the following information from these sources: key event date, key players such as the main bodies or people involved, relevant documents and reports which included news items, guidelines, audit reports, subgroup committee minutes and papers.

## Appendix 2: Timeline – Lockdown and Other Restrictions

Key events with dates, type, main body / persons involved, and relevant reports.

- **Key event (date):** 1st Jan  
**Topic:** New year celebrations cancelled  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.bbc.com/news/uk-59844031>.  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-1](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-1)  
**Commentary:** All official events for New Year's celebrations were cancelled by the Government, however, crowds gathered to usher in the New Year.
- **Key event (date):** 2nd Jan  
**Topic:** Five Scottish league football matches postponed  
**Main body / persons involved:** Scottish Government  
**Relevant documents:**  
<https://www.bbc.com/sport/football/59849123>.  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-4](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-4)  
**Commentary:** Team members of the league teams tested positive for COVID-19 leading to cancellation of five football matches scheduled over the New Year weekend.
- **Key event (date):** 3rd Jan **Key Milestone**  
**Topic:** Highest daily number of COVID-19 cases  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.bbc.com/news/uk-scotland-59859179>.  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-5](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-5)

**Commentary:** 20,217 cases reported in a single day in Scotland- the first that more than 20,000 cases were recorded on a single day.

- **Key event (date):** 6th Jan

**Topic:** Period of self-isolation reduced from ten to seven days

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.bbc.com/news/uk-scotland-59880007>.

[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-12](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-12)

**Commentary:** Period of self-isolation following a positive COVID-19 test cut down to 7 days instead of ten same as the rest of the UK.

- **Key event (date):** 7th Jan

**Topic:** International travelers not to take pre-departure COVID-19 test

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.bbc.com/news/uk-scotland-59901144>.

[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-13](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-13)

**Com**

**mentary:** Fully vaccinated international travelers need not take pre-departure Covid test and do not need to isolate until taking a PCR test on arrival.

- **Key event (date):** 11th January

**Topic:** Announce-ment that large outdoor events can resume without physical distancing or capacity limits from 00.01 17th January.

**Main body / persons involved:** Scottish Government.

Applies to outdoor events in Scotland. Individuals attending events still need to show they are “fully vaccinated”/exempted or had negative test.



**Relevant documents:** <https://www.gov.scot/news/large-outdoor-events-resume-from-17-january/>

**Commentary:** COVID-19 certification is needed at events that have 4,000 standing and 10,000 seated and other events/venues previously covered by certification. Events with more than 1,000 attendees are required to check a minimum of 50% COVID-19 status. Fully vaccinated changed – need to have had booster if last vaccine was more than 4 months ago.

- **Key event (date):** 11th January

**Topic:** No change in decision making.

**Main body / persons involved:** Scottish Government COVID-19 Advisory group meeting

**Relevant documents:**

<https://www.gov.scot/publications/scottish-government-coronavirus-COVID-19-advisory-group-minutes-11-january-2022/>

**Commentary:** Reviewed current infection rates and updates from the Nosocomial and Education and children issues review groups.

- **Key event (date):** 14th Jan **Key Milestone**

**Topic:** COVID-19 related deaths cross the 10,000 mark

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.bbc.com/news/uk-scotland-59999839>.

[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-27](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-27)

**Commentary:** The total number of COVID-19 deaths surpassed the 10,000 mark to a sum total of 10,038.

- **Key event (date):** 18th January

**Topic:** Easing of restrictions on hospitality and leisure settings announced. Attendance limits in indoor events removed. Nightclubs can reopen.

**Main body / persons involved:** Scottish Government.  
Indoor events in Scotland.

**Relevant documents:**

<https://www.gov.scot/news/omicron-measures-to-be-lifted/>

**Commentary:** Requirement to collect customer details in hospitality settings, face coverings in public places and transport to continue but 1m physical distancing removed in hospitality/leisure. People work at home where possible. COVID-19 certification not extended

- **Key event (date):** 20th January

**Topic:** Isolation for people moving into care home

**Main body / persons involved:** Scottish Government; Care homes

**Relevant documents:**

<https://www.gov.scot/news/restrictions-eased-for-care-home-residents/>

**Commentary:** People transferring from hospital to care home no longer need to isolate if negative PCR in previous 48hrs if no symptoms of respiratory virus and not exposed in previous 14 days.

Isolated after testing positive in care home reduced to 10 days. Residents who have overnight hospital stays no longer need to have negative PCR or isolate on return.

- **Key event (date):** 22nd Jan **Key Milestone**

**Topic:** Highest recorded number of COVID-19 deaths in a day since Sep 2021

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60098721>.

[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-33](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-33)

**Commentary:** 30 COVID-19 related deaths recorded in a single day- the highest since Sep 2021.

- **Key event (date):** 24th Jan  
**Topic:** Distance aware scheme launched  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60082436>.  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-35](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-35)  
**Commentary:** Distance Aware scheme launched by the Scottish Government. Under this scheme, free badges and lanyards showing a yellow shield can be obtained by people if they are worried about COVID-19 risks in public spaces and indicate to people that they would like to maintain distance from others.
- **Key event (date):** 25th January  
**Topic:** Business can resume hybrid working from 31st January  
**Main body / persons involved:** Scottish Government; Businesses  
**Relevant documents:**  
<https://www.gov.scot/news/changes-to-working-from-home-advice/>.  
**Commentary:** Hybrid working plan to be published later that week
- **Key event (date):** 28th Jan  
**Topic:** Distancing rules changed for indoor spaces  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60159431>.  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-39](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-39)  
**Commentary:** The two-metre distancing rule is changed to one-metre for indoor spaces.

- **Key event (date):** 3rd February **Key Milestone**  
**Commentary:** 6month extension to temporary provisions made under UK (United Kingdom) legislation  
**Main body / persons involved:** Scottish Government  
**Relevant documents:**  
<https://www.gov.scot/news/coronavirus-provisions-extended/>  
**Commentary:** Five regulations made under the UK Coronavirus Act 2020 were extended for a further 6m until 24th September 2022. Include powers to make public health protection regulations, allowed wider range of health professionals to give vaccination, remote registration of deaths and stillbirths, temporary closure or temporary continuity of educational institutions and childcare.
- **Key event (date):** 7th February  
**Topic:** No change in decision making  
**Main body / persons involved:** Coronavirus (COVID-19): Advisory Sub-Group on Universities and Colleges: advice note for adaptation to help manage the next phase and future phases of COVID-19  
**Relevant documents:**  
<https://www.gov.scot/publications/coronavirus-COVID-19-advisory-sub-group-on-universities-and-colleges-advice-note-for-adaptation-to-help-manage-the-next-phase-and-future-phases-of-COVID-19/>  
**Commentary:** Advice regarding management for Universities and colleges
- **Key event (date):** 9th February  
**Topic:** Expiry date of statutory coronavirus requirements and enforcement powers for local authorities extended to 24th September  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.gov.scot/news/expiry-date-of-covid-regulations-extended/>

**Commentary:** Requirements included guidance to business, service providers and places of worship to take reasonable measures to minimize COVID-19. Would be reviewed 3 weekly by ministers. Regulations enabling local authorities to give directions in relations to business, premises, events, access to public outdoor spaces also extended to 24th September, subject to 6 weekly review.

- **Key event (date):** 10th February **Key Milestone**  
**Topic:** Restrictions removed on assemblies in schools and transitioning into P1 and S1.  
**Main body / persons involved:** Scottish Government; Schools  
**Relevant documents:** <https://www.gov.scot/news/COVID-19-school-rules-to-be-eased/>  
<https://www.gov.scot/publications/coronavirus-COVID-19-advisory-sub-group-minutes-8-february-2022/>  
<https://webarchive.nrscotland.gov.uk/20220307182305/http://www.gov.scot/publications/coronavirus-COVID-19-guidance-on-reducing-the-risks-in-schools/pages/changes-to-previous-guidance/>  
**Commentary:** Restrictions in assemblies removed but schools should continue to employ relevant mitigations such as ventilation, physical distancing. Transition visits for pupils entering P1 or S1 allowed if properly risk assessed.  
Coronavirus (COVID-19): guidance on reducing risks in schools updated
- **Key event (date):** 10th Feb  
**Topic:** Continued clear and consistent messaging about benefits of protective behaviours while removing restrictions  
**Main body / persons involved:** SAGE  
**Relevant documents:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1054509/S1509\\_SAGE\\_105\\_minutes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054509/S1509_SAGE_105_minutes.pdf)

**Commentary:** The scientific rationale as well as continued benefits of protective behaviour must be communicated by clear and consistent messaging whenever restrictions are lifted. Appropriate timing for shifting messaging from Central Govt to local public health, UKHSA and NHS agencies (high confidence).

- **Key event (date):** 10th Feb

**Topic:** Lifting of restrictions may have disproportionate effect on marginalised and socio-economically deprived groups

**Main body / persons involved:** Independent Scientific Pandemic Insights Group on Behaviours (SPI-B)

**Relevant documents:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1054362/S1514\\_SPI-B\\_note\\_on\\_lifting\\_restrictions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054362/S1514_SPI-B_note_on_lifting_restrictions.pdf)

**Commentary:** The lifting of restrictions may have a disproportionate impact on the health of marginalised and socio-economically deprived groups and areas. Factors influencing this include health inequalities and barriers to accessing healthcare, occupation and household circumstances. Financial aid and public communications to groups who have been most acutely affected should be considered.

- **Key event (date):** 22nd February **Key Milestone**

**Topic:** Strategic framework will reply on vaccines, treatment, good public health behaviors to control virus

**Main body / persons involved:** Scottish Government strategic framework – update (previous update November 2021)

**Relevant documents:**

<https://www.gov.scot/publications/coronavirus-COVID-19-update-first-ministers-speech-tuesday-22-february-2022/>

<https://www.gov.scot/publications/coronavirus-COVID-19-scotlands-strategic-framework-update-february-2022/pages/2/>

**Commentary:** The first minister introduces the new strategic framework. COVID-19 certification to end 28th February, regulations on face covering in indoor public places and public transport to revert to guidance. Legal requirements on businesses, places of worship and service providers transition into guidance.

- **Key event (date):** 28th Feb  
**Topic:** COVID passports no longer needed for large events  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60546409>.  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-33](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-33)  
**Commentary:** Regulation for large events to have COVID-19 passports for all attendees lifted.
- **Key event (date):** 8th March  
**Topic:** No change in decision making.  
**Main body / persons involved:** Coronavirus advisory subgroup of education and children's issues  
**Relevant documents:**  
<https://www.gov.scot/publications/coronavirus-COVID-19-advisory-sub-group-on-education-and-childrens-issues-minutes-8-march-2022/>  
**Commentary:** Reviewed current guidelines in schools and infection rates. Last meeting of this subgroup.
- **Key event (date):** 10th Mar **Key Milestone**  
**Topic:** COVID-related hospital admissions at its highest in last 13 months  
**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60698453>.

[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-68](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-68)

**Commentary:** COVID-19 admissions at their highest in the past 13 months with 1636 inpatients reported on 9 March.

- **Key event (date):** 14th Mar **Key Milestone**

**Topic:** Omicron variant BA.2 responsible for 85% of new cases

**Main body / persons involved:** Chief Medical Officer

**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60736563>.

[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-70](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-70)

**Commentary:** 85% of new cases attributable to the Omicron variant BA.2 as per the Chief Medical Officer.

- **Key event (date):** 14th March

**Topic:** End of travel restrictions for incoming travelers.

**Main body / persons involved:** Scottish Government

**Relevant documents:**

<https://www.gov.scot/news/international-travel-restrictions-end/>

**Commentary:** Cross-UK meeting all travel restrictions for people coming to Scotland to end. Fully vaccinated and non-vaccinated travelers no longer required to complete Passenger Locator Forms from 4am 18 March. Non-vaccinated travelers will cease pre-department and day 2 PCR.

- **Key event (date):** 17th March

**Topic:** Scotland economic output and performance during the pandemic mirrored changes in public health restrictions with some sectors more effected than others.

**Main body / persons involved:** Audit Scotland



**Relevant documents:** [https://www.audit-scotland.gov.uk/uploads/docs/report/2022/briefing\\_220317\\_supporting\\_businesses.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2022/briefing_220317_supporting_businesses.pdf)

**Commentary:** Using data from 2020 and 2021 showed the unequal economic impact of restrictions. Regions where tourism and hospitality contribute greater proportion to economic activity were more vulnerable to lockdown measures. Disproportionate impact on rural and island economies.

- **Key event (date):** 01st May  
**Topic:** Self-isolation rule ends for COVID- positive individuals  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.bbc.com/news/uk-scotland-61272252>.  
**Commentary:** Stay at home if unwell guidance replaces the self-isolation rule for COVID-19 positive individuals.
- **Key event (date):** 1st June  
**Topic:** Open with Care guidelines for care homes  
**Main body / persons involved:** Scottish Government; Care homes  
**Relevant documents:**  
<https://www.gov.scot/publications/open-with-care-supporting-meaningful-contact-in-adult-care-homes-principles/>  
**Commentary:** Advice and guidance to care homes saying people in care homes should be able to see their friends and family without restrictions including during COVID-19 and other infectious outbreaks.
- **Key event (date):** 16th June  
**Topic:** Overview of Scotland’s financial response to pandemic with amount of spending when country was entering new restrictions  
**Main body / persons involved:** Audit Scotland

**Relevant documents:** [https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr\\_220616\\_financial\\_response\\_to\\_covid.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr_220616_financial_response_to_covid.pdf)

**Commentary:** The amount of spending over each lockdown provided from the start of the pandemic through to beginning of 2022.

## Appendix 3: Timeline – Testing

- **Key event (date):** 1-Jan-22:  
COVID testing centre targeted in arson attack in Dumbarton  
**Topic:** Testing capacity and accessibility  
**Main body / persons involved:** Police Scotland  
**Relevant documents:** <https://www.bbc.co.uk/news/uk-scotland-glasgow-west-59851384>  
**Commentary:** A COVID-19 testing centre is deliberately set on fire in Dumbarton.
- **Key event (date):** 3-Jan-22:  
Schools:  
Secondary pupils to take at-home COVID-19 tests before they return to school:  
**Topic:** Testing requirements  
**Main body / persons involved:** Scottish Government, Health Secretary and CMO  
**Relevant documents:** <https://www.gov.scot/news/returning-to-school-safely/>  
**Commentary:** Secondary pupils are being advised to take at-home COVID-19 tests before they return to school to limit the spread of Omicron.  
Those without symptoms should do a lateral flow device (LFD) test the night before or on the morning of the return to classes following the festive break. After that, testing should be done twice weekly.  
All LFD test results - positive, negative or void – should be recorded via the online portal.
- **Key event (date):** 5-Jan-22:  
Scottish Government announce changes to self-isolation and testing  
**Topic:** Self-Isolation and testing  
**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.gov.scot/news/self-isolation-and-testing-changes/>  
<https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-covid19-recovery-committee/correspondence/2022/self-isolation-changes>

**Commentary:** Scottish Government announce changes to self-isolation and testing. From 6 January, new cases can end self-isolation if they don't have a fever and test negative on a LFD on Day 6 and again at least 24 hours later. Anyone who tests positive on a LFD will no longer be asked to take a PCR test to confirm the result

- **Key event (date):** 6-Jan-22:

fully vaccinated or under the age of 18 will no longer need to take pre-departure COVID tests

**Topic:** Testing (Travel)

**Main body / persons involved:** UK Government to devolved nations

**Relevant documents:** <https://www.gov.scot/news/easing-of-restrictions-on-international-travellers/>

**Commentary:** From 6 January, people travelling to Scotland from abroad who are fully vaccinated or under the age of 18 will no longer need to take pre-departure COVID-19 tests, and will also no longer be required to self-isolate on arrival until they've received a negative result.

- **Key event (date):** 12-Jan-22:

SPI-M-O Consensus Statement on COVID-19

**Topic:** Testing

**Main body / persons involved:** SPI-M-O (non-government) academics and UK Government

**Relevant documents:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1048385/S1488\\_SPI-M-O\\_consensus\\_statement.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1048385/S1488_SPI-M-O_consensus_statement.pdf)

**Commentary:** SPI-M-O advises the UK Government that patterns in testing data are being affected by testing behaviours before and after the festive period, day of week effects, and recent changes to testing policies, which in turn makes interpretation of the data difficult.

- **Key event (date):** 13-Jan-22:

SAGE meeting

**Topic:** Testing behaviours

**Main body / persons involved:** UK Government

**Relevant documents:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1048286/SAGE\\_103\\_Minutes\\_130122.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1048286/SAGE_103_Minutes_130122.pdf)

SAGE notes that changes to testing policy and to behaviours with respect to testing before and after Christmas have caused uncertainty in trends in the number of new cases.

- **Key event (date):** 24-Jan-22:

Fully vaccinated arrivals into Scotland will no longer be required to possess a negative test result

**Topic:** Testing (Travel)

**Main body / persons involved:** UK Government to devolved nations

**Relevant documents:**

<https://www.gov.scot/news/international-travel-restrictions-eased/>

**Commentary:** Fully vaccinated arrivals into Scotland will no longer be required to possess a negative test result from 4am on 11 February. Non-vaccinated arrivals will still be required to take pre-departure tests and a PCR test on or before day two – but the requirement for isolation will end – and they will no longer have to take a day eight test.

- **Key event (date):** 28-Jan-22:  
 SAGE Meeting:  
 SPI-B to consider and share with SPI-M-O any recent evidence on behaviours around testing  
**Topic:** Testing behaviours  
**Main body / persons involved:** SAGE, SPI-M-O and SPI-B  
**Relevant documents:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1052629/S1495\\_SAGE\\_104\\_minutes\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1052629/S1495_SAGE_104_minutes_.pdf)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1052618/S1496\\_260122\\_SPI-M-O\\_consensus\\_statement.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1052618/S1496_260122_SPI-M-O_consensus_statement.pdf)  
**Commentary: Action:** SPI-B to consider and share with SPI-M-O any recent evidence on behaviours around testing (as part of SPI-B work to be commissioned by Cabinet Office).  
**Action:** SPI-M-O and UKHSA (Jenny Harries) to consider what studies would elucidate the impact of testing behaviour on prevalence in the UK, including Devolved Administrations in discussion  
 One hypothesis is that community testing and communication of risk within local networks sufficiently interrupted transmission to restrict growth. Changes to testing behaviour could have a larger impact on epidemic trajectories than other non-pharmaceutical interventions, but this remains uncertain and further evidence on testing behaviours is required, as well as analysis of testing effects across the UK in different regions and devolved administrations
- **Key event (date):** 2-Feb-22:  
 SPI-M-O consensus statement on COVID-19  
**Topic:** Testing and Self-Isolation  
**Main body / persons involved:** SPI-M-O (non-government) academics and UK Government

**Relevant documents:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1055472/S1510\\_SPI-M-O\\_consensus\\_statement.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1055472/S1510_SPI-M-O_consensus_statement.pdf)

**Commentary:** The University of Warwick estimates that testing, self-isolation, and other behaviours and protective measures have reduced transmission by 20-45%. They estimate a 25-80% increase in transmission if there were a return to pre-pandemic behaviours and no mitigations.

- **Key event (date):** 4-Feb-22:  
15 million COVID-19 PCR tests completed  
**Topic:** Testing and Self-Isolation  
**Main body / persons involved:** NHS Scotland, Health Board laboratories, Lighthouse laboratories and their partner laboratories and testing sites  
**Relevant documents:** <https://www.gov.scot/news/15-million-milestone-reached-for-coronavirus-tests/>  
**Commentary:** 15 million COVID-19 PCR tests completed
- **Key event (date):** 9-Feb-22:  
Key Decision:  
The Coronavirus (Discretionary Compensation for Self-Isolation) (Scotland) bill passed in Parliament  
**Topic:** Testing Self-Isolation  
**Main body / persons involved:** Scottish Government and Health Boards  
**Relevant documents:**  
<https://www.gov.scot/news/protection-for-health-boards-continues/>  
**Commentary:** Health Boards are not obligated to provide compensation to individuals asked to self-isolate due to COVID-19, but must provide compensation to individuals asked to self-isolate for other infectious diseases. The law remains in effect until 31 October 2022. The bill is projected to save Health Boards £320 million in 2022.

- **Key event (date):** 10-Feb-22:  
SAGE meeting  
**Topic:** Testing and Self-Isolation  
**Main body / persons involved:** UK Government  
**Relevant documents:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1054509/S1509\\_SAGE\\_105\\_minutes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054509/S1509_SAGE_105_minutes.pdf)  
**Commentary:** SAGE discusses the social and behavioural impacts of removing access to free testing. They note removing free testing will make testing and other precautionary actions more difficult, and may increase anxiety in those who found testing reassuring after a possible exposure. Ambiguity around self-isolation requirements when testing positive may disproportionately impact the vulnerable sections of the population. Ending free testing may suggest to people that they should continue to go to work and social gatherings even if symptomatic.
- **Key event (date):** 10-Feb-22:  
Academic paper on Viral Evolution Scenarios presented at SAGE meeting  
**Topic:** Testing behaviours  
**Main body / persons involved:** UK Government and Academics  
**Relevant documents:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1054323/S1513\\_Viral\\_Evolution\\_Scenarios.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054323/S1513_Viral_Evolution_Scenarios.pdf)  
**Commentary:** Testing as a countermeasure will have a large impact on outcomes in the medium-term. Access to testing strongly influences transmission reduction and is likely to impact the shape and duration of future waves of COVID-19 infection.



- **Key event (date):** 10-Feb-22:  
SPI-B note on social and behavioural impacts of lifting remaining restrictions  
**Topic:** Testing and Self-Isolation  
**Main body / persons involved:** SPI-B (SAGE), UK Government  
**Relevant documents:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1054362/S1514\\_SPI-B\\_note\\_on\\_lifting\\_restrictions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054362/S1514_SPI-B_note_on_lifting_restrictions.pdf)  
**Commentary:** SPI-B note on lifting testing and self-isolation restrictions based on modeling
  - policy makers and communicators should consider unintended consequences to changes to current provision of testing.
  - halting free testing will make it difficult for symptomatic people to confirm infection and take appropriate action to reduce transmission. It will become more difficult for socioeconomically underrepresented and minority populations to take precautionary measures and seek medical treatment.
  - halting free testing may increase anxiety and limit social participation among some people, particularly those who are or who live with someone who is clinically vulnerable (medium confidence)
  - changing self-isolation rules to guidance only will likely lead to ambiguity surrounding the need for strict adherence, and will disproportionately affect the more vulnerable populations (medium to high confidence)
  - lack of testing availability and public confusion as to whether their symptoms warranted testing has led to most people with COVID-19 symptoms not taking a test. Removing free access to testing may cause COVID-19 symptoms to become subsumed into the broader category of respiratory-illness symptoms that are common and

people will treat these symptoms as they would any other illness with similar symptoms (high confidence).

- ending free testing for those with symptoms and removing requirements to self-isolate for those who test positive may be perceived by some to mean that they should continue as normal regardless of symptoms or infection
- **Key event (date):** 22-Feb-22:

Scotland's Strategic Framework Update on testing and surveillance

**Topic:** Testing behaviours

**Main body / persons involved:** Scottish Government

**Relevant documents:**

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/02/coronavirus-COVID-19-scotlands-strategic-framework-update-february-2022/documents/COVID-19-scotlands-strategic-framework-update-february-2022/COVID-19-scotlands-strategic-framework-update-february-2022/govscot%3Adocument/COVID-19-scotlands-strategic-framework-update-february-2022.pdf>

**Commentary:** Since the festive period, and changes to testing policy to remove confirmatory PCR tests, we have seen a significant decrease in the levels of daily PCR testing, now settling at around 8,000-12,000 tests per day.

The high number of cases driven by Omicron, and our guidance and intensive media and marketing activity to encourage people to use LFD tests before mixing with others over the festive period, also saw exceptional demand for LFDs over December and early January. Demand reached as high as 8-10 million tests each week, compared to the 10 million LFD tests distributed per month in the autumn. The increase in demand for tests also led to a significant increase in the number of LFD results being reported, with the numbers of tests per week being recorded increasing by 135% between the end of November and the end of

December. Record numbers of individuals also entered the contact tracing system over this period, with over 130,000 unique positive cases being created in the contact tracing system within one week at the turn of the year - compared with around 20,000 index cases per week in late November 2021. The number of LFD results reported has been decreasing in the early weeks of 2022 but the levels of LFD test result recorded in the week ending 13 February 2022 remained over 94% higher than at the end of November 2021.

As we move through the spring and into the summer, our priorities will move away from the current routine asymptomatic programmes of testing towards ensuring continuing and sufficiently rapid access to:

1. testing for those who require clinical care or would benefit from new and emerging treatments;
2. a continued focus on protecting those at highest clinical risk;
3. maintaining sufficiently robust surveillance (including genomic sequencing) to detect emerging issues early enough for effective response;
4. continuing to support local responses in communities where there is enduring transmission;
5. supporting outbreak management and mitigation in particularly high-risk settings – with the ability to scale our response as required to address threat levels in the future.

We will continue to support access to PCR and Lateral Flow Testing on the same basis for the general population as now, subject to the changes in advice on frequency of lateral flow testing set out below.

In line with our progress through the Omicron wave, we are evolving our population level asymptomatic testing approach from the current advice to test on every occasion before mixing with others, back to advice to test at least twice weekly and in particular before mixing in crowded places or with anyone who is clinically vulnerable through age or other

health conditions. We are also reviewing the frequency of asymptomatic testing taking place within our health and social care workforces and may revert in the period ahead from daily to twice weekly testing. However we will only do this in line with the latest clinical advice and risk assessments. We have also asked the educational advisory subgroup for advice on lateral flow testing for schools and will update our approach when this is available. We still advise those with symptoms to book a PCR test. And we continue to advise anyone who tests positive – either through a PCR or a Lateral Flow Test – to stay at home for the recommended period of isolation to reduce the risk of infecting others, including those who may be clinically vulnerable. We will keep the recommended period of isolation for positive cases under review. Contact tracing and advice to contacts also continues at this point, as does support for those advised to isolate.

- **Key event (date):** 15-Mar-22:

Key Milestone:

Test and protect transition plan

**Topic:** Testing requirements

**Main body / persons involved:** Scottish Government

**Relevant documents:**

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

**Commentary:** The Scottish Government's Test and Protect transition plan is published. People without COVID-19 symptoms will no longer be asked to take regular lateral flow tests from 18 April. From this date, free lateral flow devices (LFDs) will no longer be available except for any purpose for which testing continues to be advised. People with symptoms should continue to isolate and get a PCR test until the end of April.

- **Key event (date):** 30-Mar-22:  
 Key Milestone:  
 Asymptomatic testing no longer required  
**Topic:** Testing requirements  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.gov.scot/news/update-on-COVID-19-regulations/>  
**Commentary:** In addition, from 18 April most people without symptoms will not be required to take tests. Lateral flow devices for twice weekly testing will no longer be available. PCR tests for people with COVID-19 symptoms will be available until 30 April, when test sites will close.
- **Key event (date):** 28-Apr-22:  
 Key Milestone:  
 End of PCR testing and contact tracing. New stay at home guidance replaces self-isolation.  
**Topic:** Testing and Self-Isolation  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.gov.scot/news/new-stay-at-home-guidance-published/>  
**Commentary:** PCR testing and contract tracing for the general public will end on 30 April when PCR test sites will close. Testing will only remain available for certain high-risk groups and for surveillance.  
 Adults with COVID-19 symptoms and fever are asked to stay home until fever is gone or they feel well. Children under 18 with mild symptoms and without fever can continue to go to school/education settings.
- **Key event (date):** 16-Jun-22:  
 Auditor General's report on Scotland's financial response to COVID-19 published  
**Topic:** Testing capacity  
**Main body / persons involved:** Scottish Government, Auditor General

**Relevant documents:** [https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr\\_220616\\_financial\\_response\\_to\\_covid.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr_220616_financial_response_to_covid.pdf)

**Commentary:** The Auditor General's financial report reveals £73 million was spent on Test and Protect in 2020/2021.

- **Key event (date):** 25-Sep-22:

Asymptomatic testing for social care workers halted

**Topic:** Testing requirements

**Main body / persons involved:** Scottish Government

**Relevant documents:**

<https://www.gov.scot/news/pausing-asymptomatic-COVID-19-testing/>

**Commentary:** The Scottish Government announces that health and social care workers will no longer be required to test for COVID-19 every week as asymptomatic testing is paused by 28 September.

- **Key event (date):** 28-Oct-22:

Pre-budget scrutiny: Scotland's Strategic Framework and COVID Recovery Strategy

**Topic:** Testing capacity

**Main body / persons involved:** Scottish Government (COVID-19 Recovery Committee to Deputy First Minister and Cabinet Secretary for COVID Recovery)

**Relevant documents:** <https://www.parliament.scot/-/media/files/committees/covid19-recovery-committee/correspondence/2022/pre-budget-scrutiny-covid19-scotlands-strategic-framework-and-covid-recovery-strategy.pdf>

**Commentary:** Funding for decreased test and protect activities appropriate for now, however, any future changes in testing policy will require additional funding to implement. Digital infrastructure has mainly been preserved with the intention of using again for future public health responses.

The COVID-19 Recovery Committee recognizes the importance of funding ongoing activities relating to testing.

- **Key event (date):** 9-Dec-22:  
End of the Self-Isolation Support Grant  
**Topic:** Testing and Self-Isolation  
**Main body / persons involved:** Scottish Government  
**Relevant documents:**  
<https://www.gov.scot/news/supporting-low-income-workers/>  
**Commentary:** The Self-Isolation Support Grant closes to new applicants effective 5 January 2023. The grant has provided nearly £73 million in support to low-income workers needed to self-isolate due to themselves or a dependent testing positive for COVID-19 from October 2020 – October 2022. Crisis Grants through the Scottish Welfare Fund, alteration to Universal Credit Rates, and Statutory Sick Pay are suggested as alternative sources of support.
- **Key event (date):** 20-Dec-22:  
Pre-budget scrutiny: Scotland’s Strategic Framework and COVID Recovery Strategy response to letter from 28-Oct  
**Topic:** Testing capacity  
**Main body / persons involved:** Scottish Government (response letter from Deputy First Minister and Cabinet Secretary for COVID Recovery) to Scottish Parliament (Convener, COVID-19 Recovery Committee).  
**Relevant documents:** <https://www.parliament.scot/-/media/files/committees/covid19-recovery-committee/correspondence/2022/pre-budget-scrutiny-deputy-first-minister-response.pdf>  
**Commentary:** Scottish Government will work with Public Health Scotland to ensure adequate funding in 2023/24 for a surveillance program, including the funding necessary to ramp up testing if needed.

## Appendix 4: Timeline – Vaccination

- **Key event (date):** 2nd January 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** Scottish Government, JCVI  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.scot/news/covid-vaccine-for-12-15-year-olds/>  
**Commentary:** Scottish Government brings forward second doses for young people. Following JCVI advice, 12–15-year-olds can get their second vaccination from 12 weeks after their first dose.
- **Key event (date):** 3rd January 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** Scottish Government  
**Relevant documents:**  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022))  
<https://www.bbc.com/news/uk-scotland-59848471>  
**Commentary:** Second vaccine walk-in clinics open for those aged 12–15 who had their first vaccine twelve or more weeks ago, with them being urged to make an appointment for the vaccine before returning to school.
- **Key event (date):** 7th January 2022  
**Topic:** Vaccination programme, vaccine effectiveness, vaccine mandates  
**Main body / persons involved:** JCVI, UKHSA, CMO  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.uk/government/news/boosters-continue-to-provide-high-levels-of-protection-against-severe-disease-from-omicron-in-older-adults>



<https://khub.net/documents/135939561/338928724/Effectiveness+of+3+doses+of+COVID-19+vaccines+against+symptomatic+COVID-19+and+hospitalisation+in+adults+aged+65+years+and+older.pdf/ab8f3558-1e16-465c-4b92-56334b6a832a>

<https://www.gov.scot/publications/coronavirus-COVID-19-fertility-treatment-for-unvaccinated-patients/pages/deferral-of-fertility-treatment-january-2022/>

**Commentary:** JCVI advise there is no immediate need to introduce a second booster dose, or fourth jab, to the most vulnerable. The JCVI also advised that priority should continue to be given to rolling out first booster doses to all age groups.

New report published from the UKHSA on the effectiveness of 3 doses of COVID-19 vaccines against symptomatic COVID-19 and hospitalisation in adults aged 65 years and older.

CMO writes to health boards on the temporary deferral of fertility treatment for patients not fully vaccinated against COVID-19.

- **Key event (date):** 11th January 2022

**Topic:** Vaccine effectiveness

**Main body / persons involved:** Scottish Government  
COVID-19 Advisory Group

**Relevant documents:**

<https://www.gov.scot/publications/scottish-government-coronavirus-COVID-19-advisory-group-minutes-11-january-2022/>

**Commentary:** Scottish Government COVID-19 Advisory Group was shown data from the EAVE-II study. Within this study, analysis of data on vaccine effectiveness remains unaffected by changes in testing as this always relied on symptomatic PCR tests, though other analyses will be impacted by this change in testing policy. For all groups there are slightly higher hazard ratios for Omicron, meaning the

protection against infection from vaccines is not as effective as against Delta. There is a very large reduction in risk for those vaccinated compared to being unvaccinated.

- **Key event (date):** 17th January 2022  
**Topic:** Vaccine certification  
**Main body / persons involved:** Scottish Government  
**Relevant documents:**  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022))  
<https://www.bbc.com/news/uk-scotland-60014556>  
**Commentary:** COVID regulations in Scotland are relaxed to allow large outdoor events such as football matches with spectators, to resume, but they require at least 50% of the crowd to be checked for vaccine certificates.
- **Key event (date):** 18th January 2022  
**Topic:** Vaccination programme, vaccine mandates  
**Main body / persons involved:** Scottish Government, North Sea energy firm  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022))  
<https://www.gov.scot/news/vaccinations-for-youngsters-with-specific-medical-conditions/>  
<https://www.bbc.com/news/uk-scotland-north-east-orkney-shetland-60042092>  
**Commentary:** Scottish Government announce children aged five to 11 years old with specific medical conditions will start receiving invitations for their first COVID-19 vaccination. North Sea energy firm Canadian Natural Resources issues a statement confirming it will only allow members of staff who are vaccinated to work on its offshore facilities. The announcement is branded as "draconian" by the Unite trade union

- **Key event (date):** 2nd February 2022  
**Topic:** Vaccination equality  
**Main body / persons involved:** Public Health Scotland  
**Relevant documents:**  
[https://publichealthscotland.scot/media/13192/22-02-02-covid19-winter\\_publication\\_report.pdf](https://publichealthscotland.scot/media/13192/22-02-02-covid19-winter_publication_report.pdf)  
**Commentary:** PHS published a winter update to the COVID-19 Statistical report with refreshment of the Equality of COVID-19 Vaccination Uptake data by ethnicity
- **Key event (date):** 3rd February 2022  
Key milestone  
**Topic:** Vaccine authorisation  
Vaccine effectiveness,  
**Main body / persons involved:** UK Government, MHRA, Scottish Government COVID-19 Advisory Group  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.uk/government/news/novavax-COVID-19-vaccine-nuvaxovid-approved-by-mhra>  
<https://www.gov.scot/publications/scottish-government-COVID-19-advisory-group-minutes-3-february-2022/>  
**Commentary:** UK Government announce the Novavax COVID-19 vaccine Nuvaxovid has been approved by MHRA. Early studies show the same effectiveness of vaccines on BA.2 and no increase of hospitalisations in Denmark suggests the same. Work continues on evaluating vaccine effectiveness and waning – booster effectiveness remains high for mortality and hospitalisation.
- **Key event (date):** 4th February 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>

<https://www.gov.scot/news/flu-vaccination-programme-success/>

**Commentary:** Scottish Government announce flu vaccinations are on offer again until the end of March for those in high-risk groups (the programme was paused in December so that health boards could prioritise the delivery of COVID-19 booster jabs).

- **Key event (date):** 7th February 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** NHS Grampian  
**Relevant documents:**  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022))  
<https://www.bbc.com/news/uk-scotland-north-east-orkney-shetland-60295074>  
**Commentary:** NHS Grampian confirms that 42 people were mistakenly given out-of-date doses of a vaccine at a vaccination centre, but say the vaccine is safe and should still offer some protection
- **Key event (date):** 9th February 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** Charity watchdogs, Christadelphian Ecclesia  
**Relevant documents:**  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022))  
**Commentary:** Charity watchdogs launch an investigation into the Christadelphian Ecclesia group following complaints about "disturbing" messages concerning the LGBT community and anti-vaccine propaganda.
- **Key event (date):** 16th February 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** JCVI

**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022))  
<https://www.gov.uk/government/news/jcvi-updates-advice-on-vaccinations-for-5-to-11-age-group>  
<https://www.gov.uk/guidance/siren-study>

**Commentary:** JCVI updates advice on vaccinations for 5 to 11 age group. The committee recommends a non-urgent offer to all 5 to 11 year olds of 2 (10mcg) doses of the Pfizer-BioNTech paediatric vaccine. The 2 doses should be given with an interval of at least 12 weeks between doses.

SIREN study published which found that 2 doses of the Pfizer vaccine were associated with high short-term protection against SARS-CoV-2 infection but that this protection reduced considerably after 6 months. This provided important insights for COVID-19 vaccination programmes.

- **Key event (date):** 21st February 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** JCVI, Scottish government  
**Relevant documents:** <https://www.gov.scot/news/second-boosters-for-at-risk-groups/>  
**Commentary:** Second booster jabs will be offered to those aged 75 and over and those at highest risk of severe COVID-19 disease following the latest JCVI advice.
- **Key event (date):** 22nd February 2022  
**Topic:** Vaccine certification, vaccination programme  
**Main body / persons involved:** First Minister Nicola Sturgeon, Scottish Government  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.scot/publications/coronavirus-COVID-19-update-first-ministers-speech-tuesday-22-february-2022/>

<https://www.gov.scot/news/vaccinations-for-all-five-to-11-year-olds/>

**Commentary:** First Minister Nicola Sturgeon announces vaccine certification will no longer be legally required from Monday 28 February. Current legal requirements on the use of face coverings and the collection of customer details for contact tracing purposes are expected to be lifted on 21 March.

Scottish Government announce children aged 5-11 to be offered COVID-19 vaccination appointments in community clinics from 19 March 2022.

- **Key event (date):** 5th March 2022

**Topic:** Vaccine mandates

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022))

<https://www.gov.scot/news/nhs-fertility-treatment-to-resume-for-unvaccinated-women/>

**Commentary:** Scottish Government announce women who are not fully vaccinated against COVID-19 will be able to resume NHS fertility treatment, following an updated review.

- **Key event (date):** 6th March 2022

**Topic:** Vaccination programme

**Main body / persons involved:** Scottish government

**Relevant documents:** <https://www.gov.scot/news/spring-rollout-of-boosters-begins/>

**Commentary:** Spring booster jabs will be offered to those aged 75 and over and people at highest risk of severe COVID-19 disease from tomorrow.

- **Key event (date):** 7th March 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** Scottish government  
**Relevant documents:**  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022))  
<https://www.bbc.com/news/uk-scotland-south-scotland-60637961>  
**Commentary:** Scotland begins offering a second COVID booster vaccine to older care home residents, people aged over 75, and those over 12 who have a suppressed immune system.
- **Key event (date):** 8th March 2022  
**Topic:** Vaccination equality  
**Main body / persons involved:** Public Health Scotland  
**Relevant documents:**  
<https://publichealthscotland.scot/media/11979/practical-annual-monitoring-report-on-ethnic-health-inequalities.pdf>  
**Commentary:** Published the Monitoring ethnic health inequalities in Scotland during COVID-19 report
- **Key event (date):** 16th March 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** Public Health Scotland  
**Relevant documents:**  
<https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-covid19-recovery-committee/correspondence/2022/public-health-scotland-vaccine-surveillance-data>  
**Commentary:** Due to the increasing risk of misinterpretation from growing complexities as the COVID-19 pandemic enters its second year, PHS has taken the decision to no longer report COVID-19 cases, hospitalizations and deaths by vaccination status on a weekly basis.

- **Key event (date):** 17th March 2022  
 Key milestone  
**Topic:** Vaccination programme  
**Main body / persons involved:** MHRA  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.uk/government/news/evusheld-approved-to-prevent-COVID-19-in-people-whose-immune-response-is-poor>  
**Commentary:** MHRA approve the use of Evusheld (tixagevimab/cilgavimab) for use on adults who are unlikely to mount an immune response from COVID-19 vaccination or for whom vaccination is not recommended.
- **Key event (date):** 5th April 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** NHS Lothian  
**Relevant documents:**  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022))  
<https://www.bbc.com/news/uk-scotland-edinburgh-east-fife-60996768>  
**Commentary:** NHS Lothian apologises for an "admin error" after parents of healthy children were sent letters inviting them to have COVID vaccines because they were described as being clinically vulnerable
- **Key event (date):** 14th April 2022  
 Key milestone  
**Topic:** Vaccine authorisation  
**Main body / persons involved:** MHRA  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
**Commentary:** MHRA approves the use of the Valneva COVID-19 vaccine.



- **Key event (date):** 11th May, 2022  
**Topic:** Vaccination uptake, Vaccine equality  
**Main body / persons involved:** Public Health Scotland  
**Relevant documents:**  
[https://publichealthscotland.scot/media/13184/22-05-11-covid19-publication\\_report.pdf](https://publichealthscotland.scot/media/13184/22-05-11-covid19-publication_report.pdf)  
Correction of-  
[https://publichealthscotland.scot/media/13192/22-02-02-covid19-winter\\_publication\\_report.pdf](https://publichealthscotland.scot/media/13192/22-02-02-covid19-winter_publication_report.pdf)  
**Commentary:** Publication of equality of uptake of the COVID-19 vaccinations in Scotland updated with corrected figures (error in assigning ethnicity) in the PHS COVID-19 Statistical report from Feb 2nd, 2022  
For all individuals aged 16+ years, vaccine uptake is lowest in the African ethnic group at 41.7%
- **Key event (date):** 19th May 2022  
**Topic:** Vaccine uptake, vaccination programme  
**Main body / persons involved:** JCVI, Scottish Government  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.scot/publications/COVID-19-vaccine-barriers-incentives-uptake-literature-review/>  
<https://www.gov.uk/government/news/jcvi-provides-interim-advice-on-an-autumn-COVID-19-booster-programme>  
<https://www.gov.uk/government/news/jcvi-provides-interim-advice-on-an-autumn-COVID-19-booster-programme>  
**Commentary:** Scottish Government publishes a literature review on barriers and incentives to the uptake of COVID-19 vaccines.  
JCVI issues interim advice on an autumn COVID-19 booster programme.

- **Key event (date):** 26th May 2022  
**Topic:** Vaccine programme  
**Main body / persons involved:** COVID-19 Recovery Committee  
**Relevant documents:**  
<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CVDR-26-05-2022?meeting=13793&iob=125047>  
**Commentary:** MHRA could have discussed the judgement criteria regarding vaccine choice. More transparent information could have been provided to reduce population anxiety and impacts of social media misinformation.
- **Key event (date):** 31st May 2022  
**Topic:** Vaccination programme, vaccine inequality  
**Main body / persons involved:** Danny Boyle, BEMIS, Senior parliamentary and policy officer, co-ordinating the ethnic minority national resilience network  
**Relevant documents:**  
<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/HSCS-31-05-2022?meeting=13798&iob=125124>  
**Commentary:** BEMIS report- Lack of ethnicity data collection at vaccination campaigns resulted in challenge of resource direction.  
 With vaccine information translations, overcomplicated language was sometimes used.
- **Key event (date):** 1st June 2022  
**Topic:** Vaccine equity  
**Main body / persons involved:** Scottish and Welsh Government  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>

<https://www.gov.scot/publications/coronavirus-COVID-19-vaccine-equity-joint-statement-with-welsh-government/>

**Commentary:** Scottish Government issues a joint statement with the Welsh Government urging the UK Government to back a temporary waiver of intellectual property protections for COVID-19 vaccines, to help expand equitable global access to safe and effective vaccines.

- **Key event (date):** 15th June 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** UK government  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
**Commentary:** The UK Government announces that core functions of the Vaccine Taskforce will merge with UK Health Security Agency and the Office for Life Sciences in the autumn.
- **Key event (date):** 16th June 2022  
**Topic:** Vaccine funding  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** [https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr\\_220616\\_financial\\_response\\_to\\_covid.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr_220616_financial_response_to_covid.pdf)  
June 16 2022  
**Commentary:** In the report on Scotland's financial response to COVID-19. The Scottish Government's decision-making framework focused its pandemic response on four harms and NHS Louisa Jordan spent 57 million in vaccinations/ booking system in 2020/21
- **Key event (date):** 23rd June 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** First Minister Nicola Sturgeon, Scottish Government, COVID-19 recovery committee

## Relevant documents:

<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-23-06-2022?meeting=13840&iob=125522#125522>

**Commentary:** As of 20 June, 91 per cent of those aged 75 and over, and 86 per cent of elderly care home residents, have received a fourth dose of the COVID vaccine, the majority of which have been administered as part of the Spring Booster Programme

- **Key event (date):** 23rd June 2022

**Topic:** Vaccine information, vaccine inequality

**Main body / persons involved:** Dr Sally Witcher OBE

## Relevant documents:

<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CVDR-23-06-2022?meeting=13843&iob=125546>

**Commentary:** COVID-19 public health messaging was not adequately targeted at different groups. No information on waning vaccine protection, EVUSHELD and autumn boosters

- **Key event (date):** 28th June 2022

**Topic:** Vaccine inequality

**Main body / persons involved:** Sandesh Gulhane

<https://www.parliament.scot/msps/current-and-previous-msps/dr-sandesh-gulhane>

## Relevant documents:

<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/HSCS-28-06-2022?meeting=13861&iob=125692>

<https://publichealthscotland.scot/media/11979/practical-annual-monitoring-report-on-ethnic-health-inequalities.pdf>

**Commentary:** No information leaflets available in Hindi in the NHS Greater Glasgow and Clyde area.

No specific information on certain communities in the PHS Monitoring ethnic health inequalities in Scotland during COVID-19

- **Key event (date):** 15th July 2022

**Topic:** Vaccination programme

**Main body / persons involved:** Scottish government

**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.scot/news/autumnwinter-COVID-19-booster-programme/>

**Commentary:** A further booster vaccination will be offered from September to those at highest risk of severe COVID-19 disease including: older adult care home residents and staff; frontline health and social care workers, all adults aged 50 and over, those aged 5 to 49 years in a clinical risk group, including pregnant women, household contacts of people with immunosuppression, and carers aged 16-49 years.

- **Key event (date):** 11 August 2022

**Topic:** Vaccine uptake

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.scot/publications/vaccines-research-looking-people-vaccinated-not/documents/>

**Commentary:** The Scottish Government publishes research looking at why some people chose to take up the COVID-19 and flu vaccinations and some did not.

- **Key event (date):** 15th August 2022

Key milestone

**Topic:** Vaccine authorisation

**Main body / persons involved:** MHRA

**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.uk/government/news/first-bivalent-COVID-19-booster-vaccine-approved-by-uk-medicines-regulator>

**Commentary:** MHRA approves the use of an adapted Moderna vaccine for adult booster doses in the UK. The first bivalent COVID-19 vaccine targets both the original virus strain from 2020 and the Omicron strain.

- **Key event (date):** 3rd September 2022

**Topic:** Vaccine authorisation

**Main body / persons involved:** JCVI

**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.uk/government/news/jcvi-advises-use-of-additional-bivalent-vaccine-for-autumn-booster-campaign>

**Commentary:** The JCVI updates its published advice to include an additional bivalent vaccine now approved by the MHRA.

- **Key event (date):** 5th September 2022

**Topic:** Vaccination programme

**Main body / persons involved:** Scottish government

**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.scot/news/winter-vaccines-programme-begins/>

**Commentary:** Scotland's winter vaccine programme gets underway. Both new bivalent vaccines will be deployed alongside existing vaccines.

- **Key event (date):** 6th September 2022

**Topic:** Vaccination programme

**Main body / persons involved:** Scottish government

**Relevant documents:**

<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-08-09-2022?meeting=13878&iob=125841>

**Commentary:** 440 smaller local clinics offering vaccinations to facilitate people facing access barriers

- **Key event (date):** 8th September 2022

**Topic:** Vaccination funding

**Main body / persons involved:** Dr. Nick Phin

Organisational lead for strategic engagement and policy at Public Health Scotland

**Relevant documents:**

<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CVDR-08-09-2022?meeting=13886&iob=125865>

**Commentary:** Scottish Government has provided funding to PHS for 2022-23 in relation to the vaccination programme, surveillance, and a small team that will be used to investigate variants and mutations.

- **Key event (date):** 8th September 2022

**Topic:** Vaccination inequality

**Main body / persons involved:** Carolyn Low

Director of finance, at NHS National Services Scotland

**Relevant documents:**

<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CVDR-08-09-2022?meeting=13886&iob=125865>

**Commentary:** A more cost-effective approach to vaccine delivery (eg.-digital bookings) could undermine the Strategic Framework through reduced or delayed vaccine uptake excluding the most vulnerable people. Alternative to use National Contact Centre suggested

- **Key event (date):** 28th September 2022  
**Topic:** Vaccination programme  
Vaccination equity  
**Main body / persons involved:** UKHSA; NHS  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.uk/government/news/over-30-million-people-urged-to-take-up-vital-flu-and-COVID-19-vaccines>  
<https://sp-bpr-en-prod-cdnep.azureedge.net/published/HSCS/2022/9/28/c2d290be-c302-4d47-8443-90394391f0bd-4/HSCS062022R11.pdf>  
**Commentary:** UKHSA urges everyone eligible for a free flu vaccine and a COVID-19 booster to take up the offer as soon as possible ahead of what could be a difficult winter with respiratory viruses circulating widely.  
NHS Lothian's integrated Impact Assessment (IIA) of its COVID-19 vaccination programme to identify those most likely to encounter barriers in accessing vaccinations with a view to overcoming those barriers
- **Key event (date):** 12th October 2022  
Key milestone  
**Topic:** Vaccination programme  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.scot/news/more-than-1-3-million-winter-vaccines-delivered/>  
**Commentary:** More than 1.3 million COVID-19 and flu vaccines have been delivered since the winter vaccine programme launched in September, the Scottish Government announces.
- **Key event (date):** 23rd October 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** Scottish Government



**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.scot/news/winter-vaccines-for-remaining-priority-groups/>

**Commentary:** Scots aged 50-64 can book an appointment on the NHS Inform website for their winter COVID-19 and flu vaccines.

- **Key event (date):** 9th November 2022  
Key milestone  
**Topic:** Vaccine authorisation  
**Main body / persons involved:** MHRA  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.uk/government/news/second-pfizerbiontech-bivalent-COVID-19-booster-vaccine-approved-by-uk-medicines-regulator>  
**Commentary:** A second Pfizer/BioNTech bivalent COVID-19 booster vaccine is approved by the MHRA.
- **Key event (date):** 30th November 2022  
**Topic:** Vaccination funding  
**Main body / persons involved:** Fergus Ewing SNP-Inverness and Nairn  
**Relevant documents:**  
<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-30-11-2022?meeting=14023&iob=127035#127035>  
**Commentary:** Suggestion of Scottish Govt supporting a GP led COVID-19 and flu vaccination programme in NHS Highland, in light of reports that it would cost several million pounds less £1.5 million than the model proposed £9 million a year by the national health service board.

- **Key event (date):** 6th December 2022  
 Key milestone  
**Topic:** Vaccine authorisation  
**Main body / persons involved:** MHRA  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.uk/government/news/pfizerbiontech-COVID-19-vaccine-authorized-for-use-in-infants-and-children-aged-6-months-to-4-years>  
**Commentary:** A second Pfizer/BioNTech bivalent COVID-19 booster vaccine is approved by the MHRA for use in infants and children aged 6 months to 4 years.
- **Key event (date):** 8th December 2022  
 Key milestone  
**Topic:** Vaccination programme  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
<https://www.gov.scot/news/two-years-of-COVID-19-vaccines/>  
**Commentary:** The Scottish Government announces that more than 14.9 million doses of the COVID-19 vaccination have been administered in Scotland since the first jab was given exactly two years ago. Health Secretary Humza Yousaf thanks staff for their “incredible efforts”
- **Key event (date):** 16th December 2022  
**Topic:** Vaccination programme  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://spice-spotlight.scot/2022/12/16/timeline-of-coronavirus-COVID-19-in-scotland/>  
**Commentary:** The Scottish Government urges those eligible for the free COVID-19 and flu vaccinations to get their jabs as winter sets in and hospitalisations increase.

- **Key event (date):** 21st December 2022

Key milestone

**Topic:** Vaccine authorisation

**Main body / persons involved:** MHRA

**Relevant documents:**

[https://www.gov.uk/government/news/sanofi-pasteur-  
COVID-19-vaccine-authorized-by-mhra](https://www.gov.uk/government/news/sanofi-pasteur-covid-19-vaccine-authorized-by-mhra)

**Commentary:** VidPrevtyn Beta, the COVID-19 vaccine developed by Sanofi, has been authorised by the MHRA.

# Appendix 5: Vaccination strategy data tables and figures

## Figure A1.

**Vaccine effectiveness for those aged 65 years or older against symptomatic diseases by period after dose two and a booster dose for Delta (black squares) and Omicron (grey circles) for (a) recipients of two doses of ChAdOx1-S (AstraZeneca) vaccine as the primary course and BN (Pfizer) or mRNA-1273 (Moderna) as a booster; (b) recipients of two doses of BNT162b2 (Pfizer) vaccine as the primary course and BNT162b2 (Pfizer) or mRNA-1273 (Moderna) as a booster ([note 306](#)).**

[Figure A1 is shown below. It shows 2 graphs with the following approximate information:

### **a) Two doses of ChAdOx1-S with a BNT162b2 or mRNA-1273 booster dose**

This graph shows Vaccine effectiveness (%) against Time since Vaccine (weeks). Each point has vertical whiskers showing range.

#### **Dose 2:**

10-14 weeks:

- Delta: 72 (with range 0 to 94)

15-19 weeks:

- Delta: 62 (with range 22 to 80)

20-24 weeks:

- Omicron: 6 (with range -44 to 41)
- Delta: 56 (with range 38 to 66)

25+ weeks:

- Omicron: 10 (with range -6 to 24)
- Delta: 44 (with range 36 to 52)

## **BNT162b2 booster:**

1 week:

- Omicron: 46 (with range 34 to 58)
- Delta: 89 (with range too small to read)

2-4 weeks:

- Omicron: 62 (with range 58 to 66)
- Delta: 96 (with range too small to read)

5-9 weeks:

- Omicron: 47 (with range 40 to 54)
- Delta: 92 (with range too small to read)

10+ weeks:

- Omicron: 32 (with range 21 to 41)
- Delta: 86 (with range 82 to 90)

## **mRNA-1273 booster:**

1 week:

- Omicron: 56 (with range 40 to 65)
- Delta: 94 (with range too small to read)

2-4 weeks:

- Omicron: 66 (with range 61 to 72)
- Delta: 98 (with range too small to read)

5-9 weeks:

- Omicron: 57 (with range 48 to 63)
- Delta: 95 (with range 91 to 96)

## **b) Two doses of BNT162b2 with a BNT162b2 or mRNA-1273 booster dose**

This graph shows Vaccine effectiveness (%) against Time since Vaccine (weeks). Each point has vertical whiskers showing range.

### **Dose 2:**

2-4 weeks:

- Omicron: 72 (with range 25 to 91)
- Delta: 96 (with range 57 to 100)

5-9 weeks:

- Omicron: 22 (with range -35 to 56)
- Delta: 82 (with range 61 to 92)

10-14 weeks:

- Omicron: 32 (with range -5 to 56)
- Delta: 94 (with range 75 to 98)

15-19 weeks:

- Omicron: 34 (with range -41 to 68)
- Delta: 70 (with range 41 to 86)

20-24 weeks:

- Omicron: -9 (with range below -60 to 38)
- Delta: 76 (with range 50 to 88)

25+ weeks:

- Omicron: 22 (with range 5 to 36)
- Delta: 61 (with range 54 to 67)

### **BNT162b2 booster:**

1 week:

- Omicron: 59 (with range 45 to 71)
- Delta: 93 (with range too small to read)

2-4 weeks:

- Omicron: 64 (with range 59 to 71)
- Delta: 96 (with range too small to read)

5-9 weeks:

- Omicron: 49 (with range 41 to 57)
- Delta: 91 (with range too small to read)

10+ weeks:

- Omicron: 31 (with range 20 to 40)
- Delta: 88 (with range too small to read)

### **mRNA-1273 booster:**

1 week:

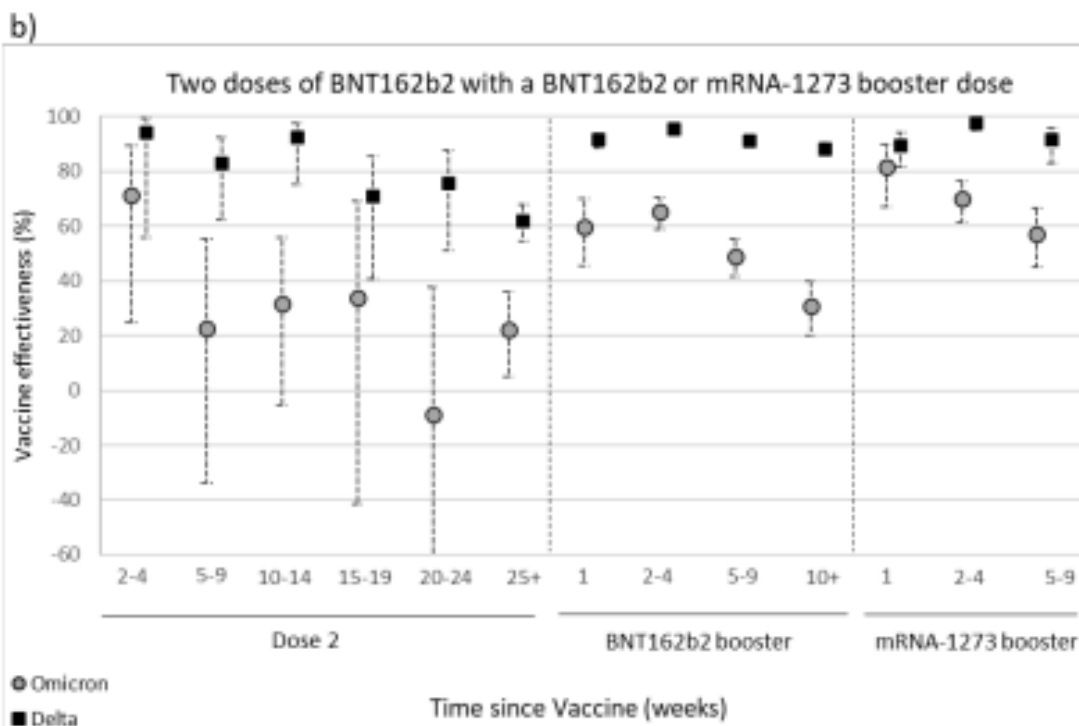
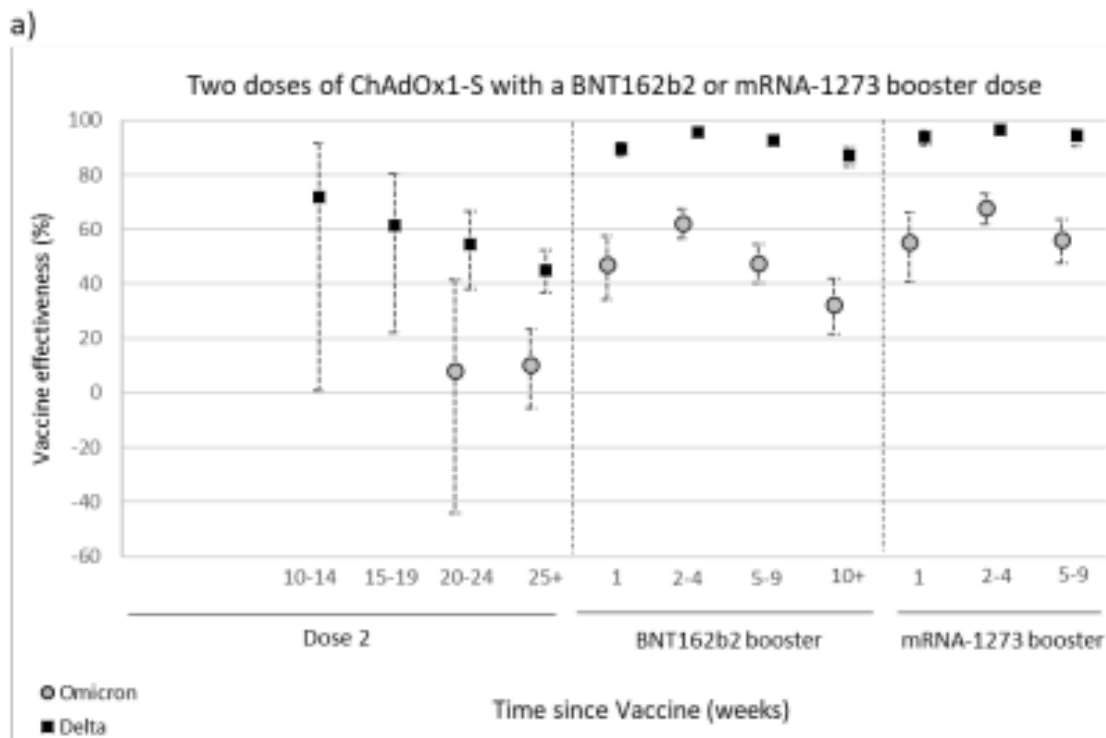
- Omicron: 81 (with range 68 to 90)
- Delta: 89 (with range 81 to 94)

2-4 weeks:

- Omicron: 70 (with range 61 to 77)
- Delta: 98 (with range too small to read)

5-9 weeks:

- Omicron: 58 (with range 45 to 67)
- Delta: 92 (with range 82 to 95)]



## Table A1.

**Vaccine effectiveness against hospitalisation for Omicron (all vaccine brands combined). OR = odds ratio, HR = hazard ratio, VE = vaccine effectiveness, (CI=Confidence interval) (note 307)**

### **Interval after dose: 2 to 9 weeks**

- OR against symptomatic disease (95% CI): 0.51 (0.43-0.6)
- HR against hospitalisation (95% CI): 0.11 (0.06-0.21)
- VE against hospitalisation (95% CI): 94% (89-97)

### **Interval after dose: 10+ weeks**

- OR against symptomatic disease (95% CI): 0.72 (0.61-0.85)
- HR against hospitalisation (95% CI): 0.15 (0.08-0.27)
- VE against hospitalisation (95% CI): 89% (80-95)

## Table A2.

**Vaccine effectiveness for symptomatic positive S Negative test associated with third/booster doses compared to individuals who had 2 doses of a vaccine more than 25 weeks before testing positive (note 308).**

### **Age 16-19**

---

**Vaccine status: uv**

#### **S gene negative infections**

- Tested: 10,302
- Positive: 1,003
- VE% (95% CI): 22 (14 – 29)

#### **S gene positive infections**

- Tested: 14,583
- Positive: 5,284
- VE% (95% CI): -98 (-109 – -87)



**Vaccine status: v1\_0:3**

**S gene negative infections**

- Tested: 550
- Positive: 36
- VE% (95% CI): 47 (24 – 63)

**S gene positive infections**

- Tested: 676
- Positive: 162
- VE% (95% CI): -24 (-50 – -3)

**Vaccine status: v1\_4+**

**S gene negative infections**

- Tested: 6,570
- Positive: 581
- VE% (95% CI): 30 (21 – 38)

**S gene positive infections**

- Tested: 8,339
- Positive: 2,350
- VE% (95% CI): -39 (-49 – -30)

**Vaccine status: v2\_0:1**

**S gene negative infections**

- Tested: 732
- Positive: 46
- VE% (95% CI): 58 (42 – 70)

**S gene positive infections**

- Tested: 805
- Positive: 119
- VE% (95% CI): 31 (16 – 44)

**Vaccine status: v2\_2:9**

**S gene negative infections**

- Tested: 4,248
- Positive: 256
- VE% (95% CI): 53 (46 – 60)

## **S gene positive infections**

- Tested: 4,258
- Positive: 266
- VE% (95% CI): 73 (69 – 46)

## **Vaccine status: v2\_10:14**

### **S gene negative infections**

- Tested: 1,2581
- Positive: 814
- VE% (95% CI): 33 (26 – 50)

### **S gene positive infections**

- Tested: 1,3559
- Positive: 1,792
- VE% (95% CI): 50 (46 – 53)

## **Vaccine status: v2\_15:19**

### **S gene negative infections**

- Tested: 2,9209
- Positive: 3503
- VE% (95% CI): 15 (9 – 21)

### **S gene positive infections**

- Tested: 3,1963
- Positive: 6,257
- VE% (95% CI): 32 (29 – 36)\_

## **Vaccine status: v2\_20:24**

### **S gene negative infections**

- Tested: 1,4986
- Positive: 1,824
- VE% (95% CI): 3 (-5 – 11)

### **S gene positive infections**

- Tested: 1,7991
- Positive: 4,829
- VE% (95% CI): 9 (4 – 13)

**Vaccine status: v2\_25+**

**S gene negative infections**

- Tested: 1,3183
- Positive: 1,435
- VE% (95% CI): 0

**S gene positive infections**

- Tested: 1,5462
- Positive: 3,714
- VE% (95% CI): 0

**Vaccine status: v3\_0**

**S gene negative infections**

- Tested: 3,773
- Positive: 515
- VE% (95% CI): 26 (16 – 34)

**S gene positive infections**

- Tested: 4,003
- Positive: 745
- VE% (95% CI): 33 (27 – 39)

**Vaccine status: v3\_1**

**S gene negative infections**

- Tested: 2,185
- Positive: 143
- VE% (95% CI): 62 (54 – 68)

**S gene positive infections**

- Tested: 2,155
- Positive: 113
- VE% (95% CI): 84 (80 – 87)

**Vaccine status: v3\_2+**

**S gene negative infections**

- Tested: 12,887
- Positive: 783
- VE% (95% CI): 56 (51 – 60)

## **S gene positive infections**

- Tested: 12,798
- Positive: 694
- VE% (95% CI): 83 (81 – 84)

## **Age 50+**

---

**Vaccine status:** uv

### **S gene negative infections**

- Tested: 716
- Positive: 48
- VE% (95% CI): 33 (7 – 52)

### **S gene positive infections**

- Tested: 1158
- Positive: 490
- VE% (95% CI): -45 (-65 – -28)

**Vaccine status:** v1\_0:3

### **S gene negative infections**

- Tested: 27
- Positive: 4
- VE% (95% CI): 0 (-230 – 70)

### **S gene positive infections**

- Tested: 36
- Positive: 13
- VE% (95% CI): -16 (-134 – 42)

**Vaccine status:** v1\_4+

### **S gene negative infections**

- Tested: 256
- Positive: 13
- VE% (95% CI): 48 (7 – 72)

### **S gene positive infections**

- Tested: 343
- Positive: 100
- VE% (95% CI): 10 (-15 – 30)

**Vaccine status:** v2\_0:1

**S gene negative infections**

- Tested: 23
- Positive: 1
- VE% (95% CI): 62 (-207 – 95)

**S gene positive infections**

- Tested: 23
- Positive: 1
- VE% (95% CI): 90 (27 – 99)

**Vaccine status:** v2\_2:9

**S gene negative infections**

- Tested: 120
- Positive: 9
- VE% (95% CI): 5 (-98 – 54)

**S gene positive infections**

- Tested: 131
- Positive: 20
- VE% (95% CI): 62 (38 – 77)

**Vaccine status:** v2\_10:14

**S gene negative infections**

- Tested: 128
- Positive: 12
- VE% (95% CI): 8 (-76 – 52)

**S gene positive infections**

- Tested: 149
- Positive: 33
- VE% (95% CI): 40 (10 – 60)

**Vaccine status:** v2\_15:19

**S gene negative infections**

- Tested: 463
- Positive: 17
- VE% (95% CI): 35 (-10 – 62)

### **S gene positive infections**

- Tested: 634
- Positive: 188
- VE% (95% CI): 20 (4 – 33)

### **Vaccine status: v2\_20:24**

#### **S gene negative infections**

- Tested: 5513
- Positive: 265
- VE% (95% CI): 4 (-13 – 19)

#### **S gene positive infections**

- Tested: 8205
- Positive: 2957
- VE% (95% CI): 4 (-3 – 10)

### **Vaccine status: v2\_25+**

#### **S gene negative infections**

- Tested: 8007
- Positive: 799
- VE% (95% CI): 0

#### **S gene positive infections**

- Tested: 10856
- Positive: 3648
- VE% (95% CI): 0

### **Vaccine status: v3\_0**

#### **S gene negative infections**

- Tested: 3522
- Positive: 420
- VE% (95% CI): 0 (-15 – 13)

#### **S gene positive infections**

- Tested: 4352
- Positive: 1250
- VE% (95% CI): 20 (13 – 26)

**Vaccine status: v3\_1**

**S gene negative infections**

- Tested: 3006
- Positive: 180
- VE% (95% CI): 54 (46 – 62)

**S gene positive infections**

- Tested: 3146
- Positive: 320
- VE% (95% CI): 77 (74 – 80)

**Vaccine status: v3\_2+**

**S gene negative infections**

- Tested: 17572
- Positive: 1045
- VE% (95% CI): 57 (52 – 62)

**S gene positive infections**

- Tested: 17504
- Positive: 977
- VE% (95% CI): 88 (86 – 89)

## Figure A2.

Percentage uptake of each dose of COVID-19 vaccination as at 3 May 2022, by age group ([note 309](#)).

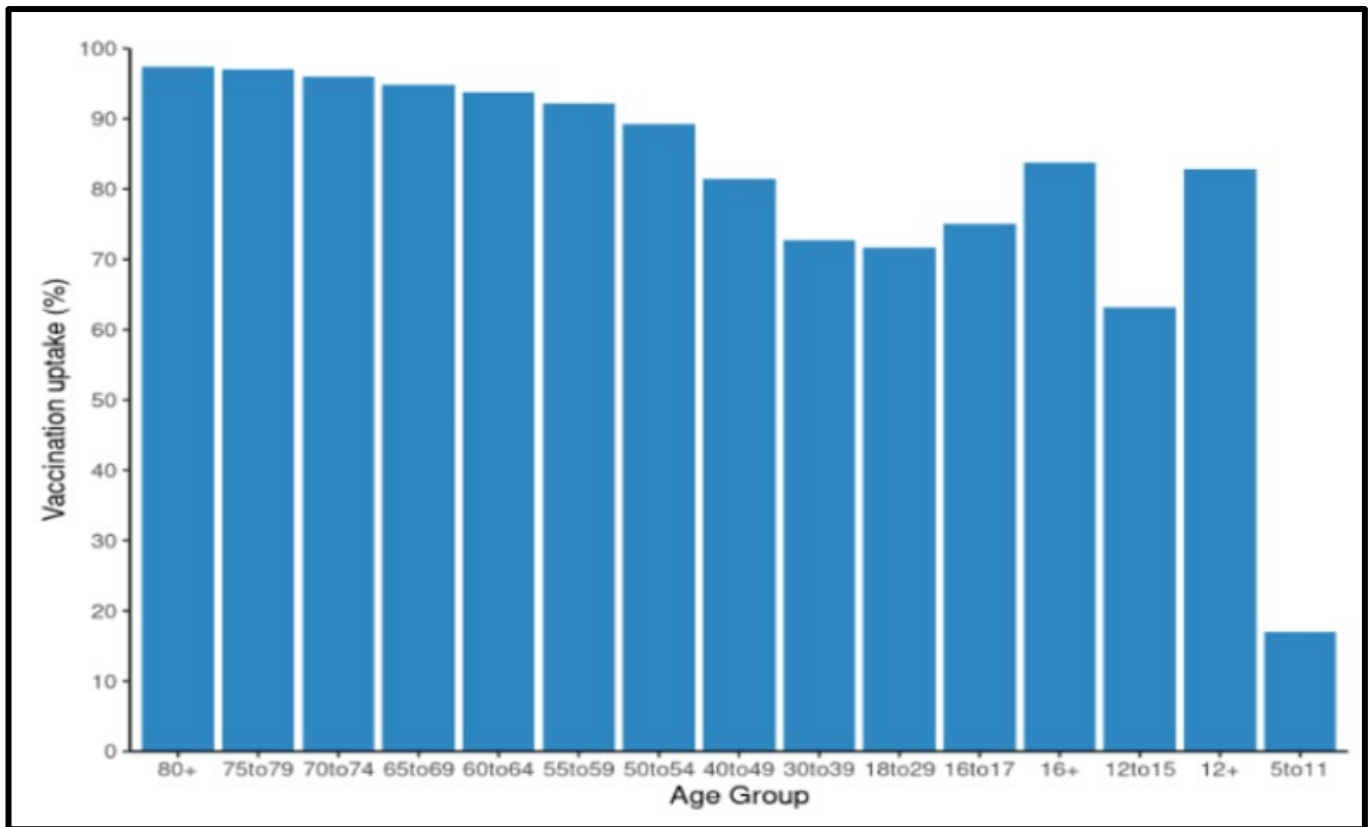
### Dose 1

---

[Figure A2 Dose 1 is shown below. It shows a bar chart of Vaccination uptake (%) against Age Group with the following approximate information:

- Age 80+: 97%
- Age 75 to 79: 96%
- Age 70 to 74: 95%
- Age 65 to 69: 94%
- Age 60 to 64: 93%
- Age 55 to 59: 91%
- Age 50 to 54: 89%
- Age 40 to 49: 81%
- Age 30 to 39: 72%
- Age 18 to 29: 71%
- Age 16 to 17: 74%
- Age 16+: 83%
- Age 12 to 15: 63%
- Age 12+: 82%
- Age 5 to 11: 17%





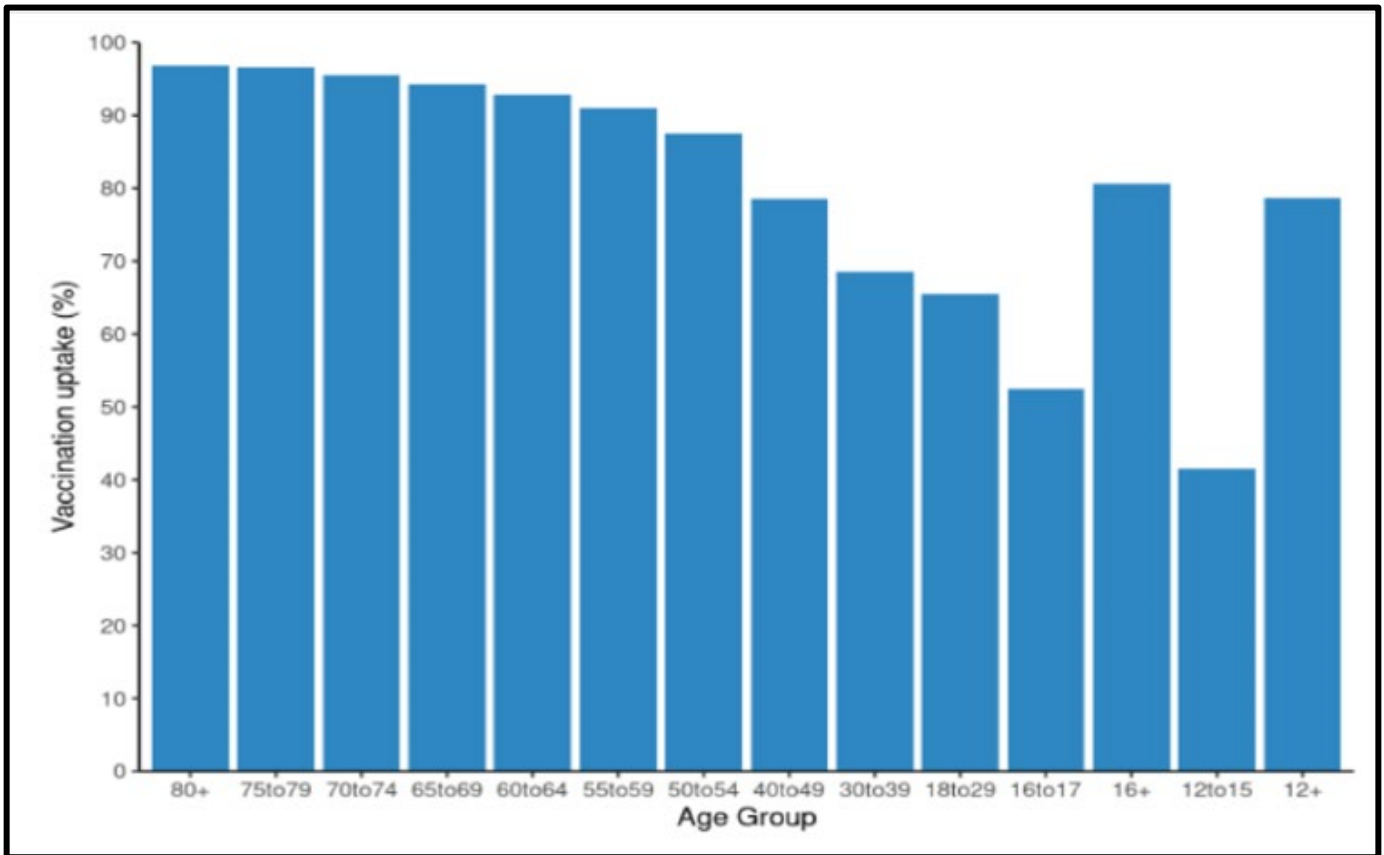
## Dose 2

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[Figure A2 Dose 2 is shown below. It shows a bar chart of Vaccination uptake (%) against Age Group with the following approximate information:

- Age 80+: 97%
- Age 75 to 79: 96%
- Age 70 to 74: 95%
- Age 65 to 69: 94%
- Age 60 to 64: 93%
- Age 55 to 59: 91%
- Age 50 to 54: 87%
- Age 40 to 49: 78%
- Age 30 to 39: 68%
- Age 18 to 29: 65%
- Age 16 to 17: 52%
- Age 16+: 80%

- Age 12 to 15: 41%
- Age 12+: 45%

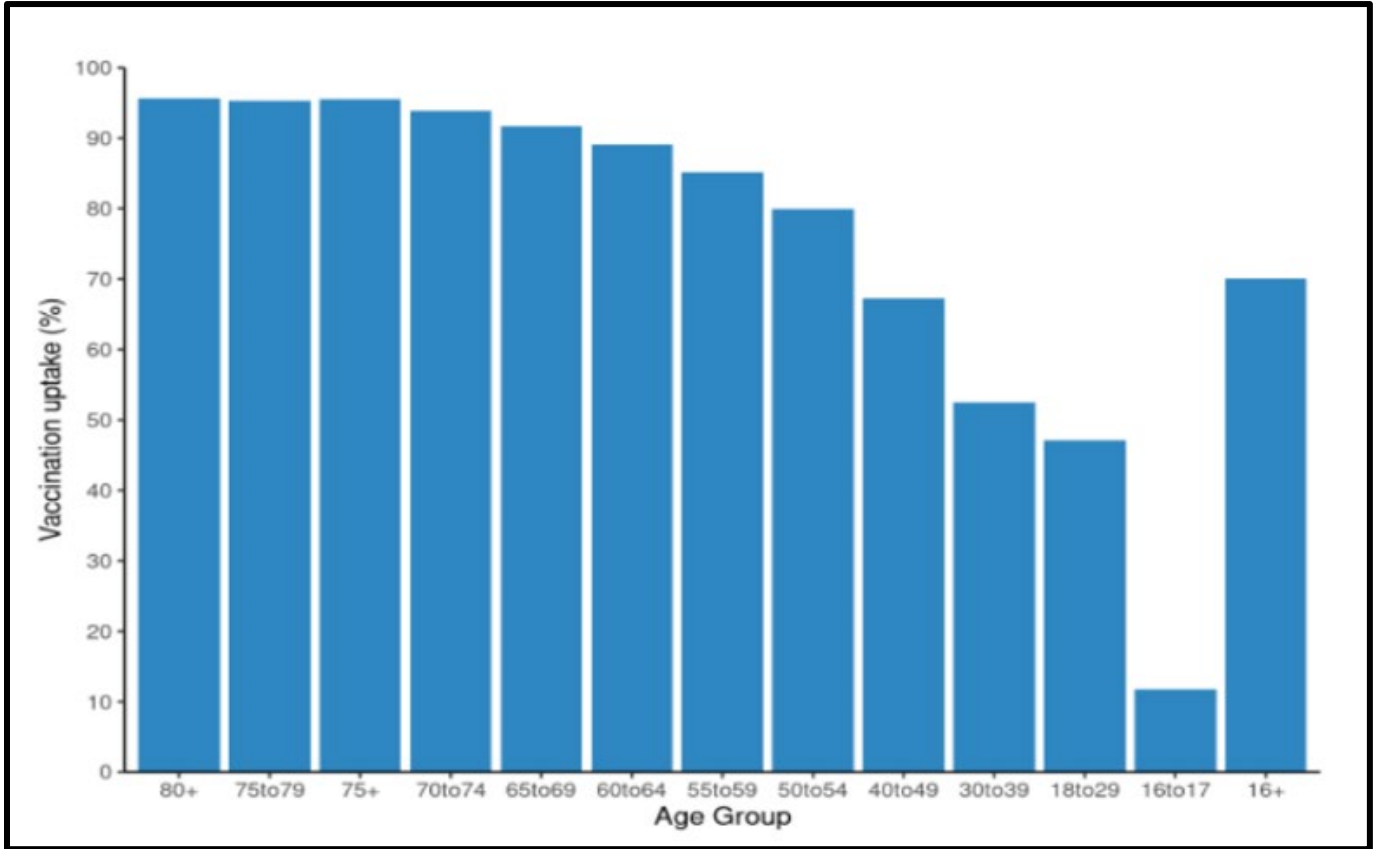


## Dose 3

[Figure A2 Dose 3 is shown below. It shows a bar chart of Vaccination uptake (%) against Age Group with the following approximate information:

- Age 80+: 95%
- Age 75 to 79: 94%
- Age 75+: 95%
- Age 70 to 74: 93%
- Age 65 to 69: 91%
- Age 60 to 64: 89%
- Age 55 to 59: 85%
- Age 50 to 54: 80%
- Age 40 to 49: 67%

- Age 30 to 39: 52%
- Age 18 to 29: 47%
- Age 16 to 17: 11%
- Age 16+: 70%

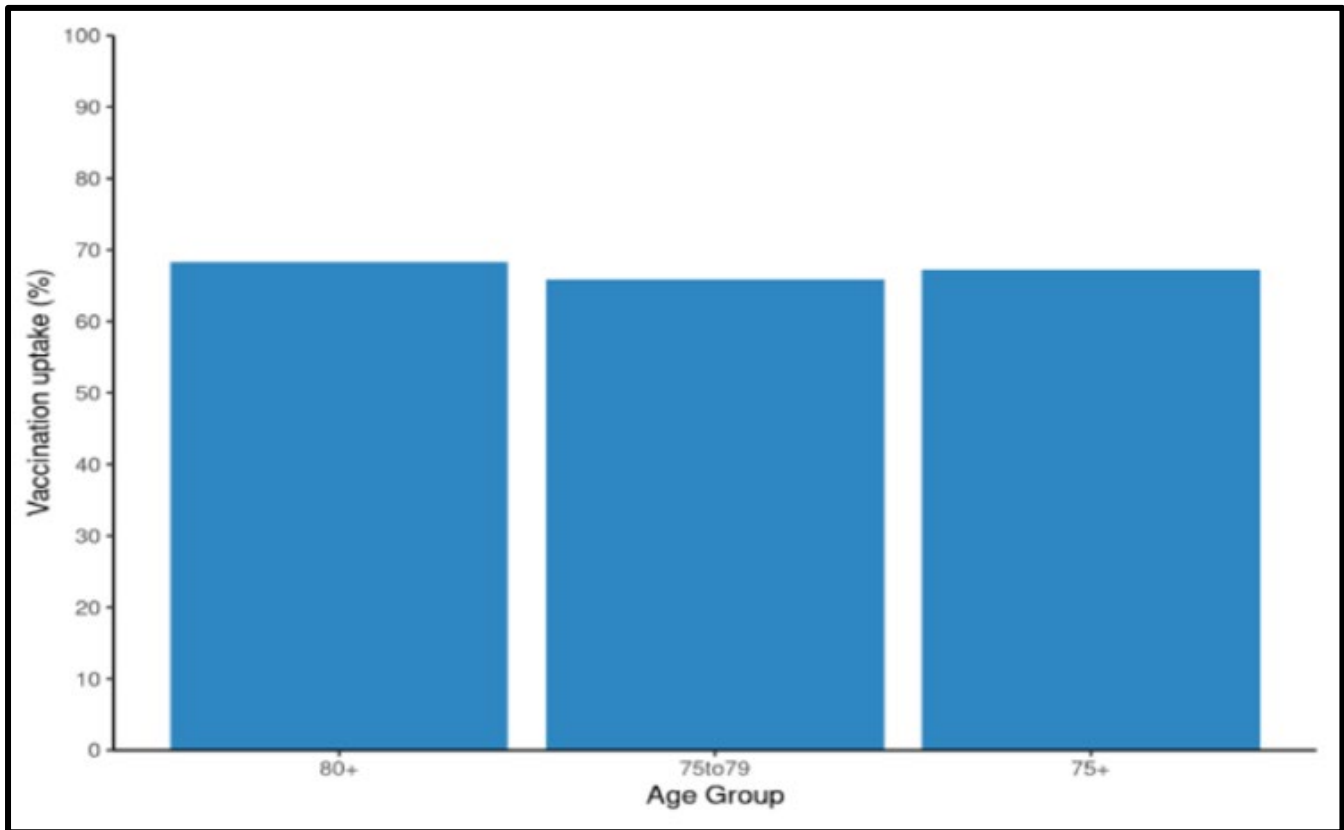


## Dose 4

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[Figure A2 Dose 4 is shown below. It shows a bar chart of Vaccination uptake (%) against Age Group with the following approximate information:

- Age 80+: 68%
- Age 75 to 79: 65%
- Age 75+: 67%



**Figure A3.**

**Percentage uptake of third dose of COVID-19 vaccination, by age and ethnic group (note 310).**

[Figure A3 is shown below. It shows a bar chart of Vaccination uptake (%) against Age Group and Ethnic Group with the following approximate information:

**Age 80+:**

- African: 68%
- Asian (inc. Scottish/British): 84%
- Caribbean or Black: 82%
- Mixed/Multiple: 85%
- Not Known: 91%
- Other: 86%
- White: 96%

### **Age 75 to 79:**

- African: 73%
- Asian (inc. Scottish/British): 85%
- Caribbean or Black: 91%
- Mixed/Multiple: 85%
- Not Known: 91%
- Other: 84%
- White: 96%

### **Age 75+:**

- African: 71%
- Asian (inc. Scottish/British): 84%
- Caribbean or Black: 87%
- Mixed/Multiple: 84%
- Not Known: 91%
- Other: 85%
- White: 96%

### **Age 70 to 74:**

- African: 71%
- Asian (inc. Scottish/British): 87%
- Caribbean or Black: 89%
- Mixed/Multiple: 85%
- Not Known: 90%
- Other: 78%
- White: 95%

### **Age 65 to 69:**

- African: 75%
- Asian (inc. Scottish/British): 84%
- Caribbean or Black: 80%
- Mixed/Multiple: 83%
- Not Known: 87%
- Other: 73%
- White: 93%

### **Age 60 to 64:**

- African: 67%
- Asian (inc. Scottish/British): 83%
- Caribbean or Black: 78%
- Mixed/Multiple: 81%
- Not Known: 85%
- Other: 72%
- White: 91%

### **Age 55 to 59:**

- African: 66%
- Asian (inc. Scottish/British): 80%
- Caribbean or Black: 71%
- Mixed/Multiple: 78%
- Not Known: 81%
- Other: 69%
- White: 87%

### **Age 50 to 54:**

- African: 62%
- Asian (inc. Scottish/British): 77%
- Caribbean or Black: 65%
- Mixed/Multiple: 70%
- Not Known: 74%
- Other: 64%
- White: 83%

### **Age 40 to 49:**

- African: 53%
- Asian (inc. Scottish/British): 71%
- Caribbean or Black: 49%
- Mixed/Multiple: 63%
- Not Known: 58%
- Other: 54%
- White: 73%

### **Age 30 to 39:**

- African: 35%
- Asian (inc. Scottish/British): 59%
- Caribbean or Black: 36%
- Mixed/Multiple: 52%
- Not Known: 44%
- Other: 43%
- White: 58%

### **Age 18 to 29:**

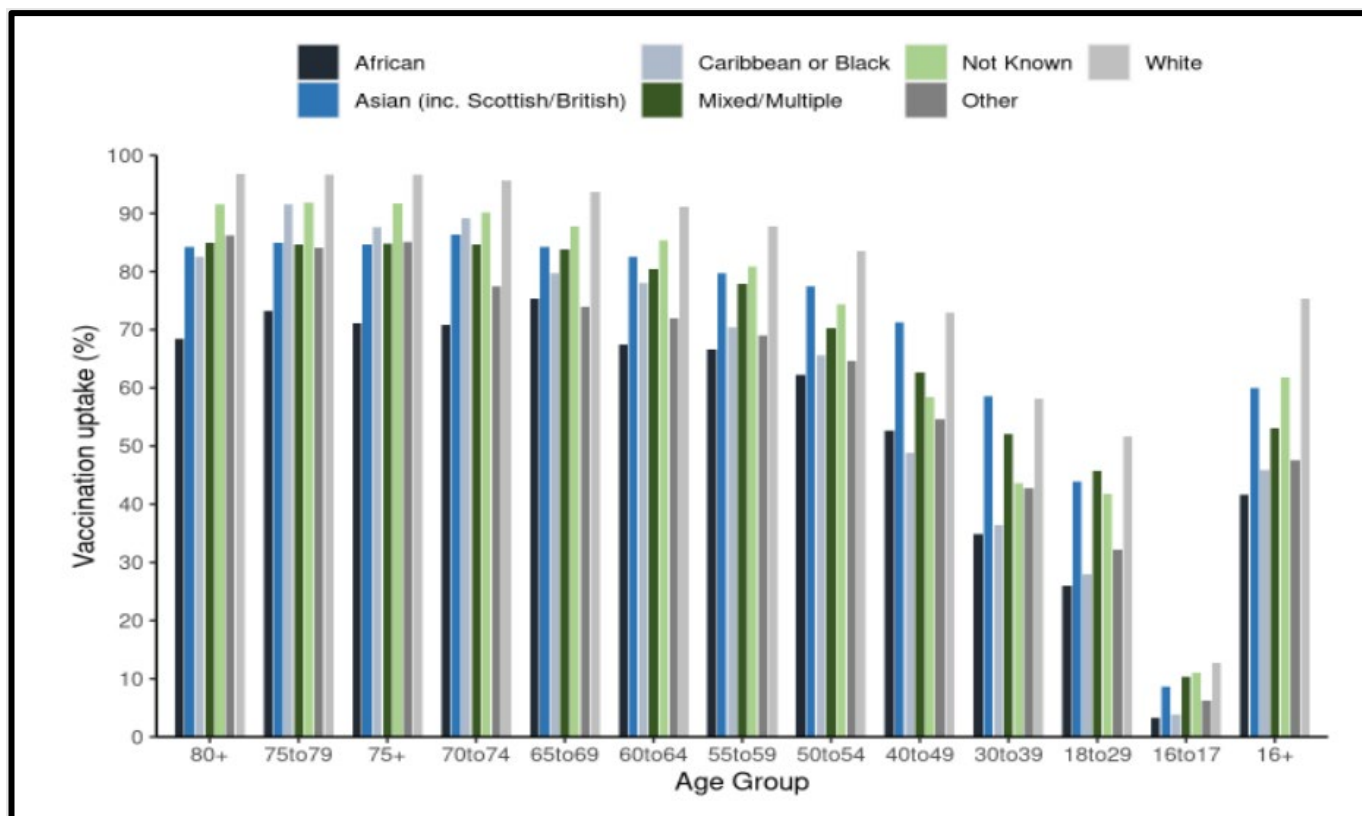
- African: 26%
- Asian (inc. Scottish/British): 44%
- Caribbean or Black: 28%
- Mixed/Multiple: 46%
- Not Known: 41%
- Other: 32%
- White: 51%

### **Age 16 to 17:**

- African: 3%
- Asian (inc. Scottish/British): 8%
- Caribbean or Black: 4%
- Mixed/Multiple: 10%
- Not Known: 11%
- Other: 6%
- White: 13%

### **Age 16+:**

- African: 41%
- Asian (inc. Scottish/British): 60%
- Caribbean or Black: 46%
- Mixed/Multiple: 53%
- Not Known: 62%
- Other: 47%
- White: 75%



## Table A3.

**Percentage uptake of third dose of COVID-19 vaccination, by age and ethnic group (tabulated) ([note 311](#))**

Age Group 80+:

- White: 96.8
- Mixed/Multiple: 84.9
- Asian: 84.3
- African: 68.4
- Caribbean or Black: 82.6
- Other: 86.2
- Unknown: 91.5

Age Group 75-79:

- White: 96.6
- Mixed/Multiple: 84.7
- Asian: 84.9



- African: 73.3
- Caribbean or Black: 91.5
- Other: 84.1
- Unknown: 91.8

#### Age Group 70-74:

- White: 95.6
- Mixed/Multiple: 84.6
- Asian: 86.3
- African: 70.9
- Caribbean or Black: 89.1
- Other: 77.5
- Unknown: 90.2

#### Age Group 65-69:

- White: 93.7
- Mixed/Multiple: 83.8
- Asian: 84.2
- African: 75.3
- Caribbean or Black: 79.7
- Other: 73.9
- Unknown: 87.7

#### Age Group 60-64:

- White: 91.1
- Mixed/Multiple: 80.4
- Asian: 82.6
- African: 67.4
- Caribbean or Black: 78.0
- Other: 71.9
- Unknown: 85.3

#### Age Group 55-59:

- White: 87.8
- Mixed/Multiple: 77.9
- Asian: 79.7
- African: 66.6
- Caribbean or Black: 70.4
- Other: 69.0
- Unknown: 80.9

#### Age Group 50-54:

- White: 83.5
- Mixed/Multiple: 70.3
- Asian: 77.4
- African: 62.3
- Caribbean or Black: 65.6
- Other: 64.6
- Unknown: 74.3

#### Age Group 40-49:

- White: 72.9
- Mixed/Multiple: 62.7
- Asian: 71.3
- African: 52.7
- Caribbean or Black: 48.8
- Other: 54.6
- Unknown: 58.4

#### Age Group 30-39:

- White: 58.2
- Mixed/Multiple: 52.1
- Asian: 58.5
- African: 34.9
- Caribbean or Black: 36.4
- Other: 42.8
- Unknown: 43.6

### Age Group 18-29:

- White: 51.7
- Mixed/Multiple: 45.7
- Asian: 43.9
- African: 26.0
- Caribbean or Black: 28.0
- Other: 32.2
- Unknown: 41.8

### Age Group 16-17:

- White: 12.7
- Mixed/Multiple: 10.3
- Asian: 8.7
- African: 3.3
- Caribbean or Black: 3.9
- Other: 6.3
- Unknown: 11.0

### Age Group All 16+:

- White: 75.4
- Mixed/Multiple: 53.0
- Asian: 60.0
- African: 41.7
- Caribbean or Black: 45.8
- Other: 47.6
- Unknown: 61.8

## Table A4.

**Percentage difference in uptake between third dose and second dose of COVID-19 vaccination as at 3 May 2022, by age and ethnic group (note 312).**

[Table A4 contains colour gradients which are described approximately in the list below. Table A4 is also shown as a grid below with colour gradients shown.]

### Age Group 80+:

- White: 1.2 [Dark green 2]
- Mixed/Multiple: 4.3 [Mid green 5]
- Asian: 3.7 [Mid green 4]
- African: 7.5 [Yellow 7]
- Caribbean or Black: 6.5 [Light green 6]
- Other: 1.7 [Dark green 2]
- Unknown: 0.8 [Dark green 2]

### Age Group 75-79:

- White: 1.3 [Dark green 2]
- Mixed/Multiple: 4.8 [Mid green 5]
- Asian: 4.0 [Mid green 4]
- African: 3.9 [Mid green 4]
- Caribbean or Black: 0.0 [Darkest green 1]
- Other: 2.7 [Dark green 3]
- Unknown: 1.0 [Dark green 2]

### Age Group 70-74:

- White: 1.7 [Dark green 2]
- Mixed/Multiple: 2.1 [Dark green 3]
- Asian: 3.3 [Mid green 4]
- African: 2.3 [Dark green 3]
- Caribbean or Black: 2.0 [Dark green 3]

- Other: 4.2 [Mid green 4]
- Unknown: 1.3 [Dark green 2]

#### Age Group 65-69:

- White: 2.7 [Dark green 3]
- Mixed/Multiple: 4.3 [Mid green 4]
- Asian: 6.5 [Light green 6]
- African: 7.3 [Yellow 7]
- Caribbean or Black: 6.4 [Light green 6]
- Other: 7.4 [Yellow 7]
- Unknown: 2.1 [Dark green 3]

#### Age Group 60-64:

- White: 4.1 [Mid green 4]
- Mixed/Multiple: 5.7 [Mid green 5]
- Asian: 7.8 [Yellow 7]
- African: 11.8 [Mid orange 9]
- Caribbean or Black: 6.1 [Light green 6]
- Other: 9.1 [Yellow 7]
- Unknown: 3.1 [Mid green 4]

#### Age Group 55-59:

- White: 6.0 [Light green 6]
- Mixed/Multiple: 8.7 [Yellow 7]
- Asian: 10.5 [Mid orange 8]
- African: 14.3 [Mid orange 10]
- Caribbean or Black: 12.5 [Mid orange 9]
- Other: 12.0 [Mid orange 9]
- Unknown: 4.9 [Mid green 5]

#### Age Group 50-54:

- White: 8.1 [Yellow 7]
- Mixed/Multiple: 10.0 [Mid orange 8]
- Asian: 11.8 [Mid orange 9]

- African: 17.4 [Mid orange 11]
- Caribbean or Black: 15.0
- Other: 14.1 [Mid orange 10]
- Unknown: 6.1 [Light green 6]

#### Age Group 40-49:

- White: 12.5 [Mid orange 9]
- Mixed/Multiple: 13.6 [Mid orange 10]
- Asian: 14.2 [Mid orange 10]
- African: 23.2 [Dark orange 12]
- Caribbean or Black: 19.1
- Other: 17.5 [Mid orange 11]
- Unknown: 8.6 [Yellow 7]

#### Age Group 30-39:

- White: 18.6 [Mid orange 11]
- Mixed/Multiple: 18.5 [Mid orange 11]
- Asian: 18.6 [Mid orange 11]
- African: 29.5 [Darkest orange 13]
- Caribbean or Black: 23.2 [Dark orange 12]
- Other: 20.7 [Mid orange 11]
- Unknown: 10.8 [Mid orange 8]

#### Age Group 18-29:

- White: 22.2 [Dark orange 12]
- Mixed/Multiple: 20.1 [Mid orange 11]
- Asian: 16.1 [Mid orange 10]
- African: 32.6 [Darkest orange 13]
- Caribbean or Black: 24.8 [Dark orange 12]
- Other: 19.7 [Mid orange 11]
- Unknown: 13.2 [Mid orange 9]

### Age Group 16-17:

- White: 41.7
- Mixed/Multiple: 37.9
- Asian: 42.8
- African: 28.0
- Caribbean or Black: 23.7
- Other: 25.5
- Unknown: 39.4

### Age Group All 16+:

- White: 11.3
- Mixed/Multiple: 17.7
- Asian: 15.5
- African: 25.8
- Caribbean or Black: 19.2
- Other: 17.6
- Unknown: 8.5

Age Group	White	Mixed/Multiple	Asian	African	Caribbean or Black	Other	Unknown
80+	1.2	4.3	3.7	7.5	6.5	1.7	0.8
75-79	1.3	4.8	4.0	3.9	0.0	2.7	1.0
70-74	1.7	2.1	3.3	2.3	2.0	4.2	1.3
65-69	2.7	4.3	6.5	7.3	6.4	7.4	2.1
60-64	4.1	5.7	7.8	11.8	6.1	9.1	3.1
55-59	6.0	8.7	10.5	14.3	12.5	12.0	4.9
50-54	8.1	10.0	11.8	17.4	15.0	14.1	6.1
40-49	12.5	13.6	14.2	23.2	19.1	17.5	8.6
30-39	18.6	18.5	18.6	29.5	23.2	20.7	10.8
18-29	22.2	20.1	16.1	32.6	24.8	19.7	13.2
16-17	41.7	37.9	42.8	28.0	23.7	25.5	39.4
All 16+	11.3	17.7	15.5	25.8	19.2	17.6	8.5

## Appendix 6: Timeline – PPE

- **Key event (date):** 11th January  
**Topic:** Healthcare worker absences need to ensure fit-tested protective equipment, no change in guidance.  
**Main body / persons involved:** Nosocomial Review Group of the advisory group  
**Relevant documents:**  
<https://www.gov.scot/publications/scottish-government-coronavirus-COVID-19-advisory-group-minutes-11-january-2022/>  
Modelling of COVID-19 up to 3rd January, details of R number, projections for hospitalizations and deaths.  
**Commentary:** This subgroup noted healthcare absences due to high community prevalence and advised on the importance of ensuring all staff are fit-tested for respiratory protective equipment. The subgroup reviewed the latest infection prevention and control guidance from WHO. The UK IPC cell and UKHSA agreed that no change was needed in UK guidance.
- **Key event (date):** 28th Jan  
**Topic:** Relaxation in rules on face coverings for adults around children aged less than 5 years of age  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60159431>  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-39](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-39)  
**Commentary:** Adults no longer needed to wear face coverings whilst taking part in organised activities with children under five years of age.



- **Key event (date):** 10th February **Key Milestone**  
**Topic:** High school pupils and staff not required to wear face coverings  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.gov.scot/news/COVID-19-school-rules-to-be-eased/>  
<https://www.gov.scot/publications/coronavirus-COVID-19-advisory-sub-group-minutes-8-february-2022/>  
<https://webarchive.nrscotland.gov.uk/20220307182305/>  
<http://www.gov.scot/publications/coronavirus-COVID-19-guidance-on-reducing-the-risks-in-schools/pages/changes-to-previous-guidance/>  
**Commentary:** High school pupils and staff were not required to wear face coverings from 28th February. Those wishing to continue should be fully supported to do so. Face masks were still required in communal areas.
- **Key event (date):** 10th Feb  
**Topic:** Potential for transmission to increase if behavioural changes and mitigation measures are removed  
**Main body / persons involved:** SAGE  
**Relevant documents:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1054509/S1509\\_SAGE\\_105\\_minutes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054509/S1509_SAGE_105_minutes.pdf)  
**Commentary:** As per estimates, behavioural change (e.g. increased home working, mask wearing) and mitigations (e.g. testing, self-isolation) have contributed to reducing transmission risk by 20–45%. Rapid removal of mitigation measures to pre-pandemic levels may lead to a rapid increase in transmission (medium confidence).
- **Key event (date):** 22nd February **Key Milestone**  
**Topic:** Strategic framework will reply on vaccines, treatment, good public health behaviors to control virus

**Main body / persons involved:** Scottish Government strategic framework – update (previous update November 2021)

**Relevant documents:**

<https://www.gov.scot/publications/coronavirus-COVID-19-update-first-ministers-speech-tuesday-22-february-2022/>

<https://www.gov.scot/publications/coronavirus-COVID-19-scotlands-strategic-framework-update-february-2022/pages/2/>

**Commentary:** The first minister introduces the new strategic framework. COVID certification to end 28th February, regulations on face covering in indoor public places and public transport to revert to guidance. The strategic framework includes a section on the future for PPE (usage is maintained, wastage is minimized, Scotland's capacity and capability to produce PPE continues).

- **Key event (date):** 28th February

**Topic:** Removing masks in schools

**Main body / persons involved:** Scottish Government

**Relevant documents:**

<https://www.gov.scot/news/removing-face-coverings-in-classrooms/>

**Commentary:** Teachers and pupils choosing to wear face coverings will be supported to do so, assemblies and transition visits for learners eased from today.

- **Key event (date):** 28th Feb

**Topic:** School children no longer required to wear masks in classrooms

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60546409>

[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-33](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-33)

**Commentary:** Government regulation for compulsory mask wearing by school children in classrooms lifted, however, masks need to be worn in corridors.

- **Key event (date):** 15th March **Key Milestone**  
**Topic:** Legal requirement to wear face coverings on public transport and most indoor public settings to continue to early April.  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.gov.scot/news/update-on-covid-regulations/>  
**Commentary:** The First Minister announced that legal requirements for facemasks to continue until at least early April due to spike of COVID-19 cases. Legal requirement for businesses and service providers to collect customer details for contact tracing and to take reasonable measures set out in COVID guidance to end as planned 21st March.
- **Key event (date):** 15th Mar  
**Topic:** Rule for wearing of masks on public transport and in shops extended  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60750364>  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-71](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-71)  
**Commentary:** The rule of wearing masks in shops and on public transport extended until 4th of Apr.
- **Key event (date):** 17th March  
**Topic:** No change in decision making  
**Main body / persons involved:** Coronavirus (COVID-19) PPE Strategy and Governance Board minutes

**Relevant documents:**

<https://www.webarchive.org.uk/wayback/archive/20220319114156/https://www.gov.scot/publications/coronavirus-COVID-19-ppe-strategy-and-governance-board-minutes-march-2022/>

**Commentary:** Manufacturing and future planning

- **Key event (date):** 30th March **Key Milestone**  
**Topic:** Face covering rules to change  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.gov.scot/news/update-on-COVID-19-regulations/>  
**Commentary:** Legal requirements to wear face coverings on public transport and most indoor public settings to be replaced by guidance. From 4th April restrictions to wearing masks in places of worship or while attending marriage ceremony, civil partnership, funeral or commemorative event to end. From 18th April masks in other indoor areas and public transport will end.
- **Key event (date):** 30th Mar  
**Topic:** Rule for wearing of masks on public transport and in shops extended  
**Main body / persons involved:** Nicola Sturgeon, First Minister  
**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60928806>  
[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-77](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-77)  
**Commentary:** The rule of wearing masks in shops and on public transport extended until 18th of Apr.
- **Key event (date):** 31st Mar  
**Topic:** The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 6) Regulations 2022

**Main body / persons involved:** Health, Social Care and Sport Committee

**Relevant documents:**

<https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-health-social-care-and-sport-committee/correspondence/2022/the-health-protection>

**Commentary:** These regulations remove the requirement of wearing face coverings at places of worship as well as for those at a marriage ceremony, civil partnership registration, funeral or commemorative event related to the end of a person's life to wear a face covering for the duration of the event. The requirement is removed in respect of such ceremonies and events in all indoor places. To come into force from 4th April.

- **Key event (date):** 4th Apr

**Topic:** Rules for face coverings in places of worship, and at weddings and funerals lifted

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.bbc.com/news/uk-scotland-60974672>

[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-80](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-80)

**Commentary:** People are no longer required to wear face coverings in places of worship, and at weddings and funerals.

- **Key event (date):** 18th Apr

**Topic:** Rules regarding the wearing of face coverings in shops and restaurants, and on public transport lifted

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.bbc.com/news/uk-scotland-61139581>

[https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_COVID-19\\_pandemic\\_in\\_Scotland\\_\(2022\)#cite\\_note-90](https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_Scotland_(2022)#cite_note-90)

**Commentary:** Wearing face coverings in shops and restaurants, and on public transport is no longer mandatory.

- **Key event (date):** 16th June

**Topic:** Overview of Scotland's financial response to pandemic with amount of spending for PPE in 2020/2021

**Main body / persons involved:** Audit Scotland

**Relevant documents:** [https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr\\_220616\\_financial\\_response\\_to\\_covid.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr_220616_financial_response_to_covid.pdf)

**Commentary:** £448 million spent on PPE in 2020/2021.

NHS National Services Scotland had responsibility for purchasing PPE for NHS and Social Care. Previous report written in 2021 regarding PPE.

- **Key event (date):** 7th September

**Topic:** Facemasks not required in social care

**Main body / persons involved:** Scottish Government

**Relevant documents:**

<https://www.gov.scot/news/facemasks-no-longer-recommended-in-social-care/>

<https://www.gov.scot/publications/coronavirus-COVID-19-use-of-face-coverings-in-social-care-settings-including-adult-care-homes/>

**Commentary:** Social care staff and visitors were no longer advised to wear facemasks at all times. However, they may be worn if recommended in certain situations such as an outbreak of COVID or if staff deem necessary.

Guidance issued: Coronavirus (COVID-19): use of face coverings in social care settings including adult care homes. 12th October 2022 last update.

## Appendix 7: Timeline – Shielding and High Risk Groups

- **Key event (date):** 18-Jan-22:  
Meeting of Health, Social Care and Sport Committee  
**Topic:** Shielding vulnerable groups  
**Main body / persons involved:** The Scottish Parliament (Health, Social Care and Sport Committee)  
**Relevant documents:**  
<https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=13529>  
**Commentary:** Susie Fitton of Inclusion Scotland describes to the committee the impact of lockdown on disabled children and young people who were shielding. Based on their research those shielding experienced increased stress, fear, anxiety and sleep disturbance, and pre-existing mental health conditions were exacerbated. She further notes that families of disabled children and young people who were shielding and relied on external care were placed in very stressful and difficult situations when care was reduced or eliminated. Parents also noted regression in terms of social and independent living skills, and also low mood and self-harm behaviours due to the removal of structure, daily activity, routine, face-to-face contact with friends and access to the outdoors. In addition, people who were shielding found it particularly difficult to access food, medicine and to get the support they needed.
- **Key event (date):** 23-Jan-22:  
'Distance Aware' scheme is launched  
**Topic:** Shielding vulnerable groups  
**Main body / persons involved:** Scottish Government  
**Relevant documents:**  
[https://www.gov.scot/publications/coronavirus-COVID-19-distance-aware-scheme/?utm\\_source=redirect&utm\\_medium=shorturl&utm\\_campaign=distanceaware](https://www.gov.scot/publications/coronavirus-COVID-19-distance-aware-scheme/?utm_source=redirect&utm_medium=shorturl&utm_campaign=distanceaware)

**Commentary:** The Scottish Government's voluntary 'Distance Aware' scheme is launched, which offers badges and lanyards to people who wish to show others they would welcome additional space and extra care while out in public.

- **Key event (date):** 25-Jan-22:

CMO letter to those on the Highest Risk (formerly Shielding) List

**Topic:** Communicating with individuals on Highest Risk List

**Main body / persons involved:** Chief Medical Officer

**Relevant documents:**

<https://www.gov.scot/binaries/content/documents/govscot/publications/correspondence/2020/12/coronavirus-COVID-19-shielding-letters/documents/chief-medical-officer---january-guidance-2022/chief-medical-officer---january-guidance-2022-english-version/chief-medical-officer---january-guidance-2022-english-version/govscot%3Adocument/Chief%2BMedical%2BOfficer-January%2BGuidance%2B2022%2B%2528English%2BVersion%2529.pdf>

**Commentary:** CMO writes to those on the Highest Risk List to reiterate advice on taking COVID-19 tests, what to do to stay safe, supports available, and introduces the Distance Aware Scheme. CMO advises to follow same guidance for everyone else in Scotland unless advised otherwise by GP or clinician, to keep up to date with vaccinations/boosters, wear face coverings when needed, washing hands and ensure adequate indoor ventilation.

Testing:

- priority PCR testing available for those on Highest Risk List
- lateral flow tests twice per week recommended for those on Highest Risk List and before socializing or traveling.
- self-isolation is required immediately if LFT is positive. A PCR test result is needed if applying for the Self-Isolation Support Grant



## Distance Aware Scheme:

- badges or lanyards available to anyone who wishes to display to others that they wish for additional space

## Support with mental health, wellbeing and loneliness:

- call NHS 24 mental health hub on 111
- talk to health care provider
- NHS inform website
- Clear Your Head website
- Breathing Space phone service
- Samaritans call support
- British Red Cross Coronavirus Helpline
- Connecting With You service
- National Assistance Helpline for assistance with support to get food, medicine, essentials

## Returning to work guidance and support:

- government website
- Fair Start Scotland (one-to-one support for up to 18 months, Highest Risk List individuals should be eligible)
- No One Left Behind
- Skills Development Scotland – Access to Work

- **Key event (date):** 28-Jan-22:

### Key Milestone:

Antiviral (PF-07321332+ritonavir) made available to those with weakened immune systems

**Topic:** Provisions for vulnerable groups

**Main body / persons involved:** UK Government

### Relevant documents:

<https://www.gov.uk/government/news/second-ground-breaking-antiviral-to-be-deployed-to-countrys-most-vulnerable>

**Commentary:** PF-07321332+ritonavir will be made available to those with weakened immune systems from Thursday 10 February

Innovative treatment reduced the risk of hospitalisation or death by 88% in clinical trials

The UK has procured more antivirals per head than any other country in Europe with over 4.98m courses ordered so far

- **Key event (date):** 4-Feb-22:

Scottish Government announce flu vaccinations are on offer again until the end of March for those in high risk groups

**Topic:** Provisions for vulnerable groups

**Main body / persons involved:** Scottish Government

**Relevant documents:** <https://www.gov.scot/news/flu-vaccination-programme-success/>

**Commentary:** Scottish Government announce flu vaccinations are on offer again until the end of March for those in high risk groups (the programme was paused in December so that health boards could prioritise the delivery of COVID-19 booster jabs).

- **Key event (date):** 10-Feb-22:

Letter regarding review of mental health services

**Topic:** Provisions for vulnerable groups

**Main body / persons involved:** Scottish Government (Cabinet Secretary for Health and Social Care to the Citizen Participation and Public Receptions Committee)

**Relevant documents:**

[https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-citizen-participation-and-public-petitions-committee/correspondence/2021/pe1871\\_i-cabinet-secretary-for-health-and-social-care-submission-of-10-february-2022](https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-citizen-participation-and-public-petitions-committee/correspondence/2021/pe1871_i-cabinet-secretary-for-health-and-social-care-submission-of-10-february-2022)

**Commentary:** Discussion of the Communities Mental Health and Wellbeing Fund as a means of support for those on the shielding list.

- **Key event (date):** 10-Feb-22:  
SAGE meeting  
**Topic:** Shielding vulnerable groups  
**Main body / persons involved:** UK Government  
**Relevant documents:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1054509/S1509\\_SAGE\\_105\\_minutes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054509/S1509_SAGE_105_minutes.pdf)  
**Commentary:** SAGE discusses the social and behavioural impacts of removing access to free testing. They note removing free testing will make testing and other precautionary actions more difficult, and may increase anxiety in those who found testing reassuring after a possible exposure. This is a particular concern for those who are or who care for someone critically vulnerable.
- **Key event (date):** 21-Feb-22:  
Second COVID-19 boosters made available to high-risk individuals  
**Topic:** Vaccinations  
**Main body / persons involved:** Scottish Government  
**Relevant documents:** <https://www.gov.scot/news/second-boosters-for-at-risk-groups/>  
**Commentary:** A second booster dose at least 24 weeks after initial booster is made available for individuals 75 years of age and over, older adults that are residents of care homes, and those over 12 years old who are immunosuppressed.
- **Key event (date):** 22-Feb-22:  
Scotland's Strategic Framework Update Supporting People at Highest Risk  
**Topic:** Provisions for vulnerable groups  
**Main body / persons involved:** Scottish government

- **Relevant documents:**

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/02/coronavirus-COVID-19-scotlands-strategic-framework-update-february-2022/documents/COVID-19-scotlands-strategic-framework-update-february-2022/COVID-19-scotlands-strategic-framework-update-february-2022/govscot%3Adocument/COVID-19-scotlands-strategic-framework-update-february-2022.pdf>

**Commentary:** Given the wide range of circumstances and health conditions of people on the Highest Risk List, ensuring personalised advice and support is available to each individual on the list is an important part of this transitional period. GPs and clinicians who best know the circumstances of those people at highest risk will continue to be the first port of call for individual clinical advice. For some time now, we have advised people on the Highest Risk List to follow general population-wide advice and guidance unless advised otherwise by their clinician, and we will now consider if people need to continue to be on a Highest Risk List. We will continue to ensure people at highest risk know where to turn if they need further guidance. Clinicians and GPs will continue to provide advice tailored to the personal circumstances and conditions of each individual on the Highest Risk List as they would have before the pandemic. We will:

- provide further advice and information to support this group, particularly on issues related to mental health and loneliness;
- working with our Clinical Advisory Group, to provide support to those who no longer need to be on the list where the evidence indicates that they are no longer at highest risk;
- continue to respond to scientific and clinical advice regarding COVID treatments, making sure that those who

we know will benefit most from them are able to access them; and,

- continue to look at ways to identify and support people who may be at highest risk, taking into account potential new variants and emerging evidence
- **Key event (date):** Mar-22:  
CMO letter to those on the Highest Risk (formerly Shielding) List  
**Topic:** Communicating with individuals on Highest Risk List  
**Main body / persons involved:** Chief Medical Officer  
**Relevant documents:**  
<https://www.gov.scot/binaries/content/documents/govscot/publications/correspondence/2020/12/coronavirus-COVID-19-shielding-letters/documents/chief-medical-officer---march-guidance-2022/chief-medical-officer---march-guidance-2022-english-version/chief-medical-officer---march-guidance-2022-english-version/govscot%3Adocument/Chief%2BMedical%2BOfficer%2B-%2BMarch%2BGuidance%2B2022%2B%2528English%2BVersion%2529.pdf>  
**Commentary:** CMO sends letter to those on the Highest Risk List to inform them of changes to COVID-19 restrictions.
  - businesses no longer required to ask for proof of vaccination (will be optional)
  - from 21 March people will no longer be required to wear face coverings in public, businesses will no longer need to collect customer information for contact tracing, and rules pertaining to minimizing risk of transmission for those running businesses, services or places of worship will change to guidance only
  - still advising people to use precautionary measures such as face coverings, hand hygiene, physical distancing, and to follow the advice around testing and isolation.

A review of the Highest Risk List is taking place. Changes may be forthcoming in relation to the positive effect of the vaccination programme and improvements in COVID-19 treatments.

People aged 12 and above who are immunosuppressed will be offered a second vaccine booster dose. Jobs will be available 24 weeks after the last booster.

Reminders of resources for support as outlined in January 2022 letter.

- **Key event (date):** 6-Mar-22:  
Booster Jobs for at risk groups  
**Topic:** Vaccinations  
**or**  
Provisions for vulnerable groups  
**Main body / persons involved:** Scottish Government and Joint Committee on Vaccination and Immunisation (JCVI)  
**Relevant documents:** <https://www.gov.scot/news/spring-rollout-of-boosters-begins/>  
**Commentary:** Spring booster jobs will be offered to those aged 75 and over and people at highest risk of severe COVID-19 disease from tomorrow (Monday).  
To protect these groups a spring booster dose will be offered at least 24 weeks after the last vaccine dose to:  
adults aged 75 years and over  
residents in care homes for older adults  
individuals aged 12 years and over who are immunosuppressed
- **Key event (date):** 17-Mar-22:  
Approval the use of Evusheld (tixagevimab/cilgavimab) for use on adults who cannot be vaccinated  
**Topic:** Provisions for vulnerable groups  
**Main body / persons involved:** The Medicines and Healthcare products Regulatory Agency (MHRA)  
**and**  
UK Government

## Relevant documents:

<https://www.gov.uk/government/news/evusheld-approved-to-prevent-COVID-19-in-people-whose-immune-response-is-poor>

**Commentary:** The Medicines and Healthcare products Regulatory Agency (MHRA) approve the use of Evusheld (tixagevimab/cilgavimab) for use on adults who are unlikely to mount an immune response from COVID-19 vaccination or for whom vaccination is not recommended.

- **Key event (date):** 5-Apr-22:

NHS Lothian apologises for an "admin error" misassigning vulnerable groups

**Topic:** Provisions for vulnerable groups

**Main body / persons involved:** NHS Lothian

**Relevant documents:** <https://www.bbc.co.uk/news/uk-scotland-edinburgh-east-fife-60996768>

**Commentary:** Health bosses have apologised after parents of healthy children were sent vaccine invites saying their youngsters had an underlying health condition.

NHS Lothian said there was an "admin error" in letters sent to some families in Midlothian and West Lothian.

- **Key event (date):** 12-Apr-22:

Letter regarding funding of COVID-19 therapeutics

**Topic:** Provisions for vulnerable groups

**Main body / persons involved:** Scottish Government

(Cabinet Secretary for Health and Social Care to the Convener of the Health, Social Care and Sport Committee)

**Relevant documents:** <https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-committee/correspondence/2022/20220412-letter-from-cab-sec-funding-of-future-covid-therapuetics.pdf>

**Commentary:** Over 5000 individuals at very highest risk of adverse COVID-19 outcomes have been given COVID-19 treatments since late Dec 2021. Secretary of State for Health

announced no increased funding for COVID-19 therapeutics for 2022-2023. A supply of COVID-19 therapeutics have been purchased by the UK Government and will remain available until supplies run out.

- **Key event (date):** 27-Apr-22:

Key Milestone:

End of Highest Risk List announced, effective 31 May 2022

**Topic:** Shielding vulnerable groups

**Main body / persons involved:** Scottish Government, Chief Medical Officer (CMO)

**Relevant documents:** <https://www.gov.scot/news/end-of-the-highest-risk-list/>

**Commentary:** A team of specialist clinicians has deemed there is no longer an increased risk for most individuals on the Highest Risk List. CMO to write to those on the list to advise them of the change and direct them to ongoing support services. The Distance Aware Scheme and Wellbeing Support remain in effect.

- **Key event (date):** 09-05-22

Chief Medical Officer – end of highest risk list Letter

**Topic:** Communicating with individuals on Highest Risk List

**Main body / persons involved:** Scottish Government, Chief Medical Officer (CMO)

**Relevant documents:**

<https://webarchive.nrscotland.gov.uk/20220721092009/http://www.gov.scot/publications/coronavirus-COVID-19-letters-to-the-high-risk-group/>

**Commentary:** CMO sends letter to those on the Highest Risk List to inform them of the end of the High risk list starting 31st May 2022.

This is after a careful review of the scientific evidence that's emerged over the last two years. It's also because the vaccination programme has significantly reduced the risk for the majority of people on the list, and new medicines are now



available to treat COVID-19. I'm very pleased we're now in a position where I can confidently say the Highest Risk List is no longer needed, which is a positive step forward after a very difficult two years.

We've published a summary of the key scientific evidence behind the decisions we've taken relevant to people on the Highest Risk List, including the decision to end the list. This includes strong evidence that a full course of vaccines and boosters offers a high level of protection to the vast majority of people on the Highest Risk List. You can read this

Evidence Review at [www.gov.scot/highest-risk-evidence](http://www.gov.scot/highest-risk-evidence)

People who remain at higher risk The NHS can still identify people who remain at higher risk from COVID-19 due to their health conditions or treatments. These are mainly people who are severely immunosuppressed. People in this group aged 12 years or over may have access to things like: • a spring booster dose • new antiviral and antibody treatments if they fall ill with COVID-19 are likely to be eligible for either of these, the NHS should already have sent you a letter to let you know.

Testing and protection reassurances are given

Support and advice You can read about wellbeing support and advice that is still available at the end of this letter. This includes the free British Red Cross Connecting with You service, which provides ongoing loneliness and isolation support to people who need it.

- **Key event (date):** 14-Jun-22:

Highest Risk List letters published

**Topic:** Communicating with individuals on Highest Risk List

**Main body / persons involved:** Scottish Government, Chief Medical Officer (CMO)

**Relevant documents:**

<https://www.gov.scot/publications/coronavirus-COVID-19-letters-to-the-high-risk-group/>

**Commentary:** Scottish Government publishes past communications sent to those on the Highest Risk List, including alternative formats and translations.

- **Key event (date):** 14-Jun-22:  
Meeting of Health, Social Care and Sport Committee  
**Topic:** Shielding vulnerable groups  
**Main body / persons involved:** The Scottish Parliament (Health, Social Care and Sport Committee)  
**Relevant documents:**  
<https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=13827>  
**Commentary:** Richard Mede of Carers Scotland describes to the Health, Social Care and Sport Committee how many unpaid carers are still shielding despite the lifting of restrictions. He notes they are worried about the impact of COVID and the failure of local authority and other services to return to pre-pandemic levels. He further notes that many unpaid carers have failed to access services for themselves or those they care for, and have struggled to get appointments to discuss their own health concerns.
- **Key event (date):** 16-Jun-22:  
Auditor General's report on Scotland's financial response to COVID-19 published  
**Topic:** Shielding vulnerable groups  
**Main body / persons involved:** Scottish Government, Auditor General  
**Relevant documents:** [https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr\\_220616\\_financial\\_response\\_to\\_covid.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr_220616_financial_response_to_covid.pdf)  
**Commentary:** The Auditor General's report shows that there was a 16-day period between the announcement of the Food Fund for those on the Shielding List and when the funds became available. There was a 3-day period between fund availability and first payment made.

- **Key event (date):** 13-Oct-22:  
Communication of public health information, response to 23 Sept. letter  
**Topic:** Provisions for vulnerable groups  
**or**  
Communicating with individuals on Highest Risk List  
**Main body / persons involved:** Scottish Government (Minister for Public Health Women’s Health and Sport) to Convener, COVID-19 Recovery Committee (Scottish Parliament)  
**Relevant documents:** <https://www.parliament.scot/-/media/files/committees/covid19-recovery-committee/covid19communicationofpublichealthinformationscottishgovernmentresponse.pdf>  
**Commentary:** The Scottish Government responds to concerns raised by the COVID-19 Recovery Committee. Individuals on Highest Risk List have said their concerns regarding plans for the next phase of the pandemic and recovery have not been addressed. The Scottish Government responds that they recognize those at highest risk may find adjusting to the next phases difficult, and that they have continued to fund, promote, and pilot initiatives that have been designed to provide reassurance and protection for those at higher risk, including the Distance Aware Scheme, The British Red Cross’s Connecting with You service, and the COVID Sense Signage pilot.  
The committee requests a review of the COVID Safety Signage Scheme pilot project. The Scottish Government responds that responses from an evaluation questionnaire done in September are being evaluated. The COVID Sense (marketing) campaign will be replaced with the ‘Stay Well this Winter’ campaign which will include messaging around safety behaviours for people to protect themselves and those at higher risk.

- **Key event (date):** 13-Dec-22:  
Meeting of Health, Social Care and Sport Committee  
**Topic:** Provisions for vulnerable groups  
**Main body / persons involved:** The Scottish Parliament  
(Health, Social Care and Sport Committee)  
**Relevant documents:**  
<https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=14053>  
**Commentary:** Adam Stachura from Age Scotland remarks while discussing cultural appropriateness of social care, that food parcels for people who were shielding “were often far from culturally appropriate or suitable for certain diets, but the recipients really did not have any choice”.

# Notes

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