

Public Health Scotland COVID-19 Statistical Report

As at 12 July 2021

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This is a Management Information publication

Published management information are non-official statistics. They may not comply with the UK Statistics Authority's Code of Practice with regard to high data quality or high public value but there is a public interest or a specific interest by a specialist user group in accessing these statistics as there are no associated official statistics available.

Users should therefore be aware of the aspects of data quality and caveats surrounding these data, all of which are listed in this document. Therefore, the data presented are subject to change.

Introduction

Since the start of the Coronavirus-19 (COVID-19) outbreak Public Health Scotland (PHS) has been working closely with Scottish Government and health and care colleagues in supporting the surveillance and monitoring of COVID-19 amongst the population.

The Public Health Scotland [COVID-19 Daily Dashboard](#) publishes daily updates on the number of positive cases of COVID-19 in Scotland, with charts showing the trend since the start of the outbreak. From 26 February 2021 the Daily Dashboard also includes daily updates on vaccinations for COVID-19 in Scotland.

This report provides additional information not found in the Daily Dashboard on topics such as Test and Protect and Quarantining Statistics and COVID-19 testing in children and young people.

The accompanying [interactive dashboard](#) contains charts and data on the following topics:

- Hospital and unscheduled care
- Healthcare for cardiovascular disease
- Healthcare for mental health
- New cancer diagnoses
- Uptake of pre-school immunisations
- Coverage of health visitor child health reviews
- Infant feeding
- Child development
- Women booking for antenatal care
- Terminations of pregnancy
- Births and babies
- Excess deaths

There is a large amount of data being regularly published regarding COVID-19 (for example, [Coronavirus in Scotland – Scottish Government](#) and [Deaths involving coronavirus in Scotland – National Records of Scotland](#)). This report complements the range of existing data currently available.

The coronavirus pandemic is a rapidly evolving situation. Future reports will provide further data and analysis to contribute to the evidence base around the outbreak.

Main Points

- As at 11 July 2021, there have been 316,035 confirmed COVID-19 cases; 16,318 of these were recorded in the week ending 11 July 2021, a decrease of 29.7% from the previous week.
- In the week ending 11 July 2021, 16,431 individuals were recorded in the contact tracing software, from which 29,377 unique contacts have been traced.
- In the week ending 11 July 2021, under the Community Testing Programme 28.8% of symptomatic and 9.1% of asymptomatic tests for COVID-19 were positive.
- In the week ending 06 July 2021, there were 475 admissions to hospital with a laboratory confirmed test of COVID-19. The highest number of new admissions were seen amongst those aged 30-39 years and 70-79 years.
- The proportion of all people who were admitted to hospital within 14 days of a laboratory confirmed COVID-19 positive test has declined, from 13% in the week commencing 25 January 2021, to 2% in the most recent week commencing 21 June 2021.
- The number of new admissions to Intensive Care Units (ICUs) for confirmed COVID-19 patients has increased, from 22 in the week ending 03 July 2021, to 41 in the week ending 10 July 2021.
- In the week ending 11 July 2021 there were 13,480 people who arrived in Scotland from outside the UK, of which 10,826 were required to quarantine (of which 637 were quarantined in a hotel).
- Public Health Scotland have identified a total of 4,090 COVID-19 vaccinations given to 3,698 pregnant women in Scotland from the start of the COVID-19 vaccination programme on 08 December 2020 to 31 May 2021.

Results and Commentary

Incidence of Variants of Concern and Variants Under Investigation

Since early May 2021, there has been a rapid increase in the Delta variant detected through whole genome sequencing (WGS) in Scotland. The Delta variant has been the dominant COVID-19 variant in Scotland since 31 May 2021.

Public Health Scotland (PHS) continues to monitor COVID-19 Variants of Concern, in collaboration with other Public Health Agencies in the UK.

The latest [information on the number of such variants detected by genomic analyses across the UK](#) is published by Public Health England.

COVID-19 Daily Data

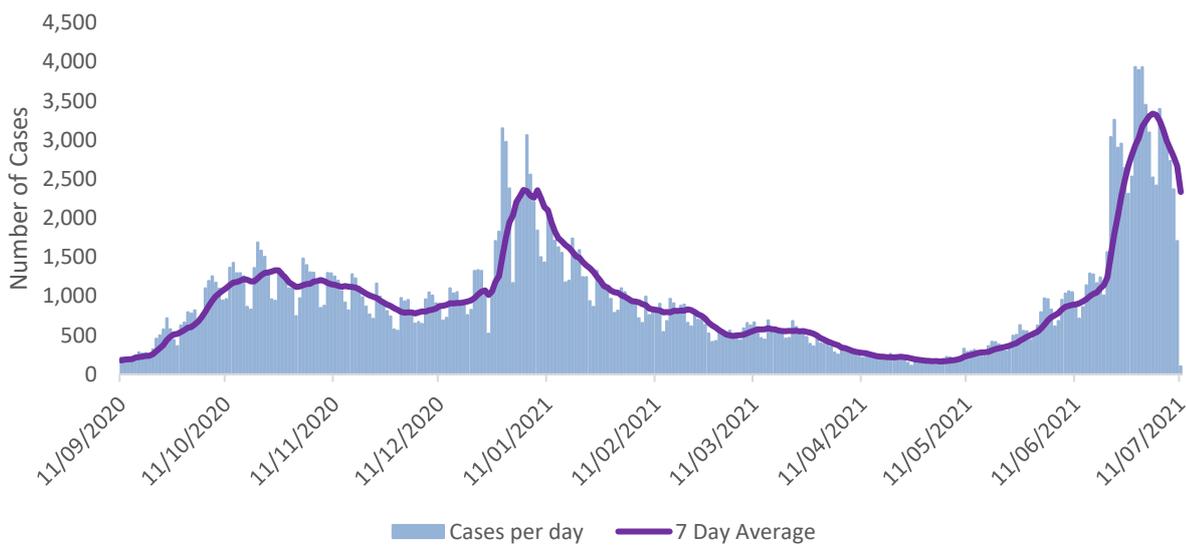
The Public Health Scotland [COVID-19 Daily Dashboard](#) publishes daily updates on the number of positive cases of COVID-19 in Scotland, with charts showing the trend since the start of the outbreak.

The total number of people within Scotland who have, or have had COVID-19, since the coronavirus outbreak began is unknown. The number of confirmed cases is likely to be an underestimate of the total number who have, or have had, COVID-19. A person can have multiple tests but will only ever be counted once. The drop in the number of confirmed cases at weekends likely reflects that laboratories are doing fewer tests at the weekend.

- There have been 316,035 people in Scotland who have tested positive, at any site in Scotland (NHS and UK Government Regional Testing centres), for COVID-19 up to 11 July 2021.
- In the week ending 11 July 2021 there were 16,318 confirmed COVID-19 cases.¹

1. Correct as at 11 July 2021, may differ from more recently published data on the [COVID-19 Daily Dashboard](#)

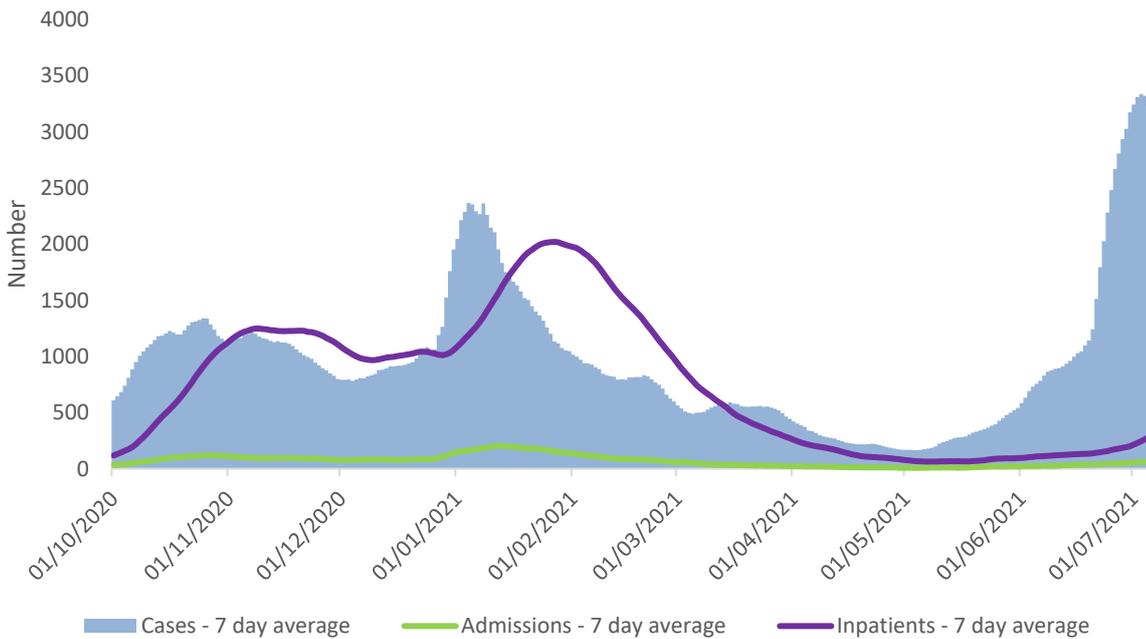
Figure 1: Number of Positive Cases per day with 7 Day Average



The daily dashboard also now includes data on Hospital Admissions and ICU admissions for patients with COVID-19:

- In the week ending 06 July 2021, there were 475 admissions to hospital with a laboratory confirmed test of COVID-19.
- In the week ending 10 July 2021 there were 41 new admissions to Intensive Care Units (ICUs) for confirmed COVID-19 patients.

Figure 2: Number of Positive Cases, Admissions and Inpatients, as at 05 July 2021²



2. Please refer to [Appendix 3 - Hospital Admissions Notes](#) for definitions of hospital admissions and inpatients.

Additional charts and data are available to view in the [interactive dashboard](#) accompanying this report.

Data is also monitored and published daily on the [Scottish Government Coronavirus website](#).

COVID-19 Hospital Admissions

There is increasing interest in whether or not the age of people admitted to hospital who have a laboratory confirmed case of COVID-19 is changing over time. The table below shows a breakdown across all ages and by age group for the most recent four weeks. Data from 03 March 2021 is available on the [Covid Statistical Report website](#).

Table 1: COVID-19 hospital admissions by age as at 06 July 2021³

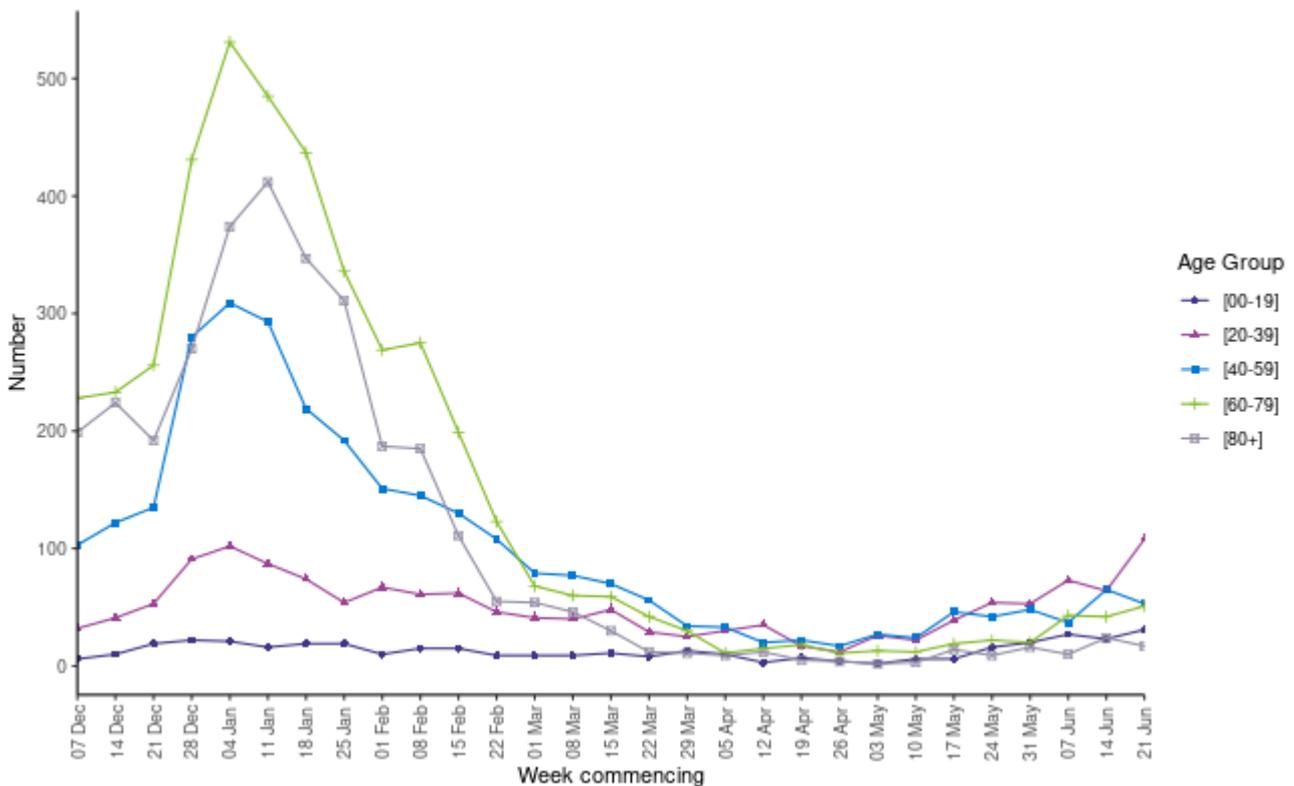
Age Band	30 June – 06 July	23 – 29 June	16 – 22 June	09 - 15 June
0-9	22	26	18	12
10-19	26	16	12	10
20-29	61	40	30	20
30-39	74	48	48	36
40-49	45	37	25	39
50-59	62	39	25	17
60-69	59	32	19	26
70-79	65	40	25	27
80+	61	35	33	17
Total	475	313	235	204

Source: RAPID (Rapid and Preliminary Inpatient Data)

3. Please refer to [Appendix 4 – RAPID Hospital Admissions](#) for explanatory notes regarding RAPID Hospital Admissions.

There has been a general fall in admissions amongst the older age groups (aged 60 years plus) since the onset of the vaccination programme. The highest number of new admissions are now in the 30-39 and 70-79 year age groups.

Figure 3: Trend in Hospital Admissions, who have tested positive for COVID-19, by age



In recent months, the proportion of all people who were admitted to hospital within 14 days of a laboratory confirmed COVID-19 positive test has also declined, from 13% in the week commencing 25 January 2021 to 2% in the most recent week commencing 21 June 2021 (Figure 4).

This reduction can be explained by a change in the age profile of people acquiring COVID-19. Although those over 60 with COVID-19 are more likely to be admitted to hospital than younger age groups (Figure 5), the proportion of newly reported cases in the over 60s has reduced in recent months (Figure 6).

Figure 4: Proportion of weekly cases admitted to hospital within 14 days of a first positive test

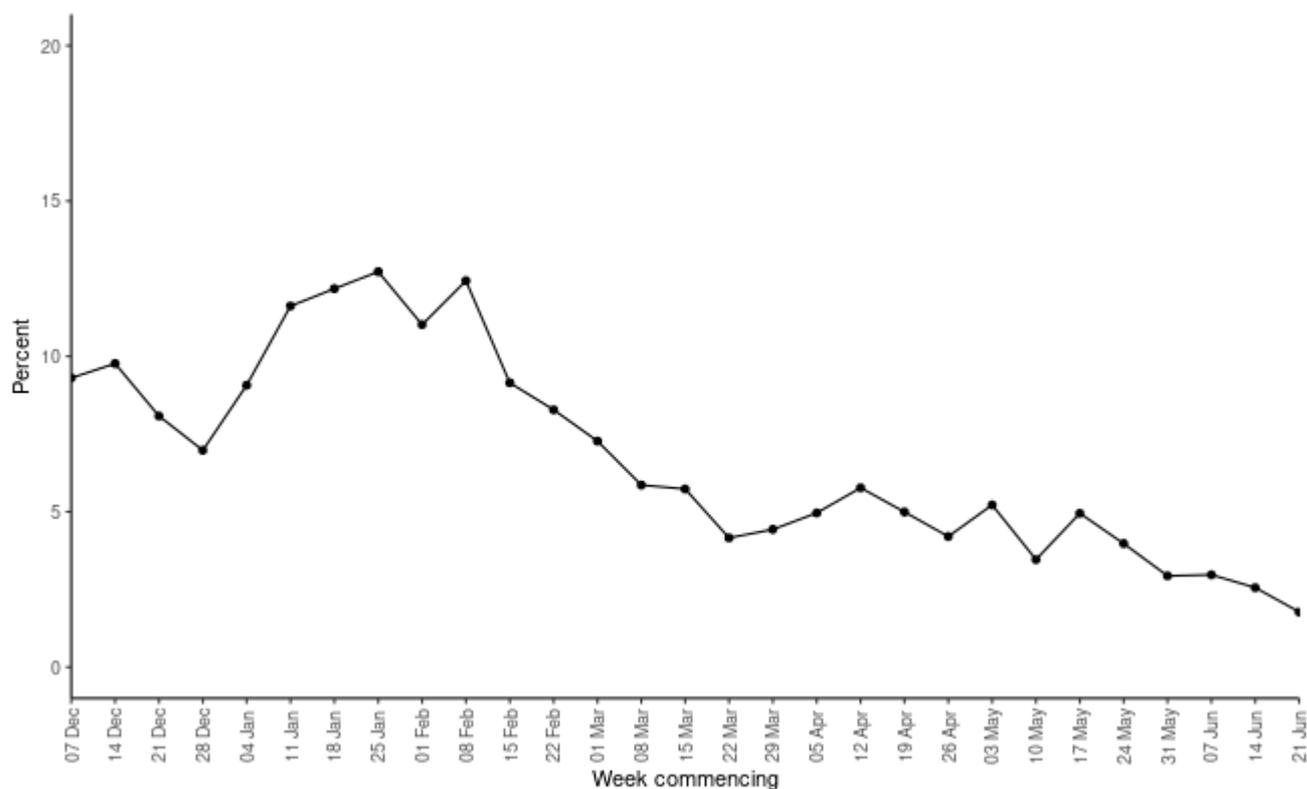


Figure 5: Proportion of weekly cases admitted to hospital within 14 days of a first positive test by age group

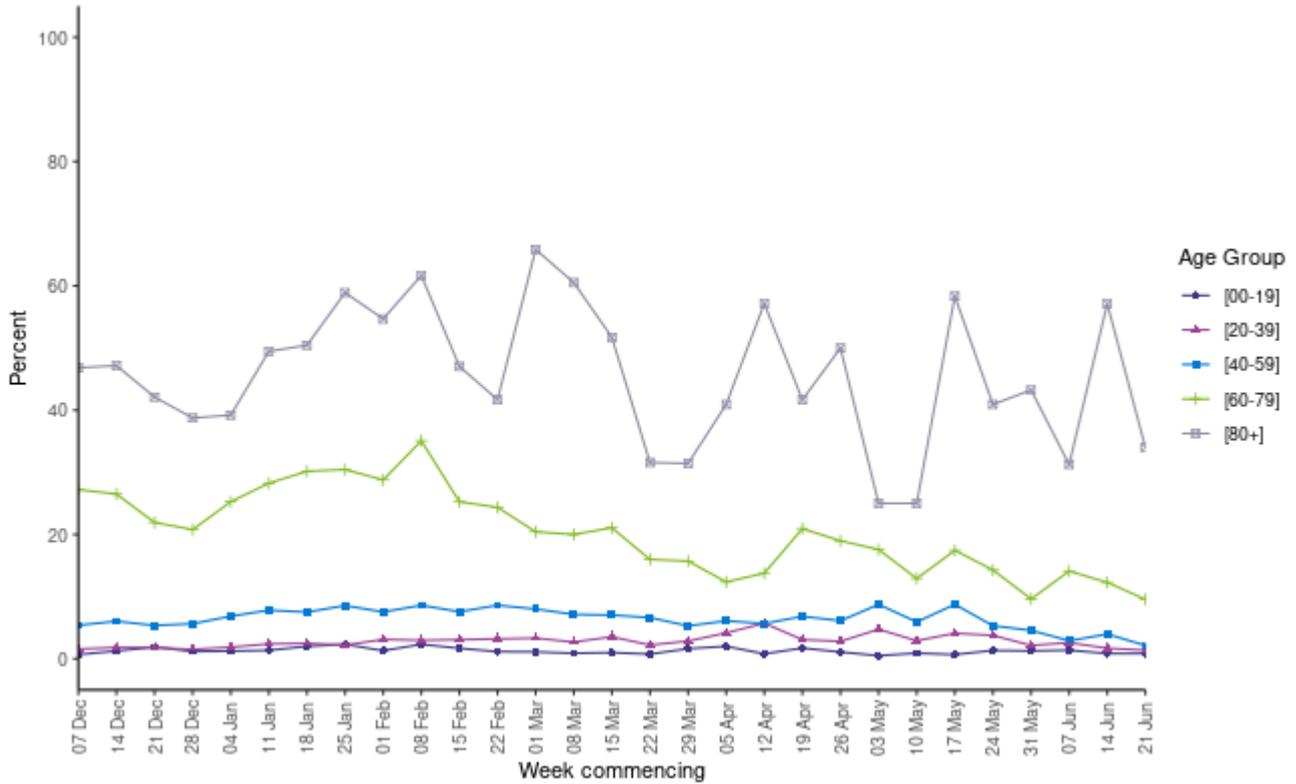
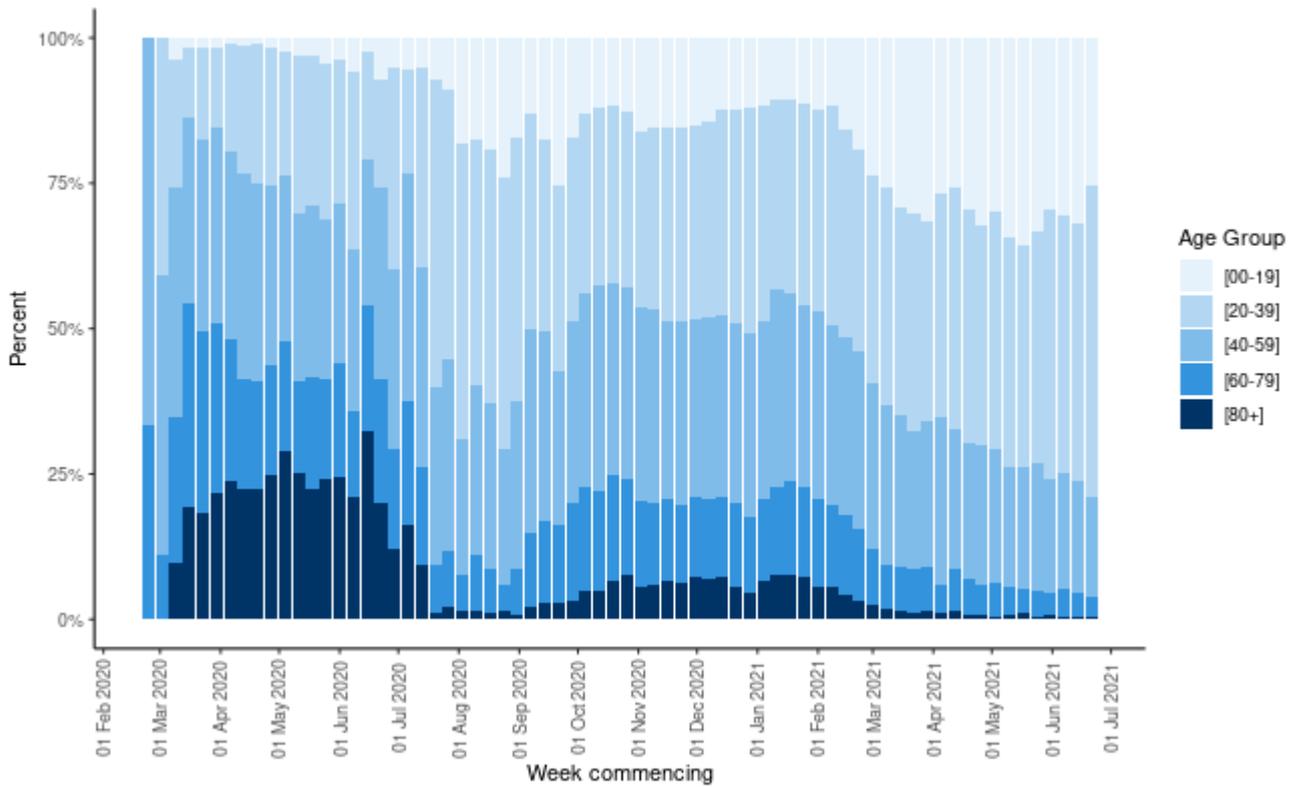


Figure 6: Distribution of confirmed COVID-19 cases by age group



COVID-19 Testing in Adult Care Home in Scotland

As of 20 January 2021, Public Health Scotland took over reporting of weekly testing data on COVID-19 in adult Care Homes in Scotland – data prior to 11 January 2021 can be found on the [Scottish Government website](#).

This data is provisional management information submitted to the Turas Care Home Management system by Care Homes, and details numbers of people (i.e. staff and residents) tested in the last week. The numbers capture both those tests undertaken via NHS routes and those done via the Scottish Social Care portal.

Figures are an undercount in some cases as complete data was not collected for all Care Homes.

It is the responsibility of Boards to work with care homes as part of their oversight arrangements to quality assure this data. The role of PHS is to collate and publish only. Please use this information with caution.

Table 2: Adult care home testing for week ending 11 July 2021

Further information on COVID-19 testing in Adult Care Homes can be found at [Coronavirus \(COVID-19\): trends in daily data - gov.scot \(www.gov.scot\)](#).

NHS Board	Care Home with confirmed COVID-19		Care Homes with no confirmed COVID-19
	Staff tested	Residents tested	Staff tested
Ayrshire and Arran	0	0	3,263
Borders	27	22	617
Dumfries & Galloway	87	0	1,126
Fife	185	225	2,932
Forth Valley	112	79	2,220
Grampian	766	338	4,204
Greater Glasgow & Clyde	672	284	7,495
Highland	347	240	2,252
Lanarkshire	427	254	3,855
Lothian	828	377	5,267
Orkney	0	0	162
Shetland	0	0	266
Tayside	712	462	2,804
Western Isles	0	0	356
Scotland	4,163	2,281	36,819

Healthcare workers – COVID-19 Testing

In July 2020, the Scottish Government expanded COVID-19 testing (PCR) to include key healthcare workers in oncology and haemato-oncology in wards and day patient areas including radiotherapy; staffing wards caring for people over 65 years of age where the length of stay for the area is over three months, and wards within mental health services where the anticipated length of stay is also over three months. A data collection was initially set up to monitor the expansion of testing starting in July 2020. Weekly trend data, broken down by health board, is available on the [interactive dashboard](#).

Work was undertaken with Boards to improve the quality of the data and this collection has moved over to Public Health Scotland. This management information must be treated with caution as it may be subject to change as the quality of the data improves. Public Health Scotland is working closely with SG and Boards to improve data definitions and quality to ensure consistency across Scotland. As a result, data may be revised in subsequent weeks and any changes will be clearly signposted.

Table 3: Number of COVID-19 tests and positive results for healthcare workers for week ending 08 July 2021

Area	Total Eligible Staff	Total Staff tested	Number of positive tests ⁴	Number of Staff not tested - declined to test	Number of Staff not tested for operational reasons	Number of staff not tested for other reasons
Specialist Cancer Wards and Treatment Areas	2,688	2,577	*	39	17	55
Long Stay Care of the Elderly	799	732	*	40	5	22
Long Stay Old Age Psychiatry and Learning Disability Wards	2,565	2,398	*	55	70	42
Scotland	6,052	5,707	7	134	92	119

4. Please note some of the data is suppressed due to disclosure methodology being applied to protect staff confidentiality. See [Appendix 5](#)

– [Healthcare Worker Testing](#) for notes on staff not tested.

Test and Protect

On 26 May 2020, the Scottish Government set out the strategy for Test and Protect - Scotland's approach to implementing the 'test, trace, isolate, support' strategy. This strategy is designed to minimise the spread of COVID-19.

Public Health Scotland is working closely with the Scottish Government and all local NHS Boards to implement 'Test and Protect'. Since 28 May 2020, once an individual receives a positive result, a team of contact tracers will then gather details on individuals who have been in contact with the person who tested positive. The contact tracers will then proceed to contact these individuals and advise them to isolate.

The data within this report are the number of contacts which are recorded in the contact tracing software. The figures presented below are preliminary and may be updated in subsequent publications. A case is generated by a positive test. However, an individual can have multiple tests, and all positive results are reported to the contact tracing system so that each result can be assessed by the contact tracer and followed up as required. In many cases, there is no follow up for a repeat positive test (because the person was already contact traced when their first positive result was reported). To reflect this, test and protect data now includes details on the number of individuals whose positive test resulted in contact tracing being undertaken. The number of individuals who tested positive is also more comparable with the figures given in the [COVID-19 Confirmed Cases section of this report](#), which reports on new positive cases.

Since 18 June 2021, as a result of rapidly increasing case numbers, contact tracers have reverted to, by default, contacting close contacts by SMS, to ensure that timely public health advice is given to people. Please note PHS has moved to weekly reporting of this data and cumulative data is available in the [interactive dashboard](#).

As part of the initial response to the outbreak of the Delta variant, initially in Glasgow, secondary contacts (contacts of contacts) were contact traced by Test and Protect as appropriate. However, due to increasing volume of index and primary contacts, secondary contact tracing is now no longer being undertaken. Please note, in Tables 4 to 8 below, figures relate to Primary Contacts only.

In order to maximise the number of people being reached through contact tracing, the National Contact Tracing Centre (NCTC) have looked to increase capacity by prioritising the information collected during each call from 23 June 2021.

This means information on events, settings and travel will be incomplete for week ending 25 June 2021, and Tables 6, 7 and 8 will not be comparable to previous weeks.

The majority of contacts will be sent an SMS to inform the contact they must self-isolate due to being a close contact, a small number of complex cases and those without a mobile number will still be attempted to contact.

Contact Tracing figures for the week ending 11 July 2021 (based on test date), are detailed in Table 4 below, which provides a recent time trend, a longer time trend is available on the [interactive dashboard](#).

Table 4: Contact Tracing Scotland Trend Information ⁵

	Week ending							
	23 May	30 May	06 Jun	13 Jun	20 Jun	27 Jun	04 Jul	11 Jul ^P
Cases	2,633	3,779	5,587	6,341	8,910	19,958	23,063	16,598
Complete Cases	2,527	3,594	5,232	5,549	7,935	16,190	17,299	11,518
Individuals	2,615	3,754	5,553	6,268	8,850	19,777	22,823	16,431
Total Primary Contacts	16,866	22,923	30,159	31,767	49,491	76,853	63,799	40,647
Unique Primary Contacts	10,922	15,202	20,646	22,635	34,601	54,272	44,076	29,377
Average number of primary contacts per case	6	6	5	5	6	4	3	2

^P – Please treat as provisional as data is still being collected for the latest reported week and index/contacts being traced.

⁵ For further information and additional notes on Contact Tracing, please see [Appendix 6 – Contact Tracing](#)

In the week ending 04 July 2021, of the 44,076 unique contacts recorded, 7,952 (18%) went on to test positive within ten days of their contact with an index case.

In the week ending 11 July 2021, there were 16,598 Index Cases, of which 11,518 had completed contact tracing. There are a small proportion of primary contacts who were successfully contacted but then advised that they do not need to isolate. 3,092 primary contacts were not advised to self-isolate, 1.1% of all primary contacts for which this information is known. Some of these primary contacts are children under the age of 16. Other reasons may include that the contact was wearing PPE or did not come into close contact with a positive case. Primary Contacts who receive an SMS message are told to self-isolate.

Data by NHS Board are presented in the below table for the most recent two weeks. This shows the number of individuals and the number of primary contacts by NHS Board. Comparisons between NHS Board figures should be treated with caution due to the variation in complexity of cases which the Boards are dealing with at any point in time (e.g. some cases will be straight-forward with a low number of primary contacts to be traced; others will be more complex with a higher number to be traced). These figures will be updated in subsequent weeks to incorporate any additional primary contacts who had not had their tracing completed by the time the analysis was undertaken.

Table 5: Number of individuals and the number of primary contacts by NHS Board

NHS Board	Week of first positive result			
	Week ending 11 July 2021		Week ending 04 July 2021	
	Individual	Unique Primary Contacts within Health Board	Individual	Unique Primary Contacts within Health Board
Ayrshire & Arran	730	1,891	1,167	3,132
Borders	220	430	316	790
Dumfries & Galloway	154	363	181	697
Fife	1,213	2,445	1,737	3,943
Forth Valley	813	1,631	951	2,162
Grampian	1,227	2,750	1,714	4,069
Greater Glasgow & Clyde	4,009	6,614	5,336	7,802
Highland	594	300	827	1,078
Lanarkshire	1,761	3,788	2,375	5,428
Lothian	3,588	5,704	5,007	8,166
Orkney	20	99	13	46
Shetland	18	62	11	28
Tayside	1,715	3,088	2,831	6,502
Western Isles	12	19	14	32
Unknown Health Board	357	258	343	325

Contact tracers, within the National Contact Tracing Centre and NHS Boards, were unable to contact a very small proportion of individuals with a positive test and their primary contacts:

- 21,370 individuals with a positive test were unable to be contacted since the (Case Management System (CMS) went live (7.3% of all individuals).
- 19,906 contacts were unable to be contacted since the CMS went live (1.8% of all contacts).

In some circumstances contacts go on to become a positive case and therefore an index case. The number of contacts which have become an index case – 163,572 (17.8%), represents the number of close contacts which have subsequently had a positive result at any time. PHS will soon amend this figure to only count cases that subsequently had a positive result within the window of infection.

Completed Index cases

Since 03 August 2020, the use of some fields within the Contact Tracing Case Management System has become mandatory – this allows for improvement in data recording and other measures to be explored as to how Test and Protect in Scotland is responding to the number of positives cases. The measures below are the initial exploratory analysis to describe the timeliness of contact tracing. Please note these are preliminary statistics and ongoing work is in place to improve recording and use of fields within the CMS to increase accuracy. The three measures are;

- the time between a sample being taken and the positive individual being interviewed
- the time between the record appearing in the CMS and the positive individual being interviewed
- the time between the record appearing in the CMS and contact tracings being completed (i.e. contacts have been interviewed or attempted to be interviewed).

These figures are now weekly measures, data are available for previous weeks within the [interactive dashboard](#).

As mentioned earlier - In order to maximise the number of people being reached through contact tracing, the National Contact Tracing Centre (NCTC) have looked to increase capacity by prioritising the information collected during each call from 23 June 2021.

This means information on events, settings and travel will be incomplete for week ending 25 June 2021, and Tables 6, 7 and 8 will not be comparable to previous weeks.

Please note, data in tables 6, 7 and 8 relate to index cases recorded up to 09 July 2021. Data relates only to Monday – Friday due to completeness for the most recent week - Data are provisional and will be updated in future releases.

Table 6: Time (hours) between date test sample taken (specimen date) and the positive individual being interviewed by a contact tracer.

Hours taken	Week Ending 11 July 2021		Week Ending 04 July 2021	
	Number of Index Cases	% of Total Index Cases	Number of Index Cases	% of Total Index Cases
0-24	2,094	26.5	1,587	9.4
24-48	3,469	43.9	4,049	24.0
48-72	1,492	18.9	3,636	21.6
Over 72	788	10.0	7,512	44.5
Not known	51	0.7	89	0.5

Table 7: Time (hours) between case created in CMS and the positive individual being interviewed by a contact tracer.

Hours taken	Week Ending 11 July 2021		Week Ending 04 July 2021	
	Number of Index Cases	% of Total Index Cases	Number of Index Cases	% of Total Index Cases
0-24	5,232	66.3	4,443	26.3
24-48	1,600	20.3	4,101	24.3
48-72	836	10.6	2,814	16.7
Over 72	175	2.2	5,426	32.2
Not known	51	0.7	89	0.5

Table 8: Time between case created in CMS to its closure, measured by the time taken to complete the final contact interview.

Hours taken	Week Ending 11 July 2021		Week Ending 04 July 2021	
	Number of Index Cases	% of Total Index Cases	Number of Index Cases	% of Total Index Cases
0-24	3,324	42.1	2,784	16.5
24-48	1,728	21.9	3,973	23.6
48-72	1,077	13.6	2,407	14.3
Over 72	483	6.1	7,029	41.7
Not known	1,282	16.2	680	4.0

Travel outside of Scotland cases

Since 28 September 2020 fields have been available to record information about whether a case has travelled outside of Scotland. In the week ending 11 July 2021, 16,598 index cases were newly created on CMS, of which 9,574 had a fully completed index case interview. Of those interviewed, **905** travelled to the UK (excluding Scotland), **60** travelled to Europe and **15** to the rest of the world.

This information is collected on the contact tracing interview and is where outside of Scotland travel information is recorded. Please note we are aware of an undercount for those travelled outside Scotland. This is a data quality issue due to recording of the travel information, Public Health Scotland is working closely with contact tracing leads to improve this recording.

Protect Scotland App

The Protect Scotland App from NHS Scotland’s Test and Protect was launched on 10 September 2020 and is a free, mobile phone app designed to protect individuals and reduce the spread of coronavirus. The app alerts individuals if they have been in close contact with another app user who tests positive for coronavirus. If they test positive, it can help in determining contacts that may have otherwise been missed while keeping individual’s information private and anonymous. As of 12 July 2021 the total number of people who have downloaded the app is 2,061,178 with the number of contact notifications at 56,460.

Event and Settings cases

Public Health Scotland has been able to present a table of settings and events that index cases have attended over the previous 7 days. This is based on interviews conducted with cases identified in the CMS and involves cases recalling where they have been in the 7 days prior to symptom onset (or date of test if asymptomatic).

These figures are now updated in Settings tab of the [interactive dashboard](#) accompanying this report. Please note that Public Health Scotland cannot infer from the figures whether a specific setting or an event indicates where the COVID-19 transmission took place. This is because cases may have attended multiple settings or events within a short space of time. In addition, it is possible that even though a case visited a few settings and events, transmission may have taken place elsewhere.

More information on event groupings can be found in the [accompanying metadata document](#).

Quarantining Statistics

These statistics provide a summary of the number of people entering Scotland from outside the UK, those required to quarantine, and the numbers contacted by the National Contact Tracing Centre. Passenger arrivals into Scotland are provided by the Home Office to PHS. PHS take a sample of those who are required to quarantine and pass the data to NHS National Services Scotland, which runs the National Centre on PHS’s behalf.

Those arriving into Scotland who have been in a country on the red list (high risk) at any point in the 10 days before arriving in Scotland are required to quarantine in a hotel for a minimum of 10 days (further information available on the Scottish Government website). Those arriving in Scotland who have been in a country on the amber list (non-high risk) are required to quarantine at home.

Up to 23 June 2021, a sample of those individuals quarantining at home were contacted by the National Contact Centre (NCC). These calls have now been paused in order to prioritise contact tracing. All travellers (except those exempt) will receive an email, providing them with appropriate public health information on self-isolation and testing. Those arriving from a green country will receive an SMS message reminding the individual to take a day 2 test.

Table 9 – Quarantine Statistics by date

	Total 22 June 2020 to 11 July 2021	Week ending 11 July 2021
Number of people arriving in Scotland	708,721	13,480
Number of people requiring to quarantine in a hotel (anywhere in the UK)	14,919	637
Number of people requiring to quarantine at home	334,453	10,189
Number of people contacted by National Centre	100,858	NA

Of the total number of people contacted by the National Centre, the below table shows the breakdown of these contacts.

Table 10: Number of people contacted by National Centre by status.

	Total 22 June 2020 to 27 June 2021
Successful contacts made	91,743
Unable to contact individual	8,169
In progress	-

6 For further information and additional notes on Contact Tracing, please see [Appendix 7 – Quarantine Statistics](#)

Lateral Flow Device Testing ⁷

Across Scotland, there are numerous testing pathways being rolled out using Lateral Flow Devices (LFD) - a clinically validated swab antigen test taken that does not require a laboratory for processing. This test can produce rapid results within 45 minutes at the location of the test.

Some of the areas using LFD tests are: schools, health and social care workers, care homes and more. Public Health Scotland has collected the information on the number of LFD tests carried out across Scotland and will now publish this information weekly. This section is the totality of LFD across Scotland and across strategies. Sections focussing in on specific topics such as Schools, Higher Education and Community testing can be found later in the report.

Since 19 November 2020, there have been 7,315,899 LFD tests carried out in Scotland, of which 22,717 were positive (0.3%). Table 11 shows the number of LFD tests carried out in Scotland by testing group, and Table 12 shows the number of LFD tests by Health Board of residence of the individual taking the test.

Any individual who receives a positive test result using a Lateral Flow Device is advised to self-isolate and arrange for a confirmatory PCR test. The PCR result will determine the number of cases of COVID-19 in Scotland.

Table 11: Number of LFD tests by Test group 19 November 2020 – 11 July 2021

Test Group	Number of tests	Number of positive tests	% LFT positive
Care Home - Visiting Professional	31,988	27	0.1%
Care Home - Visitor	251,782	87	0%
Care Home Staff	958,750	635	0.1%
Community Testing	61,647	457	0.7%
Emergency Control Room Staff	25,592	29	0.1%
Food Processing	3,217	*	*
Healthcare Worker	1,820,432	2,020	0.1%
Primary Care And Independent Contractors	101,795	62	0.1%
Quarantine Hotel Staff/Security Personnel	2,174	*	*
School	1,984,760	2,758	0.1%
Social Care	384,377	272	0.1%
UK Gov Other	1,312,585	15,046	1.1%
University Testing	95,876	378	0.4%
Other	280,924	937	0.3%
Total	7,315,899	22,717	0.3%

Data extracted: 11 July 2021

Please note some of the data is suppressed due to disclosure methodology being applied to protect staff confidentiality.

Table 12: Number of LFD tests, up until 11 July 2021, by NHS Board of Residence (based on the postcode provided by the individual taking the test)

Board of Residence	Number of tests	Number of positive tests	% LFD positive
NHS Ayrshire & Arran	563,100	1,659	0.3%
NHS Borders	151,799	353	0.2%
NHS Dumfries & Galloway	207,948	254	0.1%
NHS Fife	447,287	1,571	0.4%
NHS Forth Valley	408,301	1,024	0.3%
NHS Grampian	892,832	1,693	0.2%
NHS Greater Glasgow & Clyde	1,341,853	5,516	0.4%
NHS Highland	481,999	865	0.2%
NHS Lanarkshire	762,484	2,377	0.3%
NHS Lothian	1,119,272	4,608	0.4%
NHS Orkney	28,414	15	0.1%
NHS Shetland	40,659	38	0.1%
NHS Tayside	628,438	2,213	0.4%
NHS Western Isles	54,011	42	0.1%
Unknown	187,502	489	0.3%
Total	7,315,899	22,717	0.3%

7 For additional details on Lateral Flow Device Tests, please see - [Appendix 8 – Lateral Flow Device Testing](#)

Targeted Community Testing

The Community Testing Programme is ongoing across Scotland. This programme is a mixture of LFD and PCR tests. This is targeted at areas where there are concerns around community transmission levels, and offer testing to any member of that community. Further information is available within the [interactive dashboard](#).

Table 13: Targeted Community Testing

Symptoms	Total 18 January 2021 to 11 July 2021			Week to 11 July 2021		
	Number of Tests	Number Positive	% positive	Number of Tests	Number Positive	% positive
Asymptomatic	192,132	10,600	5.5	12,915	1,171	9.1
Symptomatic ⁸	135,367	21,387	15.8	8,816	2,539	28.8
All⁹	334,119	33,045	9.9	22,415	3,856	17.2

8 Symptomatic - the individual has selected on the booking website they have symptoms.

9 In week ending 11 July 2021, 684 tests were of unknown symptomatic status of which 146 were positive.

Table 14: Targeted Community Testing by Health Board (Week to 11 July 2021)

Health Board (of site)	Number of Tests	Number of Positive Test Results	% positive
NHS Ayrshire and Arran	499	41	8.2
NHS Borders	422	62	14.7
NHS Dumfries and Galloway	364	*	*
NHS Fife	1,283	198	15.4
NHS Forth Valley	2,071	338	16.3
NHS Grampian	1,186	116	9.8
NHS Greater Glasgow and Clyde	2,847	573	20.1
NHS Highland	242	*	*
NHS Lanarkshire	6,257	1,147	18.3
NHS Lothian	5,599	1,058	18.9
NHS Tayside	1,632	292	17.9
Unknown Health Board	13	0	0.0
Total	22,415	3,856	17.2

Please note some of the data is suppressed due to disclosure methodology being applied to protect staff confidentiality.

COVID-19 Vaccine

On the 08 December 2020, a COVID-19 vaccine developed by Pfizer BioNTech was first used in the UK as part of national immunisation programmes. The AstraZeneca vaccine was also [approved for use](#) in the national programme, and rollout of this vaccine began on 04 January 2021. Moderna vaccine was approved for use on 08 January 2021 and rollout of this vaccine began on 07 April 2021. These vaccines have met strict standards of safety, quality and effectiveness set out by the independent Medicines and Healthcare Products Regulatory Agency (MHRA).

A 2-dose schedule is advised for the vaccines. For the Pfizer BioNTech vaccine, the second vaccine dose can be offered between 3 to 12 weeks after the first dose. For the AstraZeneca and Moderna vaccine, the second dose can be offered 4 to 12 weeks after the first dose.

Information on uptake across the vaccine programme is available on a daily basis via the PHS [COVID-19 Daily Dashboard](#), 7 days a week at 2pm. This provides a cumulative picture of the position nationally and locally.

The dashboard provides total uptake nationally with breakdowns by [Joint Committee on Vaccination and Immunisation \(JCVI\)](#) age based cohorts and non age based cohorts for priority groups 1-9.

The vaccination content of this weekly publication will be kept under continual review with future editions likely to contain more in-depth analyses of uptake by particular groups or characteristics (e.g. ethnicity and deprivation category) building on the information published in this report on 23 March 2021. Going forward the Scottish Government will continue to publish limited information regarding overall uptake on its [COVID-19: daily data for Scotland page](#), this will reflect that shown on the PHS [COVID-19 Daily Dashboard](#).

COVID-19 vaccination for pregnant women

Policy on COVID-19 vaccination for pregnant women in Scotland

The policy on provision of COVID-19 vaccination to pregnant women in Scotland has evolved over time.

The Scottish COVID-19 vaccination programme started on 08 December 2020. Following advice from the Joint Committee on Vaccination and Immunisation (JCVI) (available [here](#) and [here](#)), vaccinations have been offered to individuals in sequential priority groups as shown below, starting with groups at highest risk of severe COVID-19 disease.

Sequential priority groups for COVID-19 vaccination

Phase of the vaccination programme	Priority group	Description
Phase 1	1	Residents in a care home for older adults Carers working in a care home for older adults
	2	Individuals aged ≥80 years Frontline health and social care workers
	3	Individuals aged 75 to 79 years
	4	Individuals aged 70 to 74 years Clinically extremely vulnerable individuals ('on shielding list') aged 16 to 69 years
	5	Individuals aged 65 to 69 years
	6	Clinically vulnerable individuals aged 16 to 64 years
	7	Individuals aged 60 to 64 years
	8	Individuals aged 55 to 59 years
	9	Individuals aged 50 to 54 years
Phase 2	1	Individuals aged 40 to 49 years
	2	Individuals aged 30 to 39 years
	3	Individuals aged 18 to 29 years

In Scotland, women are not called for COVID-19 vaccination specifically because they are pregnant. However, on 30 December 2020, the JCVI [clarified](#) that women in the highest risk groups that were being called for vaccination at that time, and who happened to be pregnant, could be offered vaccination during pregnancy. In practice this affected women who were care home workers (priority group 1), frontline health or social care workers (priority group 2), and women who were clinically extremely vulnerable/on the shielding list (priority group 4).

A national pathway for vaccination of pregnant women in these highest risk groups was clarified from 22 February 2021, with information leaflets for women provided [here](#) and [here](#), although some pregnant women accessed vaccination prior to this date.

On 09 March 2021, pregnant women with [current gestational diabetes](#) were added to the list of individuals clinically vulnerable to severe COVID-19 disease, and hence these women became eligible for vaccination under priority group 6.

On 16 April 2021, the JCVI issued further [guidance](#), confirming that women called for vaccination due to being in any priority group (including the 'phase 2' groups covering adults aged 18-49 years) could be offered vaccination during pregnancy.

Current policy is therefore that women who are pregnant should be offered vaccination at the same time as non-pregnant women, based on their age and clinical risk group.

Safety of COVID-19 vaccines in pregnancy

The COVID-19 vaccines currently available in Scotland are all non-live vaccines, that is they do not contain live virus that can replicate. This means they cannot cause infection in either the mother or the baby when given to a pregnant woman.

There is [no known pregnancy-related risk associated with giving non-live vaccines during pregnancy](#), and some non-live vaccines (for example against flu and pertussis/whooping cough) are routinely offered to pregnant women.

As the COVID-19 vaccines are new, and pregnant women were excluded from the initial clinical trials that tested the vaccines, there is as yet relatively little direct evidence on the safety and effectiveness of these specific vaccines in pregnancy. However, evidence is starting to accumulate and the available data does not indicate any safety concern.

Which COVID-19 vaccines are used in pregnant women?

To date, the Medicines and Healthcare products Regulatory Agency (MHRA) has [approved](#) four COVID-19 vaccines for use in the UK. In [Scotland](#), the Pfizer/BioNTech vaccine has been used since the start of the vaccination programme on 8 December 2020. The Oxford/AstraZeneca vaccine has been used from 04 January 2021 and the Moderna vaccine from 07 April 2021. The Janssen vaccine has also been approved, but is not yet available for use in Scotland.

The Pfizer/BioNTech vaccine is given as two doses, three to 12 weeks apart. The Oxford/AstraZeneca and Moderna vaccines are given as two doses, four to 12 weeks apart. The Janssen vaccine is given as a single dose. Early in the vaccination programme, to ensure that as many people as possible could quickly receive a first dose of vaccination, the JCVI [recommended](#) that individuals should receive their second vaccine dose 12 weeks following their first dose. On 14 May 2021, the advice was [updated](#) to recommend that any remaining individuals in the priority groups covered by Phase 1 of the vaccination programme who had not yet had their second vaccination, should receive their second dose 8 weeks following their first dose. This change was to ensure full protection against new variants of the SARS-CoV-2 virus for groups at highest risk of severe COVID-19 infection.

[Over 100,000 pregnant women have been vaccinated against COVID-19 in the United States](#), mainly with the Pfizer/BioNTech or Moderna vaccine, without any safety concerns being raised. Based on this, on 16 April 2021 the JCVI [recommended](#) that pregnant women in the UK should be offered the Pfizer/BioNTech or Moderna vaccine if stocks of those vaccines were available.

There is no evidence to suggest that other vaccines are unsafe for pregnant women, and all the approved vaccines can be given in pregnancy. For example, if a woman had a first dose of vaccine prior to pregnancy, she should complete her course with the same vaccine if possible, regardless of vaccine type.

At what stage of pregnancy can COVID-19 vaccines be given?

Women may be offered COVID-19 vaccination at any stage of their pregnancy depending on when their age/risk group becomes eligible, and COVID-19 vaccines can be given at any stage of pregnancy.

The current [Royal College of Obstetricians and Gynaecologists guidance](#) notes that women called for vaccination in very early pregnancy may choose to delay their vaccination to 13 weeks gestation or later, when the baby's critical period of early development is over, however this delay is not required.

As essentially all adults will be called for a COVID-19 vaccine, it is likely that some women will inadvertently receive vaccination in very early pregnancy, before they had realised they were pregnant. Public Health England gathers information on women from across the UK who have been inadvertently vaccinated in early pregnancy through the [Vaccination in Pregnancy scheme](#).

Building further evidence on the safety of COVID-19 vaccines in pregnancy

Clinical trials of COVID-19 vaccines in pregnancy are planned or underway (for example, see [here](#) and [here](#)). The UK Obstetric Surveillance System (UKOSS) and UK Teratology Information Service (UKTIS) are jointly conducting [enhanced surveillance](#) of women who received COVID-19 vaccination in pregnancy in the early stages of the vaccination programme. Public Health Scotland conducts [surveillance](#) of the uptake, safety, and effectiveness of COVID-19 vaccines in Scotland, and we will use the [COVID-19 in Pregnancy in Scotland](#) (COPS) study (see below) to examine the outcomes of all vaccinated women and their babies.

The MHRA is responsible for [monitoring the safety of approved vaccines being used in the UK](#). Anyone concerned that they have experienced a side effect following a COVID-19 vaccination should report that directly to the MHRA through the [Yellow Card scheme](#). The latest data on events reported through the Yellow Card scheme is available [here](#). In addition, all pregnant women due to receive a COVID-19 vaccine are invited to register with the MHRA's [Vaccine Monitor scheme](#). Women can register before they get their vaccination, then the MHRA will contact them to ask for information about their health before and after vaccination.

How have we identified COVID-19 vaccinations given to pregnant women?

Public Health Scotland, along with the University of Edinburgh, is leading the [COVID-19 in Pregnancy in Scotland](#) (COPS) study. Further information about the COPS study, including funding sources, is available [here](#), and more technical details are available [here](#).

As part of the study, we are regularly linking together a wide range of health records to identify women who are, or recently have been, pregnant. The specific records used include:

- Records of booking for antenatal care
- GP records relating to miscarriage
- Hospital discharge records relating to miscarriage or delivery of a live or stillborn baby
- Statutory termination of pregnancy notification records
- Statutory live or stillbirth registration records
- NHS live birth notification records.

Using these records, we have identified all women in Scotland who were pregnant on 01 March 2020 (the start of the COVID-19 pandemic), and all women who have subsequently become pregnant. The study database is refreshed every month with new pregnancies added, and previous records of ongoing pregnancies updated as required, for example if a woman has recently delivered her baby.

Whilst this gives us the most up to date information possible on pregnant women in Scotland, there is some unavoidable lag in the data. We can be fairly confident that events (new pregnancies starting and ongoing pregnancies ending) that occurred three months or more before each month's data refresh will be included in the study database. Some more recent events will also be included, but this very recent data will be incomplete.

To identify women vaccinated against COVID-19 in pregnancy, we have linked national vaccination data to the COPS pregnancy database. [Vaccination data](#) comes from the NHS Scotland [National Clinical Data Store](#) (NCDS). The NCDS draws data from the NHS Scotland Vaccine Management Tool (VMT) and any GP practices that are recording delivery of vaccinations directly into GP systems. The [VMT](#) is an app that is being used to record COVID-19 vaccinations delivered in different settings across Scotland. Vaccination data within the NCDS is updated on a daily basis.

We have defined vaccinations given in pregnancy as those given at any point from the date of conception to the date the pregnancy ends, inclusive. The date of conception is at 2⁺⁰ weeks gestation, as gestation is traditionally counted as starting from the first day of the woman's last period before her pregnancy. To minimise the chance that we have identified a vaccination as occurring 'in pregnancy' when it actually occurred after a pregnancy has ended, we have discounted any vaccinations that were showing as delivered at 44⁺⁰ weeks gestation or over. It is very likely that these women have completed their pregnancy, but the end of pregnancy record has not yet been received by PHS.

Number of COVID-19 vaccinations given to pregnant women

For this publication, we have used the COPS database as updated in mid-June 2021 linked to records of vaccinations delivered on up to and including 31 May 2021.

We have identified a total of 4,090 COVID-19 vaccinations given to 3,698 pregnant women in Scotland from the start of the COVID-19 vaccination programme on 8 December 2020 to 31 May 2021. To date (13 July 2021), PHS has not been notified of any serious pregnancy-related adverse events following COVID-19 vaccination in pregnancy.

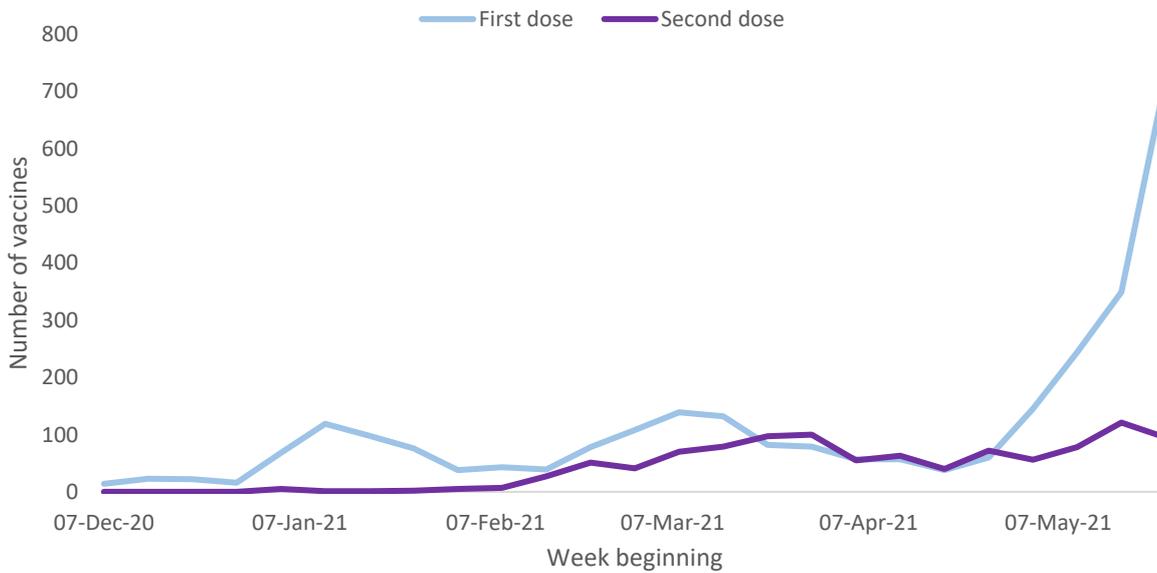
As noted above, the COPS database of pregnant women will be incomplete for recent months, hence these figures are provisional. Updated figures will be published every month, and we expect figures to change over time. Change will occur both as recent pregnancies are added to the COPS database (and hence more vaccinations are identified as happening in early pregnancy) and end of pregnancy records are added to the database (and hence some vaccinations that we initially thought were given in pregnancy are subsequently identified as given after pregnancy).

Detailed data is provided in a supporting Excel file that accompanies this publication, and is also available through the [Scottish Health and Social Care Open data platform](#).

Of the 4,090 total vaccinations given in pregnancy, 3,013 (74%) were first doses and 1,077 (26%) were second doses. 1,895 (46%) vaccinations were given in the first trimester of pregnancy (at 2⁺⁰ to 13⁺⁶ weeks gestation); 1,325 (32%) were given in the second trimester (at 14⁺⁰ to 27⁺⁶ weeks gestation); and 870 (21%) were given in the third trimester (at 28⁺⁰ weeks gestation or over). 2,840 (69%) of the vaccinations given were Pfizer/BioNTech; 159 (4%) were Moderna; and 1,091 (27%) were Oxford/AstraZeneca.

The number of vaccinations given in pregnancy, in particular first doses, increased markedly in May 2021. This is likely to reflect the ongoing roll out of the vaccination programme to younger age groups (which will include more women of reproductive age), and the JCVI guidance issued on 16 April 2021 that women in any priority group could be vaccinated during pregnancy.

Figure 7: Number of COVID-19 vaccines given in pregnancy by dose, Scotland



Uptake and coverage of COVID-19 vaccination among pregnant women

Based on the mid-June 2021 refresh of the COPS pregnancy database, 44,499 women in Scotland were pregnant at the start of December 2020 (the month the vaccination programme started) and 75 (0.2%) women received any COVID-19 vaccination in pregnancy during December 2020. 34,817 women were pregnant at the start of May 2021 (the most recent month for which data are available) and 2,025 (5.8%) women received any COVID-19 vaccination in pregnancy during May 2021. As noted above, the figures for May are provisional.

We would never expect a high percentage of pregnant women to receive a COVID-19 vaccination in any one month. Women will receive at most two doses of vaccination during their pregnancy, which will last up to nine months. Also, at any one time only certain age/risk groups will be being called for vaccination. Over the short term, as the vaccination programme offers vaccination to younger adults (including women of reproductive age), we would expect the number and percentage of pregnant women being vaccinated month by month to increase. Over the longer term, when most adults have been offered vaccination, women becoming pregnant will be increasingly likely to have been vaccinated before their pregnancy started, and we would expect the number and percentage of pregnant women being vaccinated month by month to go down again. Subsequent patterns will then be influenced by how the vaccination programme develops, for example provision of booster vaccinations.

Due to the expected fluctuations in the number and percentage of pregnant women being vaccinated month by month, we have also provided data on the number and percentage of women who had received any COVID-19 vaccination by the time they delivered their baby, regardless of whether they were vaccinated before or during pregnancy. There were 4,134 deliveries in December 2020. Unsurprisingly, none of the women delivering in December 2020 had received any COVID-19 vaccination prior to delivery. There were 3,603 deliveries in May 2021 (the most recent month for which data are available). 72 (2%) of the women delivering in May had received any COVID-19 vaccination prior to delivery, with 17 (0.5%) of the women having received two doses of vaccination.

In the early months of the vaccination programme, we would expect the number and percentage of women delivering who had received any COVID-19 vaccination prior to delivery to be very low. Over coming months, as the vaccination programme roll out progresses and vaccinated women reach their due dates, we would expect the number and percentage of women delivering who had received any COVID-19 vaccination prior to delivery to increase. Subsequent patterns will then be influenced by how the vaccination programme develops, for example provision of booster vaccinations.

In May 2021, the uptake of vaccination in pregnancy, and the coverage of vaccination by the time of delivery, were highest for women in the oldest age group (≥ 40 years), and progressively decreased for younger women, reflecting the roll out of the vaccination programme. In May 2021, the uptake and coverage of vaccination in pregnancy was highest for women living in the least deprived areas of Scotland, and progressively decreased for women living in more deprived areas. This is likely to at least partially reflect the fact that pregnant women living in the least deprived areas are likely to be older than those living in the most deprived areas.

COVID-19 cases, hospitalisations, and deaths by vaccine status: key results and methods

Vaccine Surveillance

Public Health Scotland has a COVID-19 vaccine surveillance strategy to monitor the effectiveness, safety and impact of all approved COVID-19 vaccines in Scotland. The key measure of the success of the vaccination programme in preventing infection, hospitalisations and deaths is vaccine effectiveness. Evidence has shown that vaccination is highly effective in protecting against death from coronavirus (COVID-19). [Data published by Public Health England \(PHE\)](#) has shown that individuals who receive a single dose of the AstraZeneca or Pfizer vaccine have approximately 70 to 85% lower risk of death with COVID-19 compared with unvaccinated individuals. After two doses of AstraZeneca vaccine this rises around 75 to 99%, whilst the Pfizer-BioNTech vaccine rises to 95-99% effective after two doses.

Work has been undertaken to assess vaccine effectiveness against the Delta variant of Concern (B.1.617.2). A recent [Scottish study](#) shows that two doses of COVID-19 vaccine provides strong protection against the Delta variant, however, there may be an increased risk of hospitalisation compared with the Alpha variant. The latest [analysis by PHE](#), indicates that vaccine effectiveness against hospitalisation for the Delta variant after both 1 dose and 2 doses is high, 80% and 96%, respectively.

The summary data presented in this chapter record the total number of COVID-19 cases, COVID-19 related acute hospital admissions and confirmed COVID-19 deaths by their vaccination status and does not assess the effectiveness of the vaccine or whether the vaccine has worked in these individuals. The latter requires a careful examination of each case to explore possible reasons, which could be related to the test, virus or the person (e.g. pre-existing conditions).

Summary of key results

- In the last 4 weeks from 12 June to 09 July, almost two third of COVID-19 positive PCR cases (64.7%) were in unvaccinated individuals.
- In the last week from the 03 July to 09 July, the seven-day rolling average of COVID-19 related acute hospital admissions increased from 48.00 to 74.00 admissions per day.
- In the last week, 7 out of every 100,000 vaccinated individuals were admitted to hospital and had a COVID-19 positive PCR test 14 days prior, on admission, or during their stay in hospital, compared to 20 out of every 100,000 unvaccinated individuals.
- In the last 4 weeks, 1.46% of all acute hospitalisations have had a COVID-19 positive PCR test 14 days prior, on admission, or during their stay in hospital. This is an increase of 0.44% from the previous week.
- In the last 4 weeks, 51.6% of COVID-19 related acute hospital admissions were in unvaccinated individuals, of which 70.6% were in the under 40s age group.
- As of 07 July, 41 individuals tested positive for SARS-CoV-2 by PCR more than 14 days after receiving their second dose of COVID-19 vaccine and subsequently died

with COVID-19 recorded as a primary or contributing cause of death. This equates to 0.001% of those who have received two doses of COVID-19 vaccines.

Overall results of COVID-19 cases, hospitalisations, and deaths by vaccination status

COVID-19 cases by vaccination status

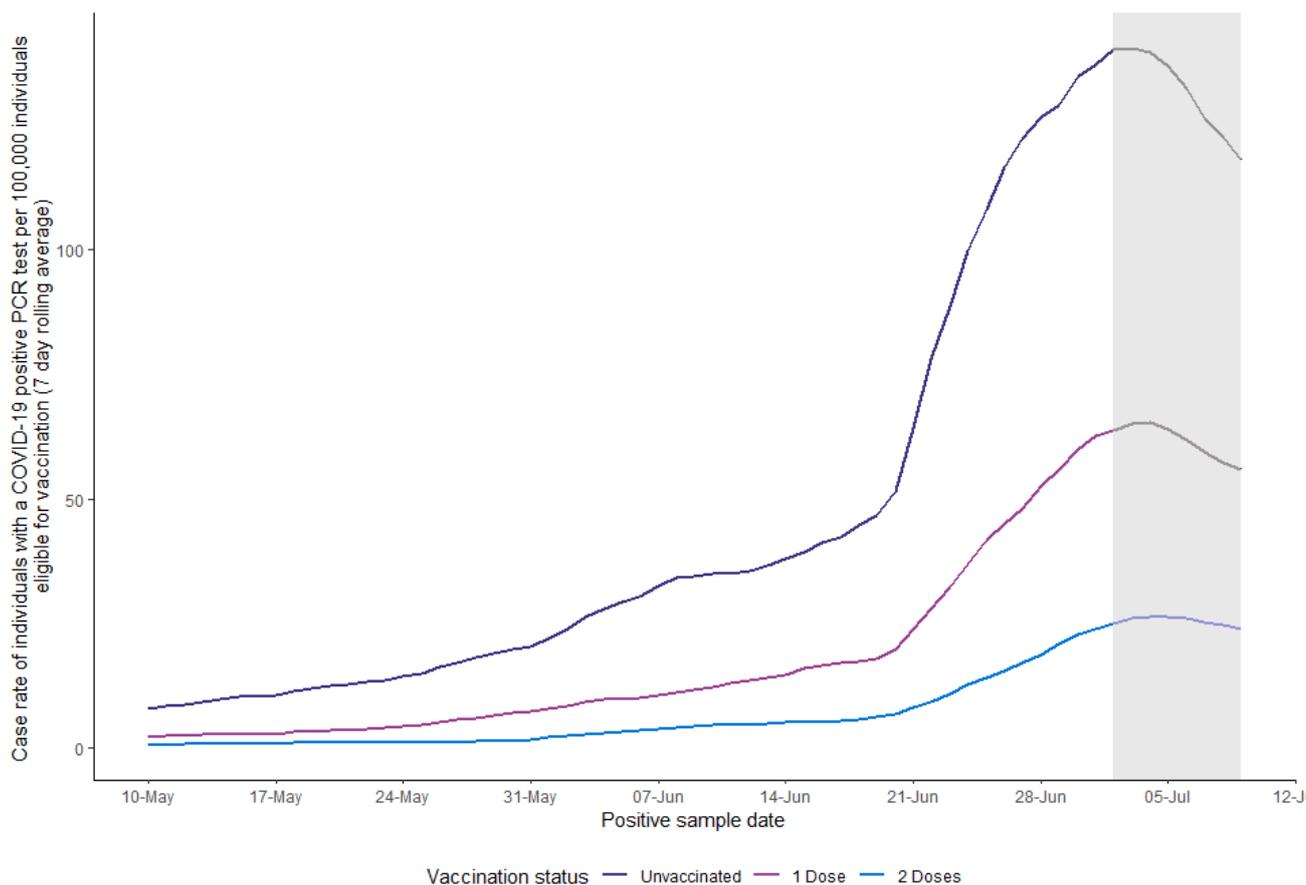
Table 15: Number of COVID-19 positive PCR individuals by week and number of vaccine doses, 12 June 2021 to 09 July 2021

Week	No. of COVID-19 cases / No. of people eligible for COVID-19 vaccination or vaccinated (%)		
	Unvaccinated	1 Dose	2 Doses
12 June 2021 - 18 June 2021	5,488 / 1,693,576 (0.324%)	1,255 / 999,886 (0.126%)	868 / 2,202,974 (0.039%)
19 June 2021 - 25 June 2021	12,231 / 1,564,573 (0.782%)	2,785 / 929,762 (0.300%)	2,332 / 2,402,101 (0.097%)
26 June 2021 - 02 July 2021	14,563 / 1,433,050 (1.016%)	4,097 / 908,889 (0.451%)	4,378 / 2,554,497 (0.171%)
03 July 2021 - 09 July 2021	11,212 / 1,299,895 (0.863%)	3,606 / 934,583 (0.386%)	4,404 / 2,661,958 (0.165%)

Vaccination status is determined as at the specimen date according to the definitions described above. The data displayed within the greyed-out section (1 week) are considered preliminary and are subject to change as more data is updated.

Nearly two-thirds of COVID-19 cases (64.7%) from 12 June 2021 to 09 July 2021 were in unvaccinated individuals.

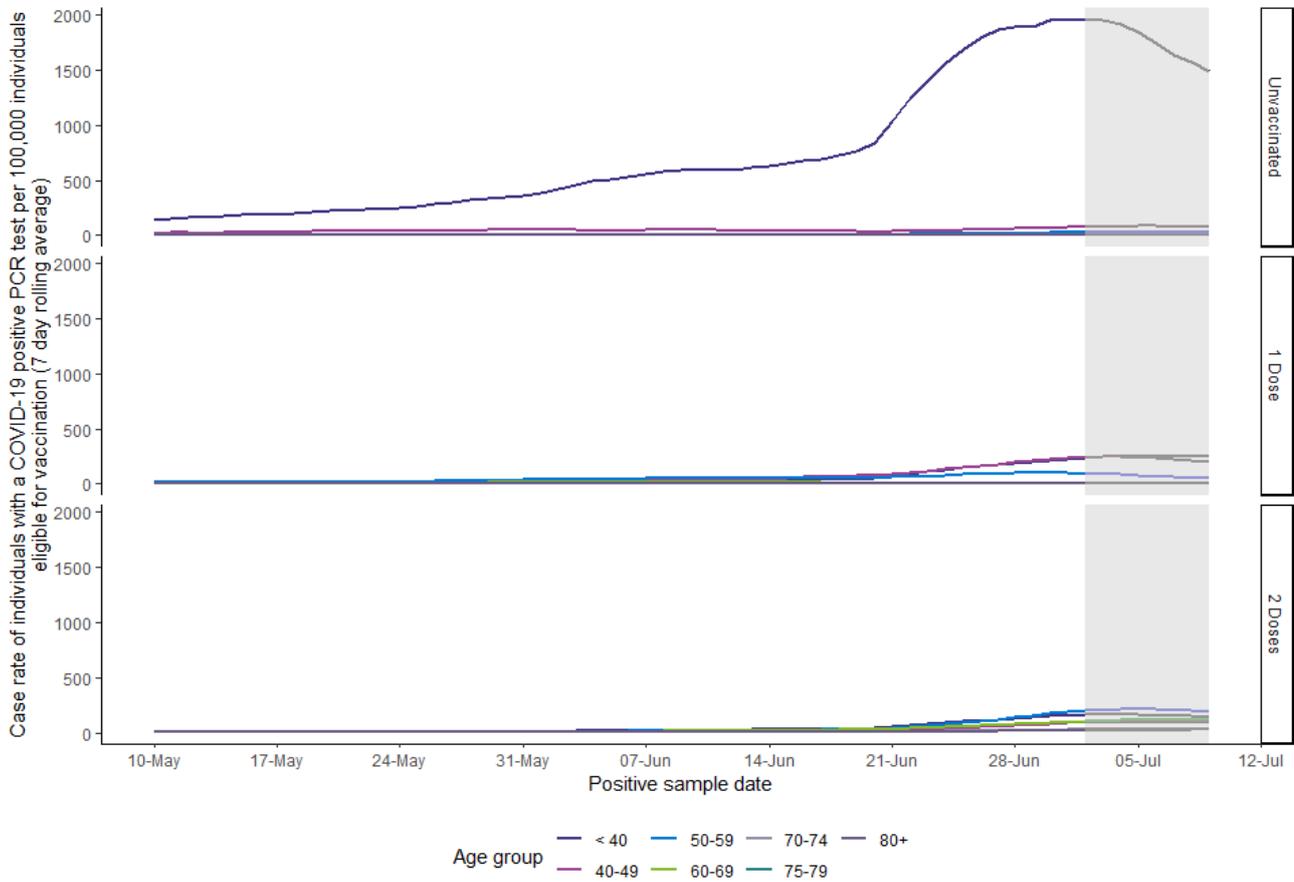
Figure 8: COVID-19 case rate per 100,000 individuals eligible for vaccination by vaccination status, 7-day rolling average from 10 May 2021 to 09 July 2021



Vaccination status is determined as at the specimen date according to the definitions described above. The data displayed within the greyed-out section (1 week) are considered preliminary and are subject to change as more data is updated.

One or two doses of COVID-19 vaccine is associated with reduced likelihood of testing positive for COVID-19.

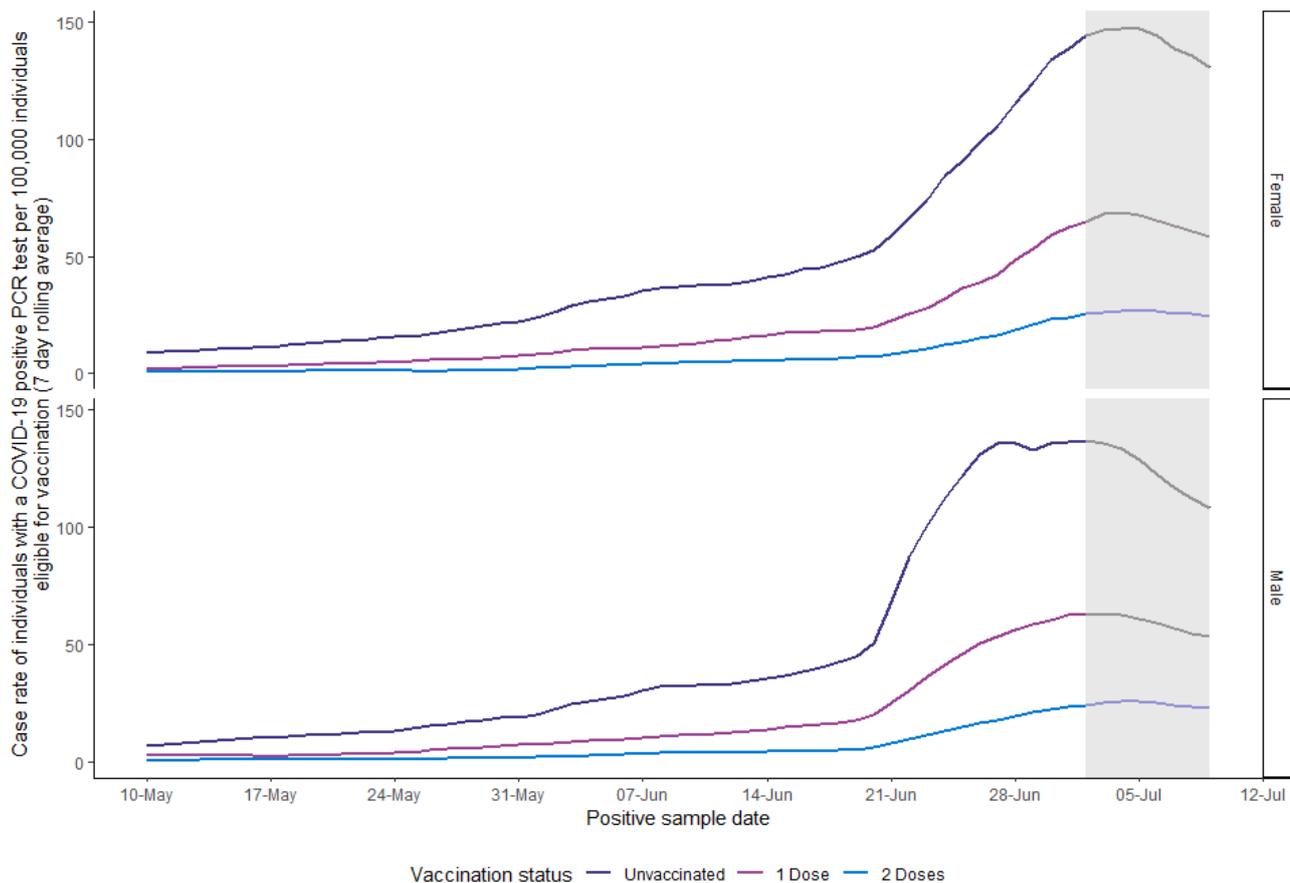
Figure 9: COVID-19 case rate per 100,000 individuals eligible for vaccination by vaccination status and age group, 7-day rolling average from 10 May 2021 to 09 July 2021



Vaccination status and age is determined as at specimen date according to the definitions described above. The data displayed within the greyed-out section (1 week) are considered preliminary and are subject to change as more data is updated.

Since the 10 May 2021, a higher proportion of COVID-19 positive PCR cases have been in unvaccinated individuals under the age of 40.

Figure 10: COVID-19 case rate per 100,000 individuals eligible for vaccination by sex and vaccine status, 7-day rolling average from 10 May 2021 to 09 July 2021



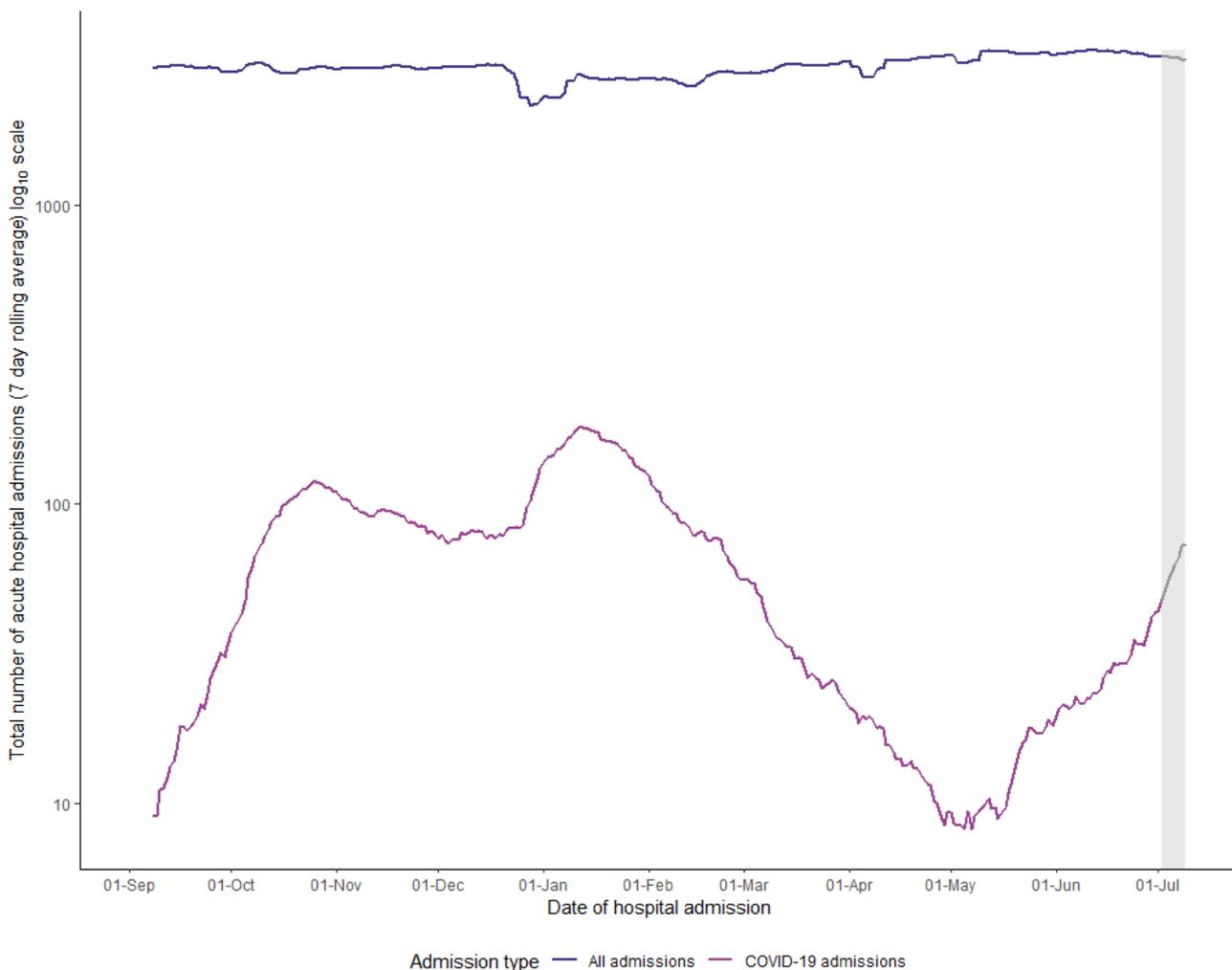
Vaccination status is determined as at the specimen date according to the definitions described above. The data displayed within the greyed-out section (1 week) are considered preliminary and are subject to change as more data is updated.

There is no difference in the overall trend between male and females in the last four weeks.

COVID-19 related acute hospital admissions compared to all acute hospital admissions from 1 September to 09 July 2021

From 1 September to 09 July 2021, there were a total of 906,178 acute hospital admissions for any cause, of which 19,492 were associated with a COVID-19 PCR positive test 14 days prior, on admission, the day after admission or during their stay. Using the 90-day exclusion criteria between positive COVID-19 PCR tests associated with an acute hospital admission, 19,387 individuals were admitted to hospital, of which 57 were readmitted more than 90 days after their first admission.

Figure 11: Seven-day rolling average on a log₁₀ scale comparing COVID-19 related acute hospital admissions to all acute hospital admissions, 01 September 2020 to 09 July 2021



Data displayed are on a log₁₀ scale. The data displayed within the greyed-out section (1 week) are considered preliminary and are subject to change as more data is updated.

In the last month, the number of COVID-19 related hospital admissions have increased but are small relative to all acute hospitalisations and currently remain below the previous wave.

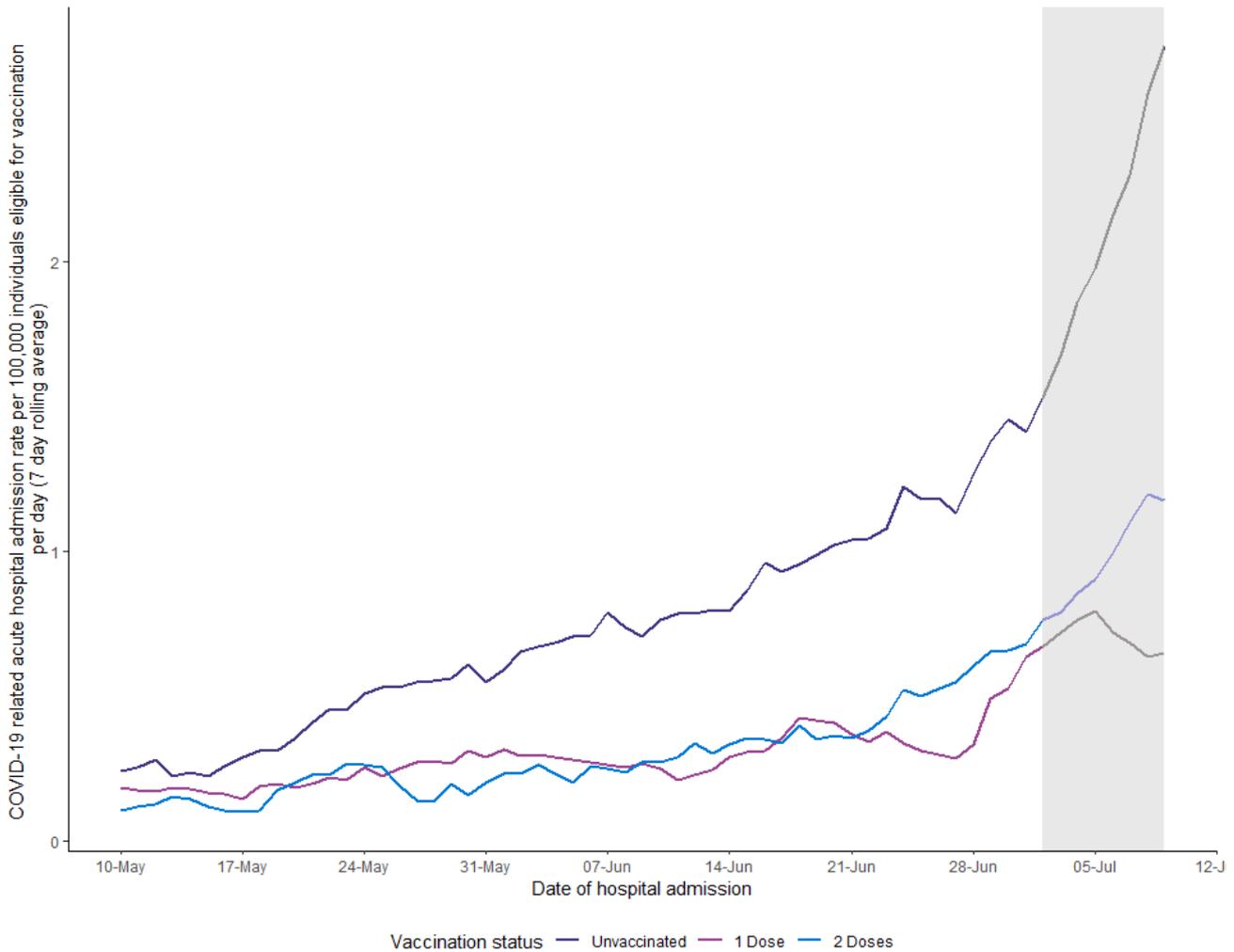
Table 16: Number of COVID-19 related acute hospital admissions by week and number of vaccine doses, 12 June 2021 to 09 July 2021.

Week	No. of COVID-19 related acute hospitalisations / No. of people eligible for COVID-19 vaccination or vaccinated (%)		
	Unvaccinated	1 Dose	2 Doses
12 June 2021 - 18 June 2021	117 / 1,693,576 (0.007%)	31 / 999,886 (0.003%)	59 / 2,202,974 (0.003%)
19 June 2021 - 25 June 2021	134 / 1,564,573 (0.009%)	21 / 929,762 (0.002%)	82 / 2,402,101 (0.003%)
26 June 2021 - 02 July 2021	159 / 1,433,050 (0.011%)	43 / 908,889 (0.005%)	134 / 2,554,497 (0.005%)
03 July 2021 - 09 July 2021	260 / 1,299,895 (0.020%)	42 / 934,583 (0.004%)	216 / 2,661,958 (0.008%)

Vaccination status is determined as at the date of hospital admission according to the definitions described above. Data for the most recent week are considered preliminary and are subject to change as more data is updated.

In the last month, there has been an increase in the overall number of COVID-19 related acute hospital admissions, with the largest number among unvaccinated individuals.

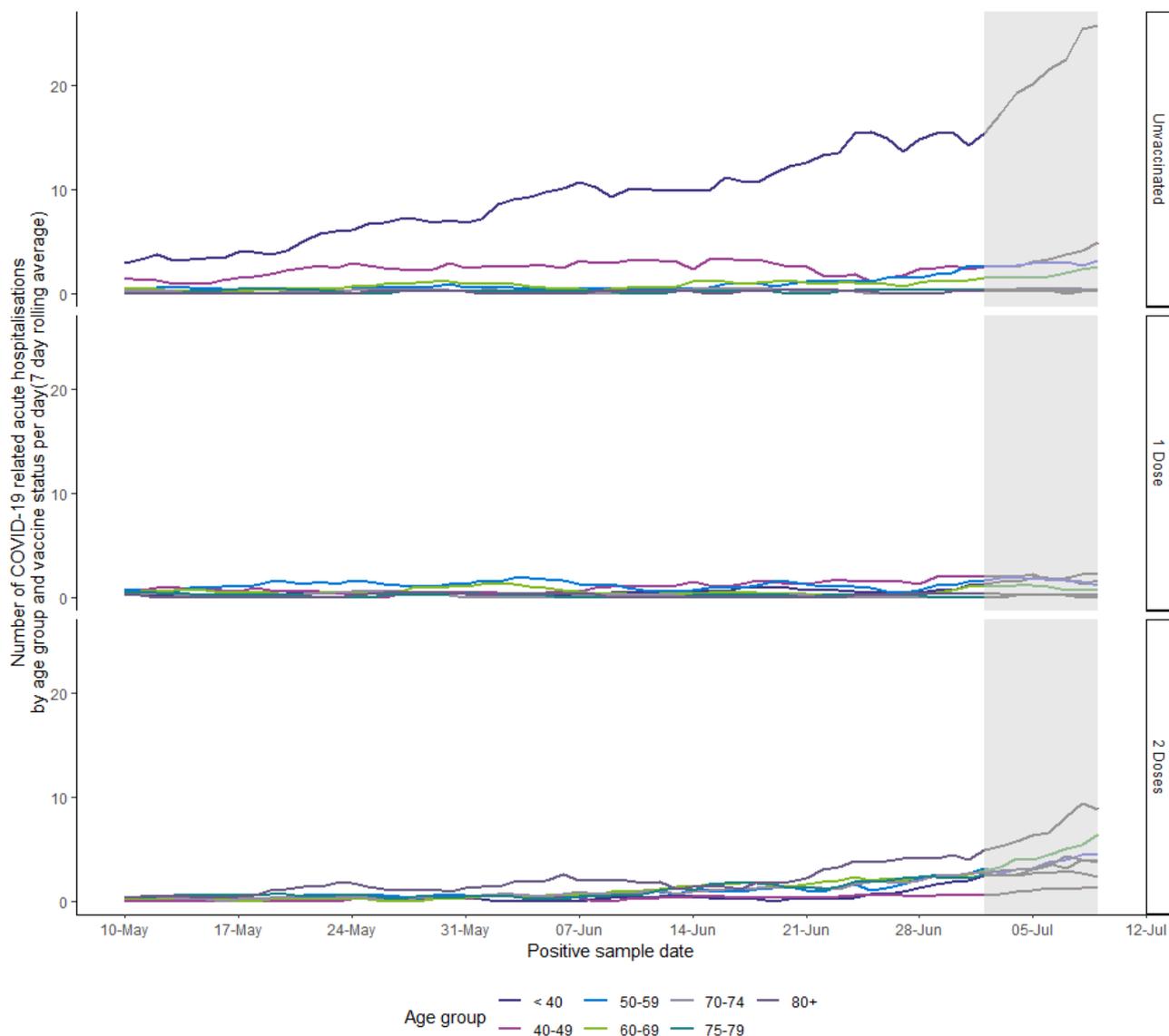
Figure 12: Rate of COVID-19 related acute hospital admissions per 100,000 individuals eligible for COVID-19 vaccination by vaccination status, 7-day rolling average from 10 May 2021 to 09 July 2021



Vaccination status is determined as at the date of hospital admission according to the definitions described above. The data displayed within the greyed-out section (1 week) are considered preliminary and are subject to change as more data is updated.

Since 10 May, a larger and increasing proportion of COVID-19 related acute hospital admissions have occurred in unvaccinated populations, in comparison to populations with one or two doses of the COVID-19 vaccine.

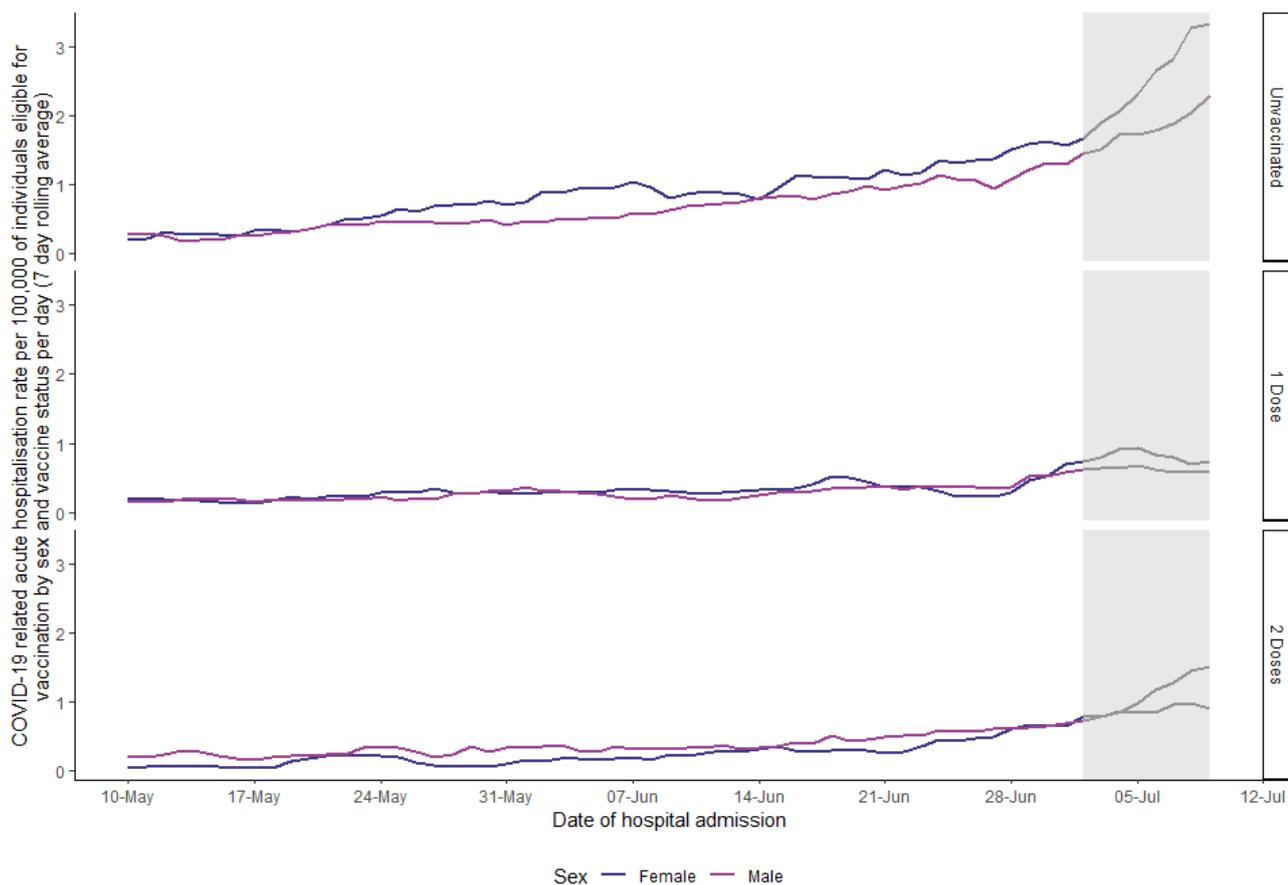
Figure 13: Seven-day rolling average of the number of COVID-19 related acute hospital admissions by vaccination status and age group, 10 May 2021 to 09 July 2021



Vaccination status is determined as at the date of hospital admission according to the definitions described above. Patient age is determined as their age the date of admission. The data displayed within the greyed-out section (1 week) are considered preliminary and are subject to change as more data is updated.

In the last 28 days of recording (12 June 2021 to 09 July 2021), 51.6% of COVID-19 related acute hospital admissions were in unvaccinated individuals, of which 70.6% were in the under 40s age group.

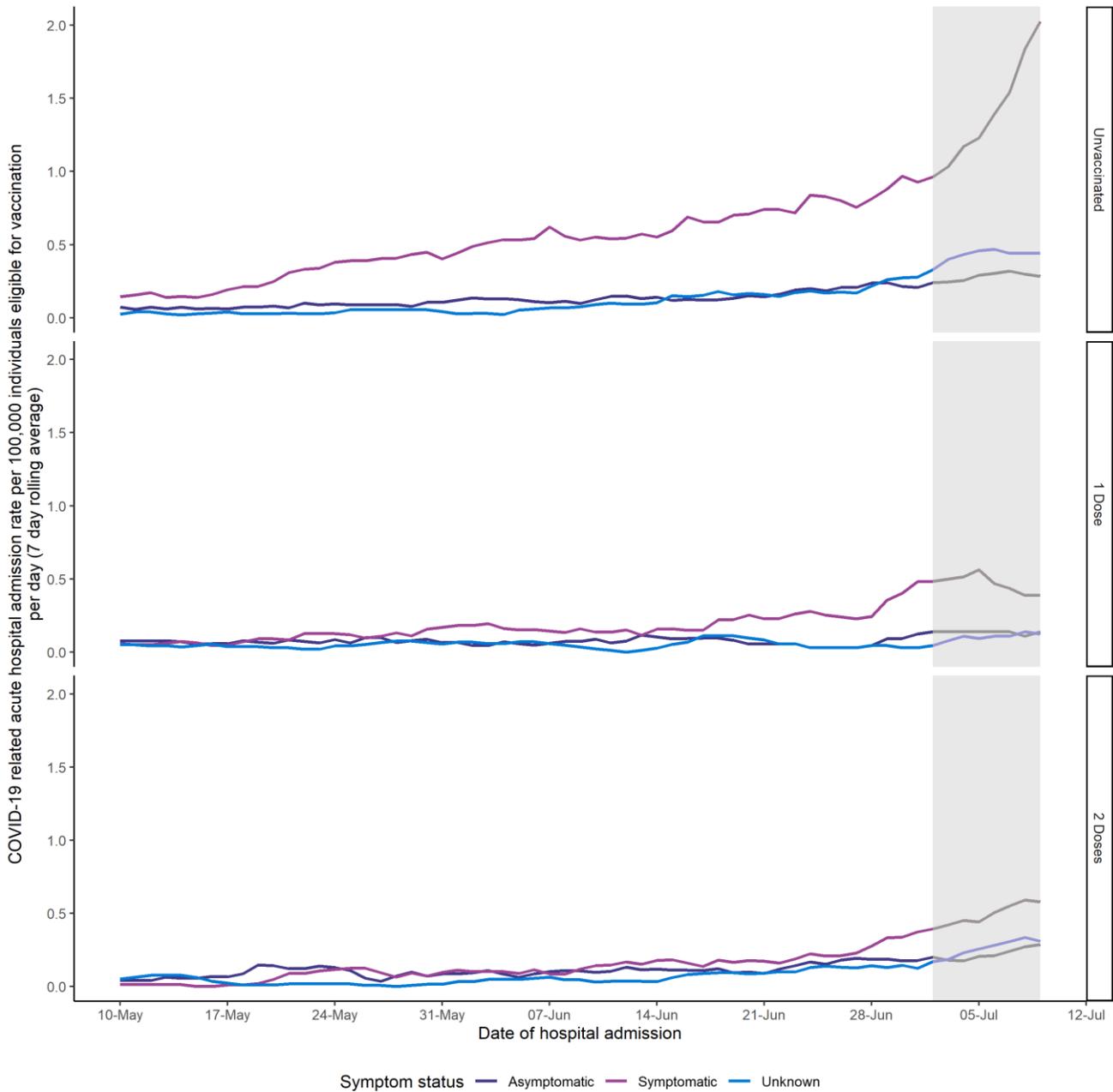
Figure 14: Rate of COVID-19 related acute hospital admissions per 100,000 individuals eligible for COVID-19 vaccination by sex and vaccine status, 7-day rolling average from 10 May 2021 to 09 July 2021



Vaccination status is determined as at the date of hospital admission according to the definitions described above. The data displayed within the greyed-out section (1 week) are considered preliminary and are subject to change as more data is updated.

An increasing proportion of unvaccinated populations have had a COVID-19 related acute hospital admission, but there is no apparent difference between males and females for both the unvaccinated and vaccinated.

Figure 15: Rate of COVID-19 related acute hospital admissions per 100,000 individuals eligible for COVID-19 vaccination by symptom status, 7-day rolling average from 10 May 2021 to 09 July 2021



Symptomatic status is determined at the point of contact tracing or at point of PCR testing if contact tracing data is not available, may be conducted prior to hospitalisation and could be subject to bias. Vaccination status is determined as at the date of hospital admission according to the definitions described above. The data displayed within the greyed-out section (1 week) are considered preliminary and are subject to change as more data is updated.

A larger proportion of unvaccinated COVID-19 related acute hospital admissions were recorded as having COVID-19 symptoms during contact tracing when compared to those that were vaccinated.

COVID-19 deaths in fully vaccinated individuals

In Scotland, from the beginning of the COVID-19 vaccination programme to 07 July 2021, over 2.8 million individuals had been fully vaccinated with two doses of COVID-19 vaccine. Of these, 41 individuals (0.001%) tested positive by PCR for SARS-CoV-2 more than fourteen days after receiving their second dose of COVID-19 vaccine and subsequently died with COVID-19 recorded as a primary or contributing cause of death. These individuals had several comorbidities which contributed to their deaths.

Data sources and Limitations

Date of extraction and analysis

Data were extracted from the sources described below at 16:00 on Monday 12 July 2021. Data included in this analysis is reported up until the Friday of the previous week. Due to delays in reporting, figures are subject to change as records are updated. A marker (greyed out block) has been applied to the latest weeks' data on all results presented in this section to indicate they are preliminary and may be subject to change. Caution should be taken in their interpretation.

The definitions described below are being used for the purposes of evaluating the impact of the COVID-19 vaccine on COVID-19 related acute hospital admissions and confirmed COVID-19 deaths. The numbers reported in this section use test data, accounting for potential reinfections, and may differ from other sections and elsewhere which only count the number of new COVID-19 cases.

COVID-19 PCR test results

All positive COVID-19 PCR test results and associated demographics of an individual are extracted from the Test and Protect database (Corporate data warehouse) which contains test results from ECOSS. Non-Scottish residents are excluded from the dataset.

COVID-19 cases are identified as the following: An individual that has tested positive for COVID-19 by PCR. If an individual tests positive more than once, the repeat positive PCR test is only counted if the positive PCR test is at least 90 days or more apart. Records with missing CHI numbers are excluded as these data cannot be linked to vaccination status.

Symptom status of a PCR positive individual is extracted from contact tracing data in Test and Protect and linked by specimen ID to positive PCR tests. If Test and Protect symptom data is unavailable, the symptom status that an individual provides at the point of PCR testing is used. However, these methods of symptom ascertainment are not assessed by medical professionals and may be subject to bias.

Vaccination status:

Vaccination status for all individuals which test positive for COVID-19 by PCR is extracted from the data used to produce the PHS vaccine uptake/daily dashboard. Vaccine records include the number of doses and date of when each dose was received. Individuals are listed as unvaccinated if there is no vaccination record linked to their unique CHI identifier at the time of analysis. Vaccination status is taken as date of specimen for COVID-19 cases, date of acute hospital admission, or date of death and assigned to number of doses according to the case definitions described below.

COVID-19 vaccine status is defined as per the following:

- **Unvaccinated:** An individual that has had no doses of COVID-19 vaccine and has tested positive for COVID-19 by PCR or has had one dose of COVID-19 vaccine and has tested positive less than or equal to 21 days after their 1st dose of COVID-19 vaccine.
- **Dose 1:** An individual that has had one dose of COVID-19 vaccine and has tested positive for COVID-19 by PCR more than 21 days after their 1st dose of COVID-19 vaccine or less than or equal to 14 days after their second dose of COVID-19 vaccine.
- **Dose 2:** An individual that has had two doses of COVID-19 vaccine and has tested positive for COVID-19 by PCR more than 14 days after their 2nd dose of COVID-19 vaccine.

Acute hospital admissions ¹⁰

¹⁰ Please refer to [Appendix 3 - Hospital Admissions Notes](#) for definitions of hospital admissions and inpatients.

COVID-19 related acute hospital admissions have been identified as the following: An individual that has tested positive for COVID-19 by PCR:

- Up to 14 days prior to hospital admission
- On the day of, or day following admission (if no discharge date is available)
- In between hospital admission and discharge (if there is a valid discharge date available).

Where an individual has more than one PCR positive test, positive results are only included for the first PCR positive test associated with a hospitalisation, or if the positive PCR test is more than 90 days after the previous PCR positive test that was eligible for inclusion. Using this criteria, all records of hospitalisation occurring within 90 days of a previous positive test are excluded. Therefore, if a positive PCR test result for an individual meets these criteria for multiple hospital stays, for example, an individual is admitted twice within a week, only the earliest hospital admission is included in the analysis.

If a patient tested positive after their date of discharge from hospital, they are not included in the analysis unless they are readmitted to hospital and meet the criteria described above.

Vaccination status is calculated from the time of hospital admission, therefore an individual will need to test positive >21 days after their first dose, or more than 14 days' post second, and subsequently be admitted to hospital within 14 days of a positive test, on admission or during a hospital stay to be classified within the first or second dose category.

The number of reported acute hospitalisations does not take into account the reason for hospitalisation, Therefore, people that were admitted for a non-COVID-19 related reason (and tested positive upon admission) may be included and result in an overestimation of COVID-19 related acute hospitalisations.

COVID-19 across the NHS

Charts for a number of measures related to COVID-19 service use in the NHS were presented in the report up until 15 July 2020. Up to date data for these measures are available to view in our [interactive dashboard](#).

This includes:

- Number of positive confirmed cases per day and cumulative total
- Positive cases by age, sex and SIMD
- COVID-19 admissions to hospital
- COVID-19 patients admitted to ICU
- COVID19 Hub and Assessment Consultations
- COVID-19 related contacts to NHS 24 and calls to Coronavirus helpline
- SAS (Scottish Ambulance Service) Incidents related to COVID-19

Wider Impact of COVID-19

The COVID-19 pandemic has direct impacts on health as a result of illness, hospitalisations and deaths due to COVID-19. However, the pandemic also has wider impacts on health, healthcare, and health inequalities. Reasons for this may include:

- Individuals being reluctant to use health services because they do not want to burden the NHS or are anxious about the risk of infection.
- The health service delaying preventative and non-urgent care such as some screening services and planned surgery.
- Other indirect effects of interventions to control COVID-19, such as changes to employment and income, changes in access to education, social isolation, family violence and abuse, changes in the accessibility and use of food, alcohol, drugs and gambling, or changes in physical activity and transport patterns.

More detailed background information on these potential impacts is provided by the Scottish Public Health Observatory in a section on [Covid-19 wider impacts](#).

The surveillance work stream of the Public Health Scotland social and systems recovery cell aims to provide information and intelligence on the wider impacts of COVID-19 on health, healthcare, and health inequalities that are not directly due to COVID-19. The [wider impact dashboard](#) can be viewed online and includes the following topics:

- Hospital and unscheduled care
- Healthcare for cardiovascular disease
- Healthcare for mental health
- New cancer diagnoses
- Uptake of pre-school immunisations
- Coverage of health visitor child health reviews
- Infant feeding
- Child development
- Women booking for antenatal care
- Terminations of pregnancy
- Births and babies
- Excess deaths

These analyses are based on a selected range of data sources that are available to describe changes in health service use in Scotland during the COVID-19 pandemic. More detailed information is available at NHS Board and Health and Social Care Partnership (HSCP) level.

Weekly National Seasonal Respiratory Report

Since 14 October Public Health Scotland is also publishing a weekly report on epidemiological information on seasonal influenza activity in Scotland. Due to COVID health care services are functioning differently now compared to previous flu seasons so the consultation rates are not directly comparable to historical data.

This is available to view here:

<https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/weekly-national-seasonal-respiratory-report/>

Surveillance of influenza infection is a key public health activity as it is associated with significant morbidity and mortality during the winter months, particularly in those at risk of complications of flu e.g. the elderly, those with chronic health problems and pregnant women.

The spectrum of influenza illness varies from asymptomatic illness to mild/moderate symptoms to severe complications including death. In light of the spectrum of influenza illness there is a need to have individual surveillance components which provide information on each aspect of the illness. There is no single flu surveillance component that can describe the onset, severity and impact of influenza or the success of its control measures each season across a community. To do so requires a number of complimentary surveillance components which are either specific to influenza or its control, or which are derived from data streams providing information of utility for other HPS specialities (corporate surveillance data). Together, the influenza surveillance components provide a comprehensive and coherent picture on a timely basis throughout the flu season. Please see the [influenza page on the HPS website](#) for more details.

Contact

Public Health Scotland

phs.covidweeklyreport@phs.scot

Further Information

COVID surveillance in Scotland

[Scottish Government](#)

[Daily Dashboard by Public Health Scotland](#) [National Records of Scotland](#)

UK and international COVID reports

[Public health England](#)

[European Centre for Disease Prevention and Control](#)

[WHO](#)

[International Severe Acute Respiratory Emerging Infection Consortium.](#)

The next release of this publication will be 21 July 2021.

Open data

Data from this publication is available to download from the [Scottish Health and Social Care Open Data Portal](#).

Rate this publication

Let us know what you think about this publication via the link at the bottom of this [publication page](#) on the PHS website.

Appendices

Appendix 1 – Background information

In late December 2019, the People's Republic of China reported an outbreak of pneumonia due to unknown cause in Wuhan City, Hubei Province.

In early January 2020, the cause of the outbreak was identified as a new coronavirus. While early cases were likely infected by an animal source in a 'wet market' in Wuhan, ongoing human-to-human transmission is now occurring.

There are a number of coronaviruses that are transmitted from human-to-human which are not of public health concern. However, COVID-19 can cause respiratory illness of varying severity.

On the 30 January 2020 the World Health Organization [declared that the outbreak constitutes a Public Health Emergency of International Concern](#).

Extensive measures have been implemented across many countries to slow the spread of COVID-19. Further information for the public on COVID-19 can be found on [NHS Inform](#).

Appendix 2 – World Health Organisation (WHO) Standard for Contact Tracing and Scotland Wide Performance Reporting

Details for this standard were previously published and are available within the [Weekly Covid-19 Statistical report \(publication date 27 January 2021\)](#).

Appendix 3 – Hospital Admissions Notes

Hospital Admissions

RAPID(Rapid and Preliminary Inpatient Data)

COVID-19 related admissions have been identified as the following: A patient's first positive PCR test for COVID up to 14 days prior to admission to hospital, on the day of their admission or during their stay in hospital. If a patient's first positive PCR test is after their date of discharge from hospital, they are not included in the analysis.

In the data presented here, an admission is defined as a period of stay in a single hospital. There may be multiple admissions for a single patient if they have moved between locations during a continuous inpatient stay (CIS), or if they have been admitted to hospital on separate occasions.

RAPID is a daily submission of people who have been admitted and discharged to hospital. Figures are subject to change as hospital records are updated. It can take 6-8 weeks or longer before a record is finalised, particularly discharge details.

Hospital Inpatients (Scottish Government Data)

Number of patients in hospital with recently confirmed COVID-19

This measure (available from 11 September and first published 15 September 2020) includes patients who first tested positive in hospital or in the 14 days before admission. Patients stop being included after 28 days in hospital (or 28 days after first testing positive if this is after admission). Further background on this new approach is provided in [this Scottish Government blog](#).

This is based on the number of patients in beds at 8am the day prior to reporting, with the data extract taken at 8am on the day of reporting to allow 24 hours for test results to become available. Where a patient has not yet received a positive test result they will not be included in this figure. Patients who have been in hospital for more than 28 days and still being treated for COVID-19 will stop being included in this figure after 28 days.

All patients in hospital, including in intensive care, and community, mental health and long stay hospitals are included in this figure.

Appendix 4 – RAPID Hospital Admissions

Total specimen dates may not equal reported new cases due to denotifications.

These data include admissions to acute hospitals only and do not include psychiatric or maternity/obstetrics specialties.

RAPID – Please note a three-day time lag is applied to recent records being incomplete. Data are updated daily and figures are subject to change. Figures are consistent with RAPID data presentation.

Total figures for COVID-19 related admissions published by PHS are updated daily and figures are subject to change, and so total figures presented here will not match data published elsewhere.

Appendix 5 – Healthcare Worker Testing

Number of Staff not tested – declined a test

The number of staff who were offered a test and actively declined to take it.

Staff not tested for operational reasons

The number of staff who were not able to be tested for operational/capacity reasons e.g. issues with test availability, staff unable to be tested due to work pressures etc.

Number of Staff not tested for other reasons

The number of the staff present on wards in the reporting week who were not tested. They were eligible for testing (excluding those who declined and those who were not tested for operation reasons). This should be the remainder of eligible staff not recorded in the other groupings.

Appendix 6 – Contact Tracing

An **index case** is generated for each positive result with a test date on or after 28 May 2020. This includes tests derived from Scottish laboratories and from UK Government laboratories.

An **individual** is a unique person who has had a positive test. An individual can have multiple positive tests which results in multiple cases within the test and protect system. In these figures, each person is only counted once.

A **contact** may be contacted more than once if multiple positive cases list them as a contact.

Completed cases are cases which are marked as completed in the case management system, which means that all contacts have been followed up and completed. It excludes cases marked as failed, in progress or new. In the latest weeks there will be cases which are still open either because contact tracing is still underway (particularly for the latest week) or the NHS Board is still managing the case as part of an open outbreak.

Figures for **Unknown Health Board** in the *Number of individuals and the number of primary contacts by NHS Board* table includes individuals with no information on their Health Board of residence and from elsewhere in the UK.

While a close contact of multiple index cases within a Health Board is only counted once, please note that a contact may be included in more than one Health Board as the data is related to the positive case Health Board and a contact may have been in close contact with multiple index cases located in different Health Boards.

Figures for the most recent week are provisional and will be updated in next week's publication. Data are extracted Sunday 11 July 2021 at 8pm. Data relate to tests up to 09 July 2021. Weekly data presented from Monday to Sunday in order to be consistent. Figures are provisional and may change as the test and protect tool is updated by contact tracers.

Individuals unable to be contacted

This information is only available for index cases that have been recorded on the CMS. The CMS went live on 22 June 2020 with NHS Boards migrating on a phased approach with all Boards using CMS from 21 July 2020. Prior to a Board migrating to CMS, data was recorded in a Simple Tracing Tool which did not give the level of granularity required to report on these measures. These data are developmental and an extensive data quality assurance exercise is underway and data may be revised in subsequent publications. Please note the methodology has changed as of 1 November 2020, a refined method has now been applied to identify unique indexes.

Close contacts of people who have tested positive are telephoned by default. System capacity is monitored and automated SMS messaging of close contacts is only resorted to when case numbers are high, such as was the case during the increase in cases during Autumn 2020. This flexible approach ensures high quality calls can continue to be prioritised for index cases. Even when SMS is defaulted to, in these scenarios, a number of close contacts are still telephoned, following clinical risk assessment, particularly if they are linked to complex cases. When close contacts of index cases are contacted via SMS text message, the GOV.UK Notify Service is used which means it is known if the SMS has been received by the mobile phone, not just that it has been sent. Where the SMS is not received, a contact tracer will attempt to contact the individual through other means. The case will not be marked as complete unless someone has spoken to the individual.

Not known data in the following tables

- **Time (hours) between date test sample taken (specimen date) and the positive individual being interviewed by a contact tracer (Table 6)**
- **Time (hours) between case created in CMS and the positive individual being interviewed by a contact tracer (Table 7)**
- **Time between case created in CMS to its closure, measured by the time taken to complete the final contact interview (Table 8)**

records where dates cannot be identified to calculate the difference. Data quality assurance work is taking place to improve this recording.

Data in the above tables relate to index cases recorded up to 09 July 2021. Data relates only to Monday – Friday due to completeness for the most recent week - Data are provisional and will be updated in future releases.

Appendix 7 – Quarantine Statistics

Number of people arriving in Scotland

People who arrive in the UK, as notified to Public Health Scotland by the Home Office.

Number of people requiring to quarantine in a hotel (anywhere in the UK)

From 15 February 2021 any person arriving directly from a high risk country into the UK with a Scottish residence or any arriving directly into Scotland from a non high-risk listed country.

Number of people requiring to quarantine at home

From 30 June 2020 – 14 February 2021. Any persons who are required to quarantine in Scotland (all countries prior to 30 June 2020; high risk countries from 30 June 2020), adults aged 18 and over only. From 15 February 2021 this is anyone arriving from a non-high risk country and did not arrive directly into Scotland.

Number of people contacted by National Centre

Sample of people who are passed to NCTC for follow-up to provide advice and support. Some contacts made relate to arrivals from the previous week; therefore contacts can sometimes exceed arrivals.

Up to the 23 June 2021, a sample of those individuals quarantining at home were contacted by the National Contact Centre (NCC). These calls, along with any in progress, have now been paused in order to prioritise contact tracing.

Successful contacts made

People who were successfully contacted by NCTC

Unable to contact individual

Calls could not be completed because the individual could not be contacted (invalid phone number or no response to call). Where appropriate details of individuals are passed to Police Scotland for further follow up. Includes not completed due to quarantine ending before NCTC could contact individual.

Appendix 8 – Lateral Flow Device Testing

In the **Number of LFD tests by Test Group** table (Table 11), those within **Other** cannot yet be grouped into a specific category. Ongoing data quality may improve this and data may change in future publications.

Please note bulk uploading functionality is not yet available so data is likely to be an undercount. Data will be update and revised in future publications.

Other is any result entered via the [gov.uk website](https://www.gov.uk) where “none of the above” has been selected. Please note anyone requesting a LFD test via the general population offer, will currently report their results via this category.

Those within **Unknown** in the table reporting tests by **NHS Board of Residence** (Table 12) is any test that had an invalid or missing postcode.