

T: 0300 244 4000
E: scottish.ministers@gov.scot

Presiding Officer
MSPs
MPs
SPICe

10 March 2021

Dear Colleagues,

COVID-19 VACCINATION PROGRAMME

I am writing to update you on the vaccination programme, including the advice from JCVI on delivery of Phase 2.

To date 1,809,158 people have received the first dose of the Covid vaccination in the period of 8 December to 8:30am Wednesday 10 March. We have also vaccinated 132,760 people with their second dose. This reflects the enormous effort from all involved in the programme who continue to deliver at pace.

Additionally, I am taking this opportunity to provide you with an update on the new Manaus P1 variant in Scotland.

As we have already indicated, we aim to reach key vaccinations targets earlier than previously planned. Our intention is to have offered first doses to everyone in the JCVI priority cohorts 1-9 by mid-April rather than May as set out in the Deployment Plan, with the rest of the adult population to follow by the end of July, rather than September as previously anticipated. As you are aware, vaccine supply is our rate-limiting factor and delivery of these targets is very much dependent on receiving sufficient vaccine supply. Vaccine supply data continues to be published here every Tuesday [Coronavirus \(COVID-19\): daily data for Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/coronavirus-daily-data-for-scotland)

The Deployment plan sets out denominators for each cohort. These have been reviewed based on uptake as we have moved through the delivery programme. We have used NRS mid-year population estimates to form the basis of all reporting on age-cohorts in the JCVI priority groups and the Community Health Index (CHI) – which includes all patients registered with a GP – as the main source used for other cohorts. Because of this change

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

the population levels for some cohorts varies from that outlined in the deployment plan – this is outlined at **Annex A**.

JCVI Phase 2 Advice

On 26 February, the JCVI published its recommendations to UK Governments for vaccination of the remainder of the adult population beyond cohorts 1 to 9. Once those cohorts have been offered a vaccination, all 4 nations will follow the JCVI advice by inviting adults under 50 as follows:

- All those aged 40-49 years
- All those aged 30-39 years
- All those aged 18-29 years

This recommendation is supported by evidence that the risk of hospitalisation and critical care admission with COVID-19 increases with age. In addition to this clinically assessed and clinically based advice, an age based approach also offers us the most operationally straightforward way of continuing to deliver the vaccine to all adults as quickly as supplies allow which, as I know you will recall, has been our commitment from the outset. This approach has already worked well in the early stages of the programme, as evident in the fact we have vaccinated more than one third of the adult population since early December.

The JCVI's advice is that an age-based approach is also the best way to quickly protect those who haven't yet had the vaccine but who are at increased risk due to occupation, ethnicity or other factors. They have said that amongst those aged between 18 and 49 years old, there is an increased risk of hospitalisation for:

- men;
- those in certain Black, Asian or minority ethnic communities;
- those with a BMI of 30 or more (obese/morbidly obese);
- and those experiencing socio-economic deprivation

Last week, updated analysis on the impact of COVID-19 on ethnicity was added to the Public Health Scotland COVID-19 weekly statistical report. It finds continued evidence of increased risks of hospitalisation or death due to COVID-19 in some ethnic minority groups, which have persisted during the second wave. We remain deeply concerned about the disproportionate impacts of COVID-19 on minority ethnic communities. Our top priority is taking forward the recommendations of the Expert Reference Group on COVID-19 and Ethnicity. We also need to ensure the vaccination programme, Test & Protect and our public health messaging meet the needs of these communities.

We are working proactively with health boards to maximise vaccine uptake by ensuring their vaccination plans are inclusive. Additionally, work is underway with faith leaders and community organisations supporting minority ethnic groups, such as BEMIS on how we respond to the pandemic. We are working with them to ensure vaccine information is accessible and culturally appropriate. We are also ensuring that this information is delivered by trusted voices such as community leaders.

We must ensure that all adults in Scotland are included in the COVID-19 vaccination programme and that our planning and delivery is as inclusive as possible. We have put in

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020



place financial and practical support to ensure all parts of our community have the knowledge and confidence to participate in this vaccination programme and to remove any practical barriers and this work will be stepped up with more outreach support coming on stream shortly. As this part of the programme progresses I will provide you with a further update.

Staff at testing sites

Staff at symptomatic test sites will now be included as part of JCVI cohort 2. Scottish Government officials will provide health boards with a list of workers in their area, and once received boards will contact these workers to invite them to be vaccinated. Boards will ensure that appointments for these workers are scheduled immediately and given priority over later priority cohorts.

Cohort 6

In my last letter, I outlined that invites for cohort 6, those 16-64 with underlying health conditions, would occur over a number of weeks due to the large size and complexity of identifying the at-risk group. Whilst vaccination of this group has begun, there is some additional information I would like to highlight:

Learning Disabilities

You will be aware of Scottish Government's expansion of group 6 to now invite people with mild or moderate learning/intellectual disabilities for vaccination. This now means that anyone with a learning/intellectual disability living in Scotland is eligible for vaccination during group 6, including those with a mild or moderate learning/intellectual disabilities. This does not include people with learning difficulties such as dyslexia or ADHD.

NHS Boards are already aware of this change through our operational vaccination groups, however on 24th February the Chief Medical Officer and Chief Nursing Officer additionally [wrote to NHS Boards Chief Officers and Health And Social Care Partnerships](#) highlighting the change and offering the expertise of local learning disability nurses in providing reasonable adjustments for the COVID-19 Immunisation programme.

We have worked with Public Health Scotland in the identification exercise to make sure both current and historic records are checked to ensure we capture everyone who is eligible. Even for individuals who do not have any contact with their GP, their historic diagnosis will have been recorded and they will therefore be invited for vaccination.

You may have a number of constituents who have a learning/intellectual disability and also require reasonable adjustments to attend their vaccination appointment. Individuals who require it can request an alternative venue through the [national booking portal](#) or helpline (0800 030 8013), and can be accompanied by a carer.

Plans for reaching unpaid carers

Those aged 16 – 64 who provide face to face care or support for a family member or friend due to a disability, mental or physical ill health, frailty or an addiction issue, are now eligible for the COVID-19 vaccination. Carers aged 65 and above will have been included in earlier JCVI cohorts.

Whilst the JCVI has revised its definition of unpaid carer to: "those who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot



who is at increased risk of COVID-19 mortality and therefore clinically vulnerable”, in Scotland we have taken the decision to align our approach with the relevant legislation. This means we are including carers whom people rely on for day-to-day in-person support and we have been clear that access to the COVID-19 vaccination is not limited to only one carer in a caring relationship.

Many carers identified through Social Security or GP data will have already received their appointment letter. For those who are not known to these systems and who meet the eligibility criteria, we will be launching a system that allows people to register themselves as a carer for the COVID-19 vaccination either online or through the national Covid helpline. This will be available shortly and we will announce the date for the launch of this system this week.

To support awareness of this self-registration system and encourage eligible carers to come forward, we will be initiate a tailored marketing campaign which will be available on digital from the date the system goes live, followed by radio and press the following week. Local carer centres and Young Scot are also helping us to reach eligible carers by sending information with details of the system and the launch date to those on their registers at the end of this week.

Scheduling of JCVI cohorts 8 and 9

As data files are being produced for the JCVI cohorts, and individuals already identified in previous priority groups are removed, the assumed sizes of these groups is changing. It has become evident that we had overestimated the size of JCVI cohorts 1-6. Subsequently, as progress continues through cohorts 6 and 7 we will begin to schedule cohorts 8 (those aged 55-59) and 9 (those aged 50-54), from this week with vaccinations to these groups taking place from 15 March onwards.

This is in part in recognition that the cohorts sizes are being refined but by beginning to schedule cohorts 8 and 9 it will also allow us to ensure all available supply is fully utilised with vaccinations being undertaken in parallel for cohorts 6 to 9 recognising that in line with JCVI advice, age continues to be the single biggest risk factor therefore cohort 8 should be scheduled before cohort 9 to adhere to the JCVI advice. The rapid progression through these cohorts will also likely capture many unpaid carers aged between 50 and 59 rather than requiring them to self-identify through the carers portal.

As we move into scheduling these remaining cohorts, I am mindful of the need to ensure we retain appointment capacity for those carers who have yet to self-register and we will therefore carefully monitor this to ensure that no one is left behind in receiving their invite for vaccination. As I detailed above, further information of the unpaid carers portal will be announced this week.

And of course, in parallel we continue to ensure that supply is available for second doses as groups become leigible for these.

Community Testing

Following a successful pilot in December 2020, the Scottish Government introduced a Community Testing Programme in January 2021. This has involved the allocation of over £5 million in additional funding this financial year to NHS Ayrshire & Arran, Borders, Dumfries & Galloway, Fife, Greater Glasgow & Clyde, Grampian, Lanarkshire and Forth Valley, and the 20 Local Authority areas they cover. Discussions are underway with the

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot



remaining health board areas and their local authorities with the aim of agreeing community testing proposals in the coming weeks.

This is being delivered through an expanded Mobile Testing Unit fleet and the deployment of community Asymptomatic Testing Sites. As of Wednesday 10th March, 25 sites were operating across Scotland (Annex B) and we expect further sites to open this month.

Working in partnership with territorial health boards and local authorities to target testing through this programme has identified over 1,300 positive cases that may otherwise have been missed, breaking chains of transmission in those communities. 351 of these came from asymptomatic individuals who would have been unaware of their potential to transmit COVID-19 to their family, friends or colleagues.

The ability to identify and effectively respond to community transmission will become even more important as we start to relax restrictions. Therefore, we intend to write to all territorial health boards and local authorities shortly with a view to agreeing the additional funding needed to continue this programme into 2021/22.

P1 Variant of Concern

As you are aware three people have tested positive for the P1 variant of concern first identified in Japan following travel from Brazil. Contact tracing has now been completed and there is no evidence of community transmission following these cases.

A possible—although still unconfirmed—further case of the P1 Brazil variant has now been identified in Scotland. It involves an individual who travelled to Scotland from Rio de Janeiro via Paris, and arrived on 19 February. The individual followed the procedures for managed self-isolation, and we currently have no reason to believe that that case presents any risk to the wider community.

This case has been provisionally identified as the P1 variant of concern following an allele-specific PCR test which has only recently been introduced in the UK. The sample has been sent to the Sanger Institute in England for full genomic sequencing before this provisional result can be confirmed as the P1 variant of concern. A review of the quarantine procedure has indicated there was no breach of the quarantine rules by the individual and all infection control procedures were followed by the hotel. Additional contact tracing has also been carried out for other passengers on the plane.

I hope you find this update helpful to you and your constituents. As always, please do not hesitate to contact me if there are issues or concerns I can help with and where information to assist you is not otherwise available.



JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



INVESTORS
IN PEOPLE

Accredited
Until 2020



Revised Denominators

JCVI Priority Group	Priority Group	Deployment Plan	Revised Denominator
1	Care Home residents	30,000	30,000 adult care homes (32,000 for all care homes)
1	Care Home Staff	45,000	45,000 adult care homes (52,000 for all care homes)
1	All Over 80s	250,000	269,894
2	Healthcare and Social Care Workers	230,000	230,000
3	All 75-79	190,000	195,951
4	All 70-74	280,000	278,856
4	CEV	110,000	179,267
5	All 65-69	280,000	299,444
6	All 16 years to 64 years with underlying health conditions and Unpaid carers	1,010,000	1,000,000 (range 600,000 to 1,000,000)
7	All 60 and over	280,000	231,282
8	All 55 and over	330,000	230,697
9	All 50 and over	340,000	252,122
TOTAL		3,375,000	3,242,513

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



INVESTORS
IN PEOPLE

Accredited
Until 2020



Current Community Asymptomatic Test Site Locations

Location	NHS board	Local authority	Deployment date
Prestwick	A&A	South Ayrshire	22-Feb
Irvine	A&A	North Ayrshire	24-Feb
Hurlford	A&A	East Ayrshire	26-Feb
Annan	D&G	Dumfries and Galloway	25-Feb
Dumfries	D&G	Dumfries and Galloway	25-Feb
Castle Douglas	D&G	Dumfries and Galloway	25-Feb
Stranraer	D&G	Dumfries and Galloway	25-Feb
Cowdenbeath	Fife	Fife	12-Feb
Kirkcaldy (Glebe)	Fife	Fife	22-Feb
Kirkcaldy (Chapel)	Fife	Fife	26-Feb
Leven	Fife	Fife	03-Mar
Govanhill	GGC	Glasgow City	01-Mar
Glasgow Central Mosque	GGC	Glasgow City	01-Mar
Barrhead	GGC	East Renfrewshire	01-Mar
Gourock	GGC	Inverclyde	02-Mar
Auchinairn	GGC	East Dunbartonshire	04-Mar
Clydebank	GGC	West Dunbartonshire	25-Feb
Dumbarton	GGC	West Dunbartonshire	25-Feb
Aberdeen University	Grampian	Aberdeen City	22-Feb
Keith	Grampian	Moray	22-Feb
Peterhead	Grampian	Aberdeenshire	26-Feb
Forres	Grampian	Moray	01-Mar
Larkhall	Lanarkshire	South Lanarkshire	27-Feb
Airdrie	Lanarkshire	North Lanarkshire	02-Mar
Polmont	Forth Valley	Falkirk	03-Mar

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot