



OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Committee

Thursday 28 January 2021

Session 5



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COVID-19 COMMITTEE
3rd Meeting 2021, Session 5

CONVENER

*Donald Cameron (Highlands and Islands) (Con)

DEPUTY CONVENER

Monica Lennon (Central Scotland) (Lab)

COMMITTEE MEMBERS

*Willie Coffey (Kilmarnock and Irvine Valley) (SNP)
*Maurice Corry (West Scotland) (Con)
*Annabelle Ewing (Cowdenbeath) (SNP)
*John Mason (Glasgow Shettleston) (SNP)
*Stuart McMillan (Greenock and Inverclyde) (SNP)
*Mark Ruskell (Mid Scotland and Fife) (Green)
*Beatrice Wishart (Shetland Islands) (LD)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Professor Jason Leitch (Scottish Government)
Michael Russell (Cabinet Secretary for the Constitution, Europe and External Affairs)
David Stewart (Highlands and Islands) (Lab) (Committee Substitute)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

Virtual Meeting

Scottish Parliament

COVID-19 Committee

Thursday 28 January 2021

[The Convener opened the meeting at 10:30]

Decision on Taking Business in Private

The Convener (Donald Cameron): Good morning and welcome to the third meeting in 2021 of the COVID-19 Committee. We have received apologies from Monica Lennon, and David Stewart joins us as her substitute. I welcome David to the meeting.

Before we begin the substantive part of the meeting, I take a moment to acknowledge that we reached a sombre milestone this week. As many people will know, 100,000 deaths to Covid-19 have now been recorded across the United Kingdom. Our thoughts are with those who we have lost to the disease and their families.

Agenda item 1 is a decision on whether to take in private item 4 and all future consideration of the committee's work programme. Do members agree to do that? If any member disagrees, they should indicate that in the chat function.

As no member has indicated that they disagree, the committee agrees to take in private item 4 and all future consideration of the committee's work programme.

Subordinate Legislation

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 12) Regulations 2021 (SSI 2021/17)

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 13) Regulations 2021 (SSI 2021/25)

10:31

The Convener: Under item 2 which we will take evidence from the Cabinet Secretary for the Constitution, Europe and External Affairs, Michael Russell, and Professor Jason Leitch, who is the national clinical director for the Scottish Government. This session gives members an opportunity to take evidence on this week's ministerial statement on Covid-19 and the two sets of regulations. The Scottish Government has provided a draft version of further regulations that it intends to make later today, and a copy of the draft regulations is available on the committee's web page.

I welcome the cabinet secretary to the meeting and invite him to make a brief opening statement.

The Cabinet Secretary for the Constitution, Europe and External Affairs (Michael Russell): Thank you, convener. I echo your comments on the unfortunate and dreadful milestone that we reached this week. It points up the need for all of us to renew the work that we are doing—collaboratively and collectively—to try to fend off and defeat the virus that we are facing. I know that that is the common concern that we all have, and I am therefore here again to give evidence to the committee on a number of recent coronavirus regulations that have that purpose.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 12) Regulations 2021 prohibit evictions from taking place in level 3 and 4 areas and they require the closure of child contact centres, with the exception of child contact centres that are provided by local authorities.

The regulations allow premises that are required to close to the public to open if it is for the purpose of providing a venue for vaccinations. They adjust the restrictions surrounding click-and-collect services and they prohibit the consumption of alcohol in outdoor public places. They do not allow customers to enter food takeaway outlets in level 4 areas.

The regulations also tighten the existing stay-at-home requirement to ensure that non-essential activities are not undertaken when people leave home for permitted activities, and they restrict the ability to carry out work or services for the upkeep, maintenance or functioning of other people's homes to essential work only in level 4 areas. Those regulations came into force on 16 and 22 January.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 13) Regulations 2021 amend the current allocation of levels on the islands of Barra and Vatersay, moving them from level 3 to level 4. That change was necessitated by recent data indicating rising numbers of positive cases on the islands of Barra and Vatersay. Tightening of the restrictions is therefore required in order to manage the increased occurrence and risk of coronavirus transmission, and the regulations came into force on 20 January.

As you said, convener, the Government provided the committee yesterday with the draft Health Protection (Coronavirus) (Restrictions and Requirements) (Miscellaneous Amendment) (Scotland) Regulations 2021. We intend to make the regulations later today. That is within the normal procedure of statement followed by regulations.

The detailed regulations target certain anomalies that we consider require to be tidied up. They prohibit drive-in or drive-through events, such as drive-in cinema screenings, from taking place in level 3 and 4 areas. That is already reflected in guidance, so it should not require any change for most businesses. The regulations adjust the examples of reasonable excuses to enter a level 4 area to bring the reasonable excuse of attending a marriage, civil partnership or funeral into line with the excuses for those who live in level 4 areas.

The regulations extend the expiry date of the Health Protection (Coronavirus, Restrictions) (Directions by Local Authorities) (Scotland) Regulations 2020 from 31 January 2021 to 31 March 2021. That change brings the expiry date into line with that of the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 and it ensures that local authorities will continue to have the right tools available to deal with the pandemic.

Finally, the regulations allow premises that are required to close to the public to open if it is for electoral administration purposes. The regulations will be made later today and will come into force on 29 January.

I hope that that was helpful to the committee.

The Convener: Thank you, cabinet secretary. That was very helpful.

We turn to questions. I remind members that we have approximately eight minutes each for questions, so it would be helpful if both the questions and the answers could be concise. If there is time for supplementary questions, I will indicate that once all members have had a chance to ask their questions.

I will ask the first question, which is on international travel and quarantine. The Deputy First Minister signalled in the Covid-19 statement on Tuesday that the Scottish Government is considering options to implement hotel quarantine measures for international travellers. Will you expand on the Government's position? What options are under consideration?

Michael Russell: Given that the measures are driven by concerns that exist about the spread of the virus, which is a clinical issue, I think that it is best if, with your permission, I ask Jason Leitch to say a word or two about that.

I think that the Deputy First Minister's point is a crucial one. We want to act as four nations and it is necessary that we move forward together as much as we can. However, we must also be very mindful of the evidence that exists on international travel and the need to do everything that we possibly can to make sure that the virus does not leave or enter the country. Those are really important imperatives, and they have been for some time.

I think that Jason Leitch is in a better position to talk in detail about that, and perhaps he would like to do so.

Professor Jason Leitch (Scottish Government): Thank you for having me again, convener. Before I answer your question, I acknowledge the reflective week that we are having. I feel that, across the UK, we should stop and take note for a moment of the 100,000 families who have lost loved ones. That affects me just as it affects you and everyone else in this fight, and it helps us to realise the purpose of the fight.

The answer to your question has a number of layers. I highlight that international travel and quarantine is not the only club in the bag. It has become the club in the bag in the past couple of days, but we should keep it in perspective. It will not be the way that we drive down present prevalence or the way that we find and isolate cases. However, as the numbers fall, it will become more important than ever to stop importing new cases.

We have proved twice in Scotland that the virus enters by coming across the border. The same is

true of England, Spain and New Zealand. That is how the virus works—it needs people to move it, and that is what happens. We now know that, in July and August 2020, the virus was reimported into Scotland, having got to a low level.

There is a real policy challenge, which is slightly above my pay grade, about what to do about that. If we look around the world for examples of success in not importing the virus, we can see some successes, but they apply to unique geographies. Scotland is not one of those examples. Taiwan, New Zealand, Singapore, Australia and some other countries are examples. It could be argued that Finland and Norway, which are a bit closer to home, are examples of that to some extent.

Most of those countries have taken a strict approach on importing people and, therefore, importing the virus. Those decisions are really tricky and I do not envy the decision makers. The public health advice is relatively straightforward to say out loud: do not import any cases. We then get into a conversation about what that means.

The UK Government made an announcement yesterday, although the operational detail is still to be provided and we are not quite sure what it will look like. There was a four-nations call with the First Ministers of the devolved Administrations and Mr Gove, and the UK Government said that it was going to implement supported quarantine for high-risk countries. The First Minister and the Deputy First Minister both said yesterday—and I said in the advice that I gave at the podium—that that is the minimum that we believe is appropriate. The challenge is that people could dodge it by travelling via Amsterdam or taking some other route.

We have already banned travel from such places. Brazilian citizens cannot come to the UK just now—it is not allowed. A UK citizen who is coming home is allowed to come back from Brazil or from Portugal, but they would now have to quarantine in a quarantine hotel. However, that is relatively niche. It affects small numbers of people. What we need is a response to the much larger numbers of cases that are imported from around the world. The First Minister said that she would raise that in further negotiations across the UK countries.

The Convener: From a public health perspective, Professor Leitch, what would you describe as the optimum quarantine system for Scotland in relation to people returning from international destinations?

Professor Leitch: That is a difficult question, but my starting point is that, if possible, we should not import any cases. That is extreme—it is one end of the equation. From there, we would work

on exemptions. Let us take an extreme example. If we needed an engineer to help at a nuclear power station in a hurry and there were only four such engineers in the world, they would have to be exempt and there would have to be other arrangements in place for them to do the work safely. That would be a completely legitimate reason. We could argue that a formula 1 racing driver who was in a Covid bubble, was travelling on a private jet and was not meeting any other people should also be exempt.

I would start by saying that we do not want to import any cases, whichever geography we wish to base that on. That is where it becomes a policy decision. If, for example, the Western Isles became Covid free, how would we limit all importation of the virus to the Western Isles? We can then think about Scotland or about the UK, which would be the preferred approach because there are multiple international airports and ports of entry. The four UK clinical adviser groups would say that we should do it at a UK level. Eventually, we could even do it at a European level. However, whichever layer we decide to do our importation restriction at, it should be as foolproof as possible. We should then use test and protect to find the few cases that come in.

The Convener: Thank you for that. I will move on to a different topic. Cabinet secretary, you said in December that you would reconsider at the end of January, which is where we now are, the issue of the expiry or extension of emergency coronavirus legislation. What is the Scottish Government's current position on that? How does it interact with plans for the Scottish Parliament election that is due to be held on 6 May, given the need for parliamentary oversight and scrutiny?

Michael Russell: That is an excellent question. I think that your committee needs to start the process of considering that. Three things lie ahead of us in short order. First, the two-monthly report on the legislation is due at the end of this month, and I hope to make the statement on that not in the coming week, but in the following week. Your committee will, of course, receive that report.

The next stage is to look closely at what we have in the legislation and what we might be able to do without. I am making the assumption that we will wish to and need to review the legislation. There will be an order to renew the legislation on 31 March, and I will lay that during the first half of February in order to give plenty of time for that to happen.

10:45

The third thing is the process of looking at regulations during the period in which the Parliament will not sit but will still exist as a

Parliament, which will be from 25 March until 4, 5 or 6 May. I think that the dissolution of Parliament will be at midnight on 4 May. Conversations about that process are taking place with the Parliament, and I think that those conversations now need to be intensified.

Those three issues need to be addressed. If the committee wishes to enter into dialogue on them, that will be useful. We should get the two-monthly report sorted. I am happy to write to the convener to start consideration of how the Parliament and the Government should take those issues forward.

The Convener: I advise the cabinet secretary that the committee is actively considering that matter and will continue to do so in the weeks to come.

David Stewart (Highlands and Islands) (Lab): I have two questions. The first is a broad question for Professor Leitch and the second is a specific question for the cabinet secretary about the regulations.

Professor Leitch, you will be aware that, overnight, Tony Blair called for internationally recognised Covid vaccine passports to aid the recovery of the economy and tourism. The UK is in a good position in that it has the presidency of the G7 and it can lead that agenda. Tony Blair describes a digital passport that would be capable of tracking and verifying the individual's coronavirus status and would hold details of vaccinations and Covid-19 test results. The data would be scanned through the quick response reader. You will know that countries in the middle east and Asia have looked at that potential option.

We are desperate to ensure that our economy survives. Speaking as a Highlander, I note that tourism is very important. What is your view on what I think is an interesting concept?

Professor Leitch: I agree that it is an interesting concept, and the World Health Organization has begun to consider it. I think that such a system should be public health led—you might not be surprised to hear me say that—and supported by our digital and policy development colleagues. Public health knowledge about what the disease does and how treatment, testing and vaccination affect it is growing all the time, so it is not a binary issue. I am not yet attracted to a system involving red and green barcodes that would allow people to behave differently, because I do not know whether the science suggests that that is the way that we should go.

Such a system might be used in the future. For example, someone cannot be employed as a surgeon, as I was, without showing their hepatitis B status, so there is precedent for that. People cannot go to certain parts of the world without a certificate that proves that they have had a yellow

fever vaccination. There are global examples of that, and we will probably move towards such a system.

I have not seen the exact details of what Mr Blair's think tank has said, but I imagine that what it has said is relatively sensible and that it is about having a global system instead of one in a certain region of the world. The system should be centred around public health knowledge as it develops because, if we were to create one tomorrow, we would not know the effect of vaccination on transmission. However, that does not mean that we should not get ready for what might be needed in the future.

I am supportive of the proposal, but I am probably a little bit slower in my support than some people are.

David Stewart: I appreciate that answer, which is very helpful.

My other question, which is for the cabinet secretary, is about the regulations. You will know that my region covers the Western Isles, and you mentioned that Barra and Vatersay have moved from level 3 to level 4. Historically, the Western Isles have had very low incidence of Covid. If I have got the figures right, the rate was 37 positive cases per 100,000 people, but there has been a 30 per cent increase in the past week, which is obviously worrying. Western Isles residents have shown great discipline, which is why the numbers have been so low. Can we learn any lessons from the jump in the number of cases in those two communities?

Michael Russell: I would like Jason Leitch to answer the point about public health lessons, but there is a wider lesson here. You are a Highlands and Islands list MSP and I am the Argyll and Bute constituency MSP so, in essence, we both represent a large number of islands. The lesson for the islands in Argyll and Bute, which I represent, is the lesson from Barra for all of us, and it is that this can happen anywhere. It is really important that we recognise that. The maximum vigilance is required wherever we are.

You and I will both have heard people in remote and island communities say, "We've not had any cases at all, so we don't need to think about the regulations", but that is not the case. We must be vigilant wherever we are, and we need to be aware that this can happen anywhere.

Perhaps Jason Leitch can give us a brief update on the situation in the Western Isles and in Barra and Vatersay, which he and I both know very well.

Professor Leitch: It is, unfortunately, a case study in how the virus behaves and how population movements allow it to behave. It speaks to the conversation that we have just had

about importation and to the necessity for people to be on their guard.

The latest number per 100,000 for the Western Isles is 41, while the Scottish number is about 170 or 180 per 100,000. It is going in the right direction and the Western Isles has done well to manage the outbreak. However, 10 per cent of people on Barra were self-isolating, and at one point there were 50 positives and we had to move people off the island for healthcare. The virus is not to be treated lightly, and we do not need many positives to get to that level of spread, as we have seen.

My inbox is beginning to fill again with people asking when they can open X, Y or Z and when they will get back to a lower level. All of that worries me. In the Western Isles and, indeed, in Dumfries and Galloway on the mainland, there are case studies in why we have to act so carefully. The virus is very dangerous. It does not care where you live or who you are; it will attack you in Barra just as it will attack you in Musselburgh.

The Western Isles have done well and the health service has responded really well, including with some difficult transfers on difficult weather days. However, what has happened should be a warning to the people of Barra and to the people of Skye and every other island in the country.

Michael Russell: It might be helpful for me to point out something about the figures from yesterday. They are lagging figures, of course, as they relate to two days earlier. In the past week, the number of new cases in the Western Isles was eight, with seven in Orkney and seven in Shetland. Even in the island groupings, new cases are emerging on a weekly basis. The incidence figures were 56.1 for Na h-Eileanan Siar, 40.4 for Orkney and 56.7 for the Shetland Islands. Argyll and Bute came in next at 58.2. There are cases, and there is incidence in every part of Scotland. We need to remember that.

Beatrice Wishart (Shetland Islands) (LD): That last question leads on to my questions. Professor Leitch has given an island example regarding the prevention of importation of the virus. The cabinet secretary may know that, along with my northern isles colleagues, I have written to the Scottish Government to ask whether there could be testing at entry points into Shetland and Orkney. For many constituents, that makes sense. Travel is already a lot more restricted, and the islands are working with different restrictions. Where there are low levels of virus, we should be doing everything possible to keep it that way.

What consideration has the Scottish Government given to testing ahead of travel to the islands? The Government had the ambition of using lateral flow tests in airports to catch Covid-

positive travellers, where possible. Would that apply to internal flights? If not, should it?

Michael Russell: I will not rule that helpful suggestion in or out at this stage—it is a helpful suggestion. That would apply to all travel to islands, which is quite a demand, given the range of ferry ports in Scotland. If Beatrice Wishart will forgive me, I will not react to that suggestion immediately. We should consider it and treat it seriously.

As islands representatives, Beatrice Wishart and I know that we should ensure that there is vigilance on ferries. People should be asked whether they are aware of and are observing the regulations. There should also be an assumption that people are not travelling except for the most essential of reasons. On every island, there is a concern that that does not appear to be happening at times. If it is not happening, people should be vigilant and should draw attention to the fact that too many others are travelling. The regulations are clear that people must stay at home, and the exemptions are also clear. That approach applies to ferries and islands just as it applies to every other form of transportation and every other geographical area, so we should insist on it.

Professor Leitch might wish to say a word or two on lateral flow testing at airports. I would have thought that that might be a possibility for islands flights, but I do not want to rule it in or out until we have had a chance to think about it.

Professor Leitch: We are thinking about it. Ms Wishart is absolutely right that testing will have to form part of our plan for exit from the second wave. Our ability to carry out such testing increases all the time, because the technology helps us. Lateral flow testing is still not as reliable as polymerase chain reaction testing, which is why for international travel people now have to have a PCR test at least 72 hours before flying back into the United Kingdom.

Testing will form part of our exit plan, and that will include new ways of testing. You absolutely could extrapolate from my importation advice that testing is one weapon that could be used if we want to keep the virus out of Barra, for example. However, as I have done at previous meetings of the committee, I caution that testing only tells us the truth on that particular day. Someone could be incubating the virus, or it could be missed, and even with a negative test they could have symptoms on the following day. Therefore, we still have to think about quarantining. Testing does not remove the necessity for that.

Beatrice Wishart: The points about quarantining and the need for constant vigilance from all of us are good ones. How do you

envisage that we will be living with Covid into the summer and perhaps for the rest of the year?

Michael Russell: That is more a question for Professor Leitch.

Professor Leitch: That is a tough one, and it is really difficult to answer. I think that I can predict things for the next few weeks, and I can have a go at the next few months. There is good news and bad news. The good news is that vaccination appears to work. Early data suggests that the vaccine reduces individual mortality for the person who receives it. We do not yet know what it does for transmission, but we are hopeful that it will reduce it—vaccines usually do. As members can imagine, if someone does not get such a severe disease, they will not cough and splutter so much and so will not spread the virus so much. It therefore just makes common sense that the vaccine should work to reduce transmission. There will be a scientific layer in which less virus will be shed. We are therefore very hopeful that the vaccine will help.

The test and protect system currently works very well with high numbers of cases. However, in a scientific sense, it will actually work best once we get down to lower numbers, because we will be able to find outbreaks in factories, workplaces and care homes and shut them down. We will have the recipe to prevent the virus from reseeding, provided that we get the importation aspect right. That goes back to the convener's question at the beginning of the meeting.

The difficult news about how we live with the virus is that I do not know what it will do. I do not know whether it will vaccine escape—whether, at some point, the vaccine might not be as reliable and we will have to chase it, just as we do with flu. I also do not know what the rest of the world will do or how populations will behave. We must ask ourselves how things might go as we open. Can we do it in such a way that the virus stays at a low prevalence, unlike the way that we did previously? Then we can get business, society and everything else back.

The longer-term position is even less predictable. We will probably have to live with the virus in an endemic way in some form. We just do not know yet what that will look like, but we do it with flu just now. There is no science to suggest that the virus will suddenly disappear or get fed up and die. It looks as though we will have to live with Covid in some form for years to come, probably with routine vaccination over time.

11:00

Annabelle Ewing (Cowdenbeath) (SNP): Picking up on the international travel and quarantine issue, I am struggling to work out a

rationale for taking an approach that is predicated on listing only some countries rather than a comprehensive approach. We do not control the borders of those other countries, so how can we know whether there will be any importation from country A, which is on the list, to third country B, which is not on the list, with somebody from country B then seeking to come here? Perhaps Professor Leitch will explain from a scientific perspective what the efficacy of a partial approach would be. Surely it should be a comprehensive approach.

Professor Leitch: Purely from a public health perspective, that is probably right, but there are also layers of societal, business and economic harm caused by whatever we do. For every decision that we make to press one bit of the balloon, another bit of the balloon pops out. It is not as straightforward as looking at the pure public health advice.

However, Annabelle Ewing's fundamental fact is true: if someone wishes to come to this country from Brazil, for example, they have to go through some kind of transit hub. If they do that through Heathrow, after the regulation comes in, they will be put into sustained and supervised quarantine. If they come through Schiphol in Amsterdam, my understanding is that they will not have to go into supervised quarantine, because they will arrive straight into this country, even if they spend a week in Amsterdam or Belgium before coming here.

It is tricky to think about how we could stop that, but the implication of having a comprehensive approach is huge. It would mean that all travellers—including nationals, as is the case in Australia—would have to quarantine in hotels for 10 days at either their or the Government's expense. That is a very big decision and I understand why most countries in the world have been reluctant to do it. Some have done it, but some Australians who wanted to go home from Europe have had to wait three months to get a space—a voucher, a flight and a hotel in their country—in order to get home.

I am not suggesting that it is an easy set of decisions but, from the public health perspective, once the prevalence is low, if we do not want a third wave, we must not import new cases.

Annabelle Ewing: That is a comprehensive answer. It comes back to the issue of harms. Increasingly, people are thinking that, if we are looking at yet another year of restrictions, let us get on and do absolutely everything that is necessary to ensure that, by next year, we are not living like this any more. However, as you say, there are big issues involved.

I turn to the cabinet secretary and the issue of essential works in the house, which is in one of the sets of regulations that we are considering and on which I have been contacted by constituents. One is a carpet supplier who is obeying the rules and not fitting carpets, but they see their competitors doing so. Another constituent notes that somebody close by is having a kitchen fitted. From reading the regulations, I would not have thought that either of those falls within the definition of essential works inside the home.

The problem is that, when constituents raise such issues—I am sure that this is happening not just in my constituency of Cowdenbeath in Fife but across Scotland—local authority enforcement people do not seem to be that fussed. Equally, Police Scotland does not seem to be that fussed. What kind of message does that send to the individual or business who is complying with the rules?

Michael Russell: People should be fussed. The issue is absolutely clear. Let me give you a commonsense definition: can the work wait to happen? I suggest that laying new carpets can wait and, unless there is no kitchen of any description, installing a kitchen can also wait. Therefore, those things are a breach of the regulations, and local authorities and the police should be concerned about that.

The four Es—engage, explain, encourage, enforce—apply here, so I will explain why that is so. The regulations are not dreamed up out of thin air. As I say on every occasion that I appear before the committee, they are there for a purpose: to stop people spreading the virus to other people. If someone comes into a house to lay a carpet, they could potentially either spread the virus into the house or pick it up there. That is why the regulations are there, and why people cannot meet indoors.

I simply say to Annabelle Ewing that all those circumstances that she describes should not be happening, and those involved should try to ensure that they do not happen by first explaining the regulations, which are clear that non-essential work in houses is not permitted and that only essential work should take place. That means work that cannot wait and that involves—to drill down further to the other definitions that are used—the essential “upkeep, maintenance or functioning” of the household. That is what it is about.

Annabelle Ewing: I thank the cabinet secretary for that very clear answer. Perhaps he could ensure that the relevant Scottish Government cabinet secretary uses their good offices to ensure that local authority enforcement teams are absolutely clear about what they are tasked with

doing. My feeling is that they are either not clear about that or are just not doing it.

Another area in which there is a bit of concern relates to the very welcome support grants for businesses of all kinds, which have been the subject of recent announcements in December and January. My understanding is that, when businesses try to access support through the local authority, they are told, “It’s not online yet”, “The guidance hasn’t been agreed yet” or, “We don’t know yet.”

Those businesses thought that they would be getting a bit of help, and they were hopeful and optimistic that they could get through the next few months. However, when they try to engage with the local authority, they get absolutely nowhere. Having been taken up to the top of the mountain, they feel terrible as they have to go down again. It is about false expectations. What can you do to use your good offices to ensure that local authorities get the money into people’s pockets as quickly as possible?

Michael Russell: On Monday, I took part in one of the business groups in my constituency, and I heard that people are rightly concerned that it is taking too long for them to get the money. Equally, I heard those involved in the process say that they are working flat out to ensure that schemes and guidance are put in place.

I make two observations, which I hope are helpful. First, when a commitment is made, it will be honoured. Secondly, with the best will in the world, not everything can happen overnight. Guidance and an agreement need to be put in place so that, when the money starts to flow, it does not get caught up and difficulties do not occur, and so that it flows in the right place at the right time to the right people. All that work is being done.

Local authorities have worked tirelessly to ensure that local businesses and individuals are helped, and they will go on doing so. That is happening in Government and in organisations. We now have a big range of funding programmes that try to target money where it is most needed. Of course, it is also the role of individual representatives such as you and me to help businesses to get that support. Indeed, I spent part of this morning on that task in my constituency, and you will have been doing so, too. That is what we need to do.

We should step back for a moment and acknowledge that everybody who is engaged in that work is working as hard as they possibly can to make these things happen, and they will go on doing so in the most difficult of circumstances. Where genuine mistakes are made or genuine difficulties occur, those need to be resolved, but

everybody is doing their best and will go on doing so. They are dealing with people who are in real distress and who, as you said, face enormous difficulties. Sometimes, those people get very annoyed or frustrated, and that needs to be borne in mind in dealing with them.

Annabelle Ewing: I thank the cabinet secretary for that answer. I do not doubt the good faith of anybody who is involved; I am simply flagging up that there are blockages on the ground. I really hope that those can be unblocked because, as the cabinet secretary rightly recognised, many of those people are in real distress. No money is coming in, and that has been the case for quite a long time. Bills are mounting up, which has implications for whether people can keep their homes, for example, and in many other areas.

As a representative of people, I will of course continue to do my best. However, I hope that there will be a conversation between the Scottish Government and the Convention of Scottish Local Authorities to ensure that any blockages are sorted as quickly as possible.

Michael Russell: As far as I am aware—I am making it my business to be aware—that is happening and will go on happening. It is, of course, our job to help individuals for whom it does not happen so that we, too, can help to unblock the situation.

Mark Ruskell (Mid Scotland and Fife) (Green): One thing that has worried me in the past week was the story of a Covid outbreak at a bus depot in Stirling, where almost half the staff have contracted the virus. That emphasised to me the importance of mask-wearing on public transport. I assume that that will probably be a feature of how we tackle Covid not just now, but in the long term.

I want to ask about the standards that are applied to the masks, because I am aware that France, Germany and Austria are mandating the use of the higher-quality FFP2 masks for people to wear on public transport. I am also aware that there are concerns about the ability of new variants of the virus to pass through poorer-quality masks. Are you looking at mask standards for the long term and how to apply them?

Michael Russell: That is definitely a question for Jason Leitch, who has the knowledge to deal with it. I ask him to respond.

Professor Leitch: Yes, is the answer to Mr Ruskell's question. He is right that there have been changes across Europe on masks, although it is not quite as straightforward as mandating FFP2 masks for use on public transport. Some mask changes are specifically about the workplace and some are about being indoors where people cannot distance and so on—the

same phrases that we have got used to hearing in this country.

The World Health Organization is involved in looking at the data on our behalf. We do not have any data yet on whether the new variants can get through more easily than the original virus. The transmissibility appears to be cellular rather than airborne or related to droplets, so it is about people's reaction to the virus rather than how it gets to them. We do not know that for sure, but that appears to be where the science is headed, although that might change. However, we look at mask standards all the time.

The four chief nursing officers in the UK have responsibility for infection prevention and control and for variation in the guidance on that. They looked at the guidance recently and kept it the same, but it remains under constant review. If we think that it needs to be changed, we will do that. We have also run public information campaigns about the fabric coverings that people are using and how and when to wear them. Just now, most people are staying at home but, if they have to use public transport, they should of course wear a face covering just as the rest of us have to. However, just now, FFP2 masks are not required in the general population.

Mark Ruskell: Obviously, if you are keeping that issue under review, it would be useful to keep the committee up to speed on it.

I will stay with Professor Leitch, because I want to ask about another issue with the roll-out of the vaccine. I understand that the Joint Committee on Vaccine and Immunisation's priority at the moment is that all patient-facing front-line healthcare workers, regardless of whether they are in a private or public setting, should be getting the vaccine right now. However, I have been contacted by a private physiotherapist in Fife who has not been offered an appointment yet to be vaccinated. Whenever he speaks to NHS inform, the Covid vaccine helpline or his general practitioner, they say that they are none the wiser as to why he has not got that support. Do you see any holes in the vaccine programme at the moment? Are you monitoring that?

Professor Leitch: You are right that there is a bit of a challenge in that regard. Part of the problem is finding individuals such as that physiotherapist. Problem number 1 is that we are not entirely sure where they all are. Just in the past few days, Gregor Smith, Fiona McQueen and I have written to independent healthcare providers, which are the big hospitals and clinics that we know of. Most of them are registered as businesses, so we know where they are.

Individual practitioners are a slightly trickier group to find. They are legitimately in the first

priority group for the vaccine, but the route for them is through their health boards. Wherever their business is situated, that health board will vaccinate them. They should try to find their vaccination co-ordinator in the health board area; NHS inform might help with that. If that does not work, they should write to us.

11:15

Mark Ruskell: Thank you for that. I will pass on that information.

My last question is for the cabinet secretary. In a number of our meetings, I have raised the importance of self-isolation and the need for a wraparound package of financial and practical support for that.

The committee has been presented with some evidence about international comparisons, and it is clear that a number of countries are taking a belt-and-braces approach to self-isolation. They are being very proactive in how they contact people who are self-isolating and in how they support people practically while they do so.

It is clear that self-isolation will be part of the long-term strategy, so when will the Government start to look at ways to enhance it, or do you think that the way in which we are approaching it now is adequate?

Michael Russell: There continues to be a strong focus on ensuring that self-isolation support improves and develops in as effective a way as possible. Therefore, it is not a question of starting to consider it; that matter remains very much under examination and review. I hope that—as we have seen this week with international comparisons—we will continue to develop that in the best way that we possibly can.

Mark Ruskell: I wrote to the First Minister on the matter, and she pointed me to the national helpline that is available, should people wish to access it, to assist with self-isolation support. Do you think that we should be more proactive in supporting people as they go into quarantine or self-isolation? Is there a danger that we are relying on people to do the right thing and access the support that is out there when we should be much more proactive, particularly when it comes to monitoring with a view to supporting people when they are in that difficult situation?

Michael Russell: As I indicated, that is under constant review. It is accepted that we need to go on doing as much as we can, and to do more if we possibly can.

I am not pushing back on that. I am saying that support for self-isolation remains an issue of concern for us, and that we will endeavour to do as much as we can. The First Minister committed

herself to that. I expect that to continue to be the case and that we will continue to see developments in this area.

Mark Ruskell: When might we get to the next stage in that development process?

Michael Russell: I cannot say precisely when, but we have made a commitment. I am not disagreeing that more work requires to be done. I believe that that work is on-going, but I cannot say whether we will get to the next stage this week, next week or the week after. However, I know that the issue is being taken very seriously indeed.

The Convener: We will move on, because a number of members still have to ask questions.

John Mason (Glasgow Shettleston) (SNP): Are we going to meet the 5 February deadline for the over-80s?

Michael Russell: Yes.

Professor Leitch: Yes.

John Mason: I appreciate that—that was clear.

There have been questions about the vaccine coming into Scotland and then going to GPs. Are we comfortable that it is getting through to them as fast as it can?

I saw in one report that health boards have a certain amount of internal stock that they can give to GPs. How much internal stock do they have? How long do they hold it for?

Michael Russell: Jason Leitch should answer that question. We have given, and continue to give, comprehensive information. We continue to be closely focused on getting this right and moving forward as quickly as possible. We provided more information yesterday; we also made it clear that we are very open to ideas and suggestions, and to intensifying our efforts. Nobody is sitting back and saying, “We’ve done this,” or “It’s happening.” We are always looking at ways to improve the process, keep it moving and move it faster. That is where we are.

We are also in the bizarre situation in which we cannot talk about stocks, because the UK Government has insisted that we do not talk about stocks, even though there is a lot of demand for us to talk about stocks. Some of the very unfortunate spin from south of the border is about stocks, so the very thing that we are not allowed to talk about is the thing that certain individuals in the UK Government have been spinning about maliciously. That is utterly irresponsible and absolutely reprehensible, but there we are.

Perhaps Jason Leitch will speak about the good things that are happening and the work that is being done.

Professor Leitch: Vaccine can be in five places, Mr Mason. It can be in the factory; in the mass vaccine distribution centre, which is in England; in the local distribution centre, which could be in Cardiff, Barra or the NHS Louisa Jordan; in the vaccination centre, whether that is the general practitioner's surgery, the Edinburgh international conference centre or Airdrie town hall, which is where a lot of people I know are going in the next few days; or in the hands of the vaccinator. It can also be in transit between those five places, which provides four opportunities for movement. We know how many vaccines we have in each of those places.

As with penicillin distribution, we have to have enough vaccine to know that when we get to the end of that chain, the person who has the syringe—with my mum in the chair beside her—has vaccine available to her. Therefore, we have to keep stocks in that process. We must not give or plan appointments until we know that the stock is coming, and the stock does not all come smoothly. One thing that is misunderstood in the debate about speed and where we are vaccinating is that we do not get 10,000 doses on a Monday, a Tuesday and a Wednesday and know that we will get that number every day until May—it does not work like that. We get 7,402 one day and 15,716 four days later. It is a little bit unpredictable. Therefore, giving appointments to 200,000 people, as we did this week, was a huge logistical exercise in lining up the demand with the supply.

We have stock in each of those places. We have stock at the big English distribution centre, as do the Northern Irish and the Welsh. We have stock in our own distribution centres, in the Pfizer freezers and in the fridges for the AstraZeneca vaccine. We also have stock inside the vaccination centres. However, we cannot give GPs all the vaccine that they need for all their over-80s or over-70s, because we do not have enough. We have to do that in a staggered way, and that is why the health boards look after that for us.

John Mason: I appreciate that helpful answer.

On a completely different subject, the Scottish Parliament information centre had a number of experts give us advice, which was helpful. Some of it is a little dated, but one of them suggested that we are not emphasising physical exercise as much as we did last spring. Clearly, the weather is not as good for going out at the moment, but do we need to emphasise a bit more the fact that people should go out and get fresh air and physical exercise?

Michael Russell: Yes. That is a very fair point. You are right that the weather is not as good—the rain is pouring down here in Argyll, whereas last May and June the sun was shining—but you are right about exercise, which is also very good for

mental health. It is essential that people have a positive approach to exercise, and that they are encouraged to get that exercise. There are restrictions on numbers of people and on groupings, and we do not want people stravaiging around the countryside over great distances, but of course we should be exercising.

Your question is a useful reminder that perhaps we need to say more about the importance of exercising, and we will do so. We will take that away and consider how we might do that.

John Mason: On the question of vaccine nationalism, the WHO keeps telling us that very few people in poorer countries are getting the vaccine. I know that that is not completely within our control, but are we doing what we can? Are we hopeful? Are we pressing people to make sure that poorer countries get the vaccines that they need?

Michael Russell: We are. That is an important issue, which Jason Leitch might want to say something about, as he has extensive experience of working outside Scotland. We need to bear that issue in mind. It is unfortunate that, in the past few days in Scotland, we have heard consideration not being given to those wider issues and attempts being made to treat the vaccination process as though it is some sort of competition between the countries north and south of the border. It is not—there is a global issue here, and it is a global issue that we should also think about.

Of course we want to make sure that we do as much as we humanly can in Scotland, and that is the task that we are engaged in. However, you raise a very important issue. The WHO has drawn attention to the morality of the decision that has been taken and the fact that we need to consider it.

I know that Jason has a particular interest in how medicine works outside Scotland, England and Europe, so he might want to comment.

Professor Leitch: The issue that you raise is absolutely crucial, Mr Mason. As well as being a beacon of how to vaccinate our own nation, we should be an example—across the whole of the UK—of how to help other nations get vaccinated. The UK has stepped up to that WHO demand. I cannot remember the exact number, but I know that quite a lot of the international aid budget has been donated to that WHO appeal. I would ask all developed countries to do that.

Irrespective of politics in the US, the most important announcement for me over the past week has been the US rejoining—if you can imagine such a thing—the World Health Organization and therefore playing a full part in relation to the money that we need to vaccinate Africa and swathes of south-east Asia, and

stepping up with its scientists and expertise to help us on that mission. I was delighted to see the US rejoin that global mission to help us not only to deal with the prevalence of the virus but to vaccinate the whole world. The UK is often an example to the world when it comes to such efforts—our aid budget to the WHO goes a long way. Perhaps I should not say this out loud, but I think that we may be the second-biggest donor to the World Health Organization after the US.

Maurice Corry (West Scotland) (Con): Good morning. I will ask a question about school hubs, which either or both of you can pick up.

The learning support staff in our school hubs, particularly special needs assistants, need to work closely with pupils on a one-to-one basis and they need to be vaccinated as soon as possible. Why have they not been made a high priority for vaccination? Surely that should have been done by now.

Michael Russell: John Swinney addressed that question during education portfolio question time yesterday, when he recognised that that needs to happen in relation to special needs assistants. Jason might want to say a word or two more.

Professor Leitch: The vaccine list is based entirely—please forgive the bluntness—on risk of death. That is how you choose who to vaccinate. As opposed to those who are elderly, teachers and many other professions are at no increased risk of death. In order to reduce one death among the over-90s, you have to vaccinate 40 individuals; in order to reduce one death among the 50 to 54-year-old group, you have to vaccinate 40,000 individuals. The data is stark: at all costs, we should vaccinate the elderly and the vulnerable and work our way down through the ages.

There is one special group in education that Mr Swinney talked about yesterday and on which we have given clinical advice over the past few days. That group is those who work in very specific additional support needs environments and who deal with young people who have respiratory challenges and perhaps need to be fed through a tube. That specific group of people are health and social care workers. Although they happen to be employed by a local authority in a school or special needs setting, for the purposes that we are discussing, they are health and social care workers.

Apart from them, I am afraid that there is no reason to vaccinate any other group before we get through the mortality grouping. Again, bluntly, if you give a first dose of vaccine to somebody who is not in that group, you are taking it from somebody who is in that group, because we do not have unlimited vaccine.

Maurice Corry: So you are saying that only those support staff who deal with that specific category of pupils will be able to get vaccinated. Is that correct?

Professor Leitch: For now. However, we are coming. We have already sent out letters to the over-70s. The next step will be the over-65s, then the over-60s, and then those who are vulnerable and who have any kind of high risk, which will include a lot of teachers and police and fire officers. Once we get below 50, we will do everybody else. At that stage, the JCVI will probably give some advice about the possibility of prioritising some professions, because once we get below 50, the mortality risk is low across the whole of the group that is left.

At that point, the JCVI might well say, “Since the mortality in this group is low, we think you should prioritise supermarket workers, police officers and teachers.” We do not know whether it will do that; whatever it advises, we will do. We have never departed from its advice in 30 years, and I do not think that we should start now.

11:30

Maurice Corry: Does the cabinet secretary have any further comments on that before I move to my next question?

Michael Russell: No.

Maurice Corry: I want to address the question of airports, which we touched on earlier. How close are we to buttoning down completely the matter of testing in our airports in Scotland and ensuring that there is full compliance from airport operators, airline personnel and travellers?

Michael Russell: I will let Jason Leitch talk about the timescale, but we are giving the committee a strong indication today that the tightening up to which you refer is continuing. For example, travel corridors no longer exist. We have been clear that the new variant is a very serious challenge, which meant that that issue had to be pushed even harder. Big changes have been made in the arrangements and exemptions. At one stage, the UK Government was applying an exemption, more or less, to people who arrived on private jets, and that has now gone. It has been clear that there has been, and continues to be, a substantial tightening up. From 18 January, there has been pre-departure testing for all people who are travelling to Scotland from outside the common travel area; that has been essential. All that has been based on scientific and clinical advice that we have had about how we should move forward.

As I said, the country exemptions are gone; passengers from outside the common travel area

are required to isolate; a negative Covid test is required three days before the scheduled time of departure; and travel to and from Scotland is no longer permitted except with very clear reasons and exemptions. All those measures indicate how seriously the issue has been taken and how things have been tightened up, and that is continuing.

Jason Leitch may want to re-emphasise that in the light of your specific question.

Professor Leitch: You have covered the issues very well, cabinet secretary. Aside from the measures that were announced yesterday, which still require operational definitions and need to be implemented, the measures that were announced two weeks ago—the 72-hour test and the abolition of travel corridors—are going well, as far as I can tell. Much of that is for the UK Government, and therefore Border Force, but the airlines now have to check people's tests on the way on to the plane, just as they check passports—they have to ensure that people have their test results available, and there are also spot checks when travellers arrive in the UK. As far as I am aware, that has gone well; I have not had any news that people are slipping through that particular net.

The difficulty is the next step, which is the quarantine element and how well people are doing that. At the moment, the rules are pretty clear. It is illegal to fly overseas if travel is not essential and, if someone arrives in this country from overseas, they have to quarantine for 10 days. There is no doubt about the rules—the difficulty is whether compliance is high enough to keep the virus out, and that is why we are asking for supervised quarantine.

Stuart McMillan (Greenock and Inverclyde) (SNP): Good morning, gentlemen. I have a couple of quick questions that have been generated by some of my constituency correspondence. The first concerns the Covid testing sites. When will the staff who are working at those sites be vaccinated?

Professor Leitch: We have looked at that. Unless they are health and social care workers, they are not in a priority group. Their risk is the same as the risk for rest of the population, and they are therefore not in the priority group unless they fall into it in some other way.

Stuart McMillan: My second question is on university support staff. Should they be—*[Inaudible.]* I have been contacted by a constituent who deals with nursing students who are on placement, so they need to continue to do their job, but they are struggling to do so while working from home. Should they be classed as key workers?

Professor Leitch: I am sorry, Mr McMillan, but I missed that because a phone was ringing by

somebody's microphone. I got the second half of your question, but could you quickly repeat the first half?

Stuart McMillan: Yes, that is no problem. Should university support staff be considered as key workers? A constituent contacted me to indicate that they were still working with nursing students who are on placement, so, clearly, the job that they do needs to continue. They are working from home, but sometimes they have to go into the office. The question was put to me whether they should be considered to be key workers to assist them in their role.

Professor Leitch: The definition of key worker does not really do much for someone, in the sense that the rules are the same for everybody. The rule is: do not leave your house if you can do your job at home. The role of national clinical director is probably a key worker role, but I am working from home today. Mr MacMillan, you are probably a key worker, but you are working from home today. Yes, the workers you refer to are an essential part of the Covid response. Those teaching our nursing, dental, medical and pharmacy students are an essential part of the Covid response—there is no question about that. Do they have to do that in person? The answer is yes, sometimes, probably. Dental students must have hands-on experience or we will have a whole year in which no dentists qualify. We must allow that experience to happen, so if the nursing teachers and support staff believe that they must go to premises to fulfil their role, they should be able to do that. However, they should think very carefully before they do that.

Michael Russell: This happens several times every time that I am at the committee, so I want to take a step back again to say that it is the purpose of the rules that is very important, as well as the rules themselves. We must take a step back to consider the purpose of the rules: if people can work from home, they should work from home because, otherwise, they run the risks of spreading the virus and having the virus spread to them. That is what it is about.

Jason Leitch is absolutely right to say that it does not matter whether people call themselves "key workers" and are therefore defined as such; the rules are about people avoiding putting themselves and others in harm's way. That is why I am sitting here at home. We are all limiting our attendance at Parliament as much as possible. There might be occasions when attendance is absolutely unavoidable, but even for key workers who are front-line health and social care staff, avoidance of that risk is the thought. It is not about whether someone can get an exemption, as though, in some sense, being called "key worker" will protect them and act as a shield. That is not

the case, and we need to remember that. In essence, that is the commonsense driver of the rules.

Stuart McMillan: I appreciate that. The reason for the question relates to the need for additional assistance with education for those workers' children. As is the case for many households across the country, my two kids are at home with me today and they are getting their education from home. The reason behind the request from my constituent was that the local authority had rejected their application for childcare.

Michael Russell: It is very difficult for people, but it is also about safety at home—that is why we are doing this. It is about everybody keeping safe. Keeping safe is very important.

Stuart McMillan: Is there any indication of when funding packages for driving instructors will be made available?

Michael Russell: I need to find that out, but I hope that that funding will flow as quickly as humanly possible, as I said to Annabelle Ewing. If we can furnish you with that information quickly, we will do so.

The Convener: Our final questions are from Willie Coffey.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): Thanks, convener. As usual, I have a question each for the cabinet secretary and Professor Leitch. Cabinet secretary, is Boris Johnson's visit to Scotland essential?

Michael Russell: The First Minister indicated that there is at least a question mark over that, and I think that there is a question mark over it. That is his decision and I do not think that I would want to get involved in that—[*Inaudible.*—]if I were him, but I am not him—fortunately, perhaps for everybody—so he must make his own decision. It seems to me that it is not essential, but there we are.

Willie Coffey: What kind of message do you think that it sends to the public when we are all in the house and working from home and they think that they can avoid that?

Michael Russell: It is important that examples are set. Some people make a genuine mistake and get it wrong, but I do not think that it was a genuine mistake to fly 500 miles with an entourage—you would quickly realise that it was not a mistake. That was a deliberate action; I heard it being defended by Michael Gove this morning as absolutely necessary for the Prime Minister to do it, but I do not see the necessity. It is important for all of us, however, to reflect on our individual actions, which is what this is about. People make mistakes and do silly things, and it is important to reflect on that and do what we believe

is right, because—again, I go back to the central reason—if we do not do that, we run the risk of contributing further to an appalling pandemic that has already claimed 100,000 lives in the UK. That figure knocks you back on your heels, because there is a risk of adding to it.

Jason Leitch might want to talk about risk; I do not think that he has a view on the Prime Minister, nor should he have.

Professor Leitch: I may well have a view, but I do not have a public view. The rules are there to protect us all as individuals, and each of us makes choices; I make choices about when to travel and you make choices about when to travel, Mr Coffey. I think that it is a matter for individual conscience.

Willie Coffey: I will leave it at that.

I will ask the cabinet secretary a brief question about ferries and ports, which Beatrice Wishart introduced earlier. How do you see the quarantine arrangements applying to Loch Ryan port in Cairnryan? As you know, a lot of haulage goes between Scotland and Ireland. Do you envisage that the quarantine arrangements will come in and apply to that route as well, as a huge volume goes up and down the A77 through my constituency of Kilmarnock and Irvine Valley?

Michael Russell: That is a very important question. The movement of goods is exempt, but in relation to the movement of goods across the short straits, for example, there has been a requirement for testing. I expect that the requirement for testing in relation to goods travel will become even more rigorous, which is probably how it should be. Drivers are being tested regularly and are able to prove that they have been tested, so that should mean that there are not huge delays.

Wearing another hat—my Brexit hat—I note that we are also seeing a change in the pattern of transportation. We have now seen enough of that in the first month to realise that some of it may be permanent—for example, Rosslare has had a 500 per cent increase in traffic, but in fact traffic volumes from Stranraer to Larne, others routes to Northern Ireland and indeed the Holyhead routes into Ireland are all down. That is because Irish goods are beginning to go directly, if they can, to the EU without leaving the EU and the situation is similar for goods from the EU coming into Ireland, so the land bridge concept has not gone away but is diminishing. That will have an impact on your constituents who are involved in haulage and it will have an impact on the haulage industry and supply chains. It is a fluid situation, but testing—to go back to that issue—will become an important and integral part of the movement of goods internationally and within these islands.

Willie Coffey: My final question is for Professor Leitch. A number of constituents contact me and tell me that they think that they have had the virus early on in the pandemic; are we any further forward in finding out whether people have had the virus at an early stage and whether it has left their body? Is there any way of detecting whether people have had the virus and, if they have, should they still be vaccinated?

Professor Leitch: The second part of that is easy—the answer is yes. Even if someone has had the virus very recently, they should still get the vaccine. The vaccine gives people prolonged and deeper levels of immunity than the natural immunity from an infection that someone might—or might not—have had. There is no danger in that. The vaccine is not the virus but is a tiny piece of the genetic material of the virus: it cannot make people sick or give them the disease—it is biologically impossible for the vaccine to give someone the disease. We might say that it creates secret antibodies in a person's blood that are waiting until that person meets the actual virus. Those antibodies will then attack that virus and prevent the person from getting sick—they might even prevent the person from getting infected, although we are not completely sure about that bit.

11:45

I often get asked the same question—"I had a fever and a cough in January—do I need the vaccine?" No one had the virus in Scotland in 2019. Some people caught the virus in early 2020, but only very few. Gradually, more and more people got it as 2020 developed. Harsh though it may seem, that does not matter. If a person had caught it in 2019, their immunity would probably have already disappeared. We think that immunity might last for five or six months after someone has had the disease—it may last for longer, but we do not yet know. Therefore, people's behaviour should be the same regardless—their adherence to restrictions and safety measures should stay the same and they should get vaccinated. Eventually, antibody tests may help us a bit. Just now, the antibody tests are used for research and surveillance and not for the general public.

Willie Coffey: Thank you for that answer.

The Convener: That concludes our consideration of that item. I thank the cabinet secretary and the national clinical director for their evidence this morning. We greatly appreciate it.

Our final item is consideration of the instruments on which we have taken evidence. Cabinet secretary, do you have any further comments?

Michael Russell: No.

The Convener: If members have no objections the cabinet secretary will move the motions en bloc.

Motions moved,

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 12) Regulations 2021 (SSI 2021/17) be approved.

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 13) Regulations 2021 (SSI 2021/25) be approved.—*[Michael Russell]*

The Convener: Does any member wish to speak on any of the motions? If so, please indicate that by typing R in the chat bar now.

As no member has indicated that they wish to speak, I will put the question on the motions. The question is that motions S5M-23888 and S5M-23915 be agreed to. Does any member disagree? If so, please type N in the chat bar now.

Motions agreed to.

The Convener: In due course, the committee will publish a report to the Parliament setting out our decision on the statutory instruments that we have considered at today's meeting. That concludes our consideration of the item and our time with the cabinet secretary and the national clinical director. I reiterate our thanks to the cabinet secretary and the national clinical director for their attendance.

That concludes the public part of the meeting. Members will now discuss agenda item 4 in private.

11:49

Meeting continued in private until 11:51.

This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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