CVDR/S6/21/13/4



COVID-19 Recovery Committee

13th Meeting, 2021 (Session 6), Thursday, 2 December 2021

SPICe: issues paper

This note highlights some issues Members may wish to take account of at the next meeting. The note firstly highlights the First Minister' statement on Tuesday 23 November that the Scottish Government intends to update the vaccination certification scheme to allow a negative lateral flow test as an alternative to proof of vaccination from 6 December, and draws attention to some of the questions posed by members of the public in the Committee's engagement activity.

First Minister's Statement

The <u>First Minister's statement on 23 November</u> set out a number of decisions on public health measures.

- The government would retain for a further period all the remaining legal protections, such as the requirement to wear **face coverings**, and asked people to continue to wear face coverings on public transport, in shops and when moving around in hospitality settings
- The FM reiterated the benefits of **good ventilation** in reducing risks in indoor spaces, and asked people to open windows in homes when socialising.
- The FM asked people to continue to work from home whenever possible
- The FM indicated that the vaccine certification scheme would continue for at least a further three-week period, for the venues and events that are currently covered by the scheme (but not extended to a wider range of premises, including indoor theatres, cinemas and hospitality venues). However, from 6 December, it will be possible to access venues or events that are covered by the scheme by showing either proof of vaccination, as now, or a recent negative lateral flow test result.
- The government would also be intensifying its public information campaign

- The government would deliver the **vaccination programme**, especially, booster vaccinations, as rapidly as possible
- The FM asked everyone to take regular **lateral flow tests** and that, over the festive period, an extra effort would be needed.

Issues to consider

Members may wish to follow up on the decisions set out by the First Minister in her statement, and the rationale underpinning them. For example

- Levels of compliance with public health measures, such as face coverings, regular testing (and isolation), and working from home, and the effectiveness of public information campaigns to date, plus what groups/issues will forthcoming public information work target?
- Members have previously raised issues of vaccine uptake in relation to ethnicity, and deprivation. Public Health Scotland are next planning to publish data on vaccine uptake by equality groups on 2 December (see late SPICe paper), though previous statistics had shown a faster rollout of vaccines to white people, and to areas with less deprivation (as at the end of September). The government's equality impact assessment for the flu and covid winter 21/22 vaccination programme said that

"Biological age in the most deprived communities is significantly different from in the most affluent communities, [and the] onset of 'diseases of old age' is around 15 years earlier. Therefore an age based approach may disadvantage people from the most deprived neighbourhoods. JCVI advice allows for local flexibility to mitigate health inequalities.

- The scientific and economic evidence and rationale for not extending the vaccine certification scheme to a wider range of venues, and for allowing the option of including a recent negative lateral flow test in the certificate. Members may also wish to explore the practicalities of enforcement of the scheme after 6th December, and details of enforcement action to date.
- Vaccination of children aged 5 to 11 was raised during the 25 November session, with the EIS teaching union expressing support for vaccine roll-out to this age group. Members may wish to explore with the Cabinet Secretary what consideration the Scottish Government is giving to this and what representations are being made to the JCVI on this issue.
- Progress in installing Carbon Dioxide monitors and **ventilation measures** in different settings. Progress on the roll out of the £25m fund for businesses to improve ventilation in high risk settings. Members may also wish to explore whether further support for schools still facing difficulties providing adequate ventilation might be provided. The challenge of maintaining ventilation measures during winter weather and the impact of this on school heating

systems was highlighted by the Association of Directors of Education in Scotland at the Committee's 25 November session; members may wish to follow up on this with the Cabinet Secretary.

Statistics Update

SPICe will provide a note of the latest COVID-19 statistics as a later paper on Wednesday 1st December. This will allow us to include statistics on vaccine uptake by ethnicity, and deprivation, now due to be published by Public Health Scotland on Wednesday 1st December.

Some questions from the public

This is the sixth week of running the online engagement tool "Your Priorities" for the committee. By the time we 'closed' this week's submissions on 12th November, we had received 55 questions from the public to date. Fifteen questions have been raised in previous Committee meetings so far.

Full details of the questions are available on the <u>consultation website</u>. The questions have been analysed and grouped into themes. In some cases, the issues raised in the questions have been combined to produce broader questions the Committee may wish to put to Scottish Government Ministers.

Self-Isolation

- What is being done to ensure people self-isolate whilst symptomatic or waiting for test results, as the message does not appear to be getting through? (<u>Geraldine, South Ayrshire</u>)
- "I work as a symptomatic Covid 19 tester. My colleagues and I find it shocking that people who come for testing will arrive with families and friends in tow. Sometimes we get full carloads. Usually none are wearing masks and it is obvious they have been to a drive-in fast food outlet before attending for their test. We have been told that now they have had the test 'they are taking the family out for lunch' to cheer them up!"
- Why have provisions been stopped for people who have been told to isolate by a medical body after receiving a positive test? (<u>anonymous</u>)
- This question could be useful as part of an introduction to the scrutiny of the Self-isolation Bill

Access to Vaccine/Booster:

- Why are people having to go on 20, 60, or even 90 mile round trips to access the booster? People in Dunbar are being asked to travel as far as Livingston to receive their booster. (Soorat, East Lothian)
- Why were many people sent invite letters to attend for booster but on arrival told we were not eligible? (<u>Mark, Argyll & Bute</u>)

• Why are we relying on letters and long queues in phone lines to access the vaccine, without an online booking system as seen in England? Whose idea was this and why was it chosen? (<u>Lesley, South Ayrshire</u>)

Booster and Flu Jag issues:

- Why are people having to wait until they get their booster before they receive their flu jab? (Some people are not due their booster until December and they feel this will be too late for the flu jab when they normally receive it at the end of September beginning of October) (Anonymous submission)
- Why has the Scottish Government and NHS Scotland chosen to vaccinate the over 50s with the winter flu jab in 2021 before the under 50s who have a serious underlaying health complaint? What is the rational for a healthy over 50 year old receiving their flu vaccination BEFORE a 22 year old who suffers with severe asthma and an autoimmune condition? Normally, the latter would have been vaccinated early in to October, nearly November and still no appointment. Is this a game of roulette with peoples health that the Government and NHS are playing? (<u>Cheryl</u>, Aberdeenshire)

Vaccination Uptake

- How long will our vaccination last? How often will we need a booster in the future and how will we know when are due another injection? (<u>LD Advocacy</u>, <u>Western Isles</u>)
- What can Ministers do to encourage health boards to actively partner with their local voluntary and third sector to help ensure the vaccine programme is fully inclusive of and accessible to marginalised populations including patients who are frequently 'missing in health', including homeless people, people whose first language isn't English, people living in poverty and people with serious mental health issues? (Voluntary Action Scotland)
- A number of people have asked why the vaccination programme is not mandatory/compulsory? (Multiple Submissions)
- Why is it so difficult to obtain a medical exemption to vaccination due to concerns about allergies or family history of clotting? (Eliza, East Ayrshire)

Vaccine and Women's Reproductive Health & Breastfeeding

- A number of people have been in touch regarding women's health and the vaccine, some are asking if fertility impacted in any way by having the vaccine? (Anonymous, North Lanarkshire)
- Others have asked if breastfeeding women will be eligible for the booster vaccine? And if Health and Social Care Partnerships/ Midwifes have appropriate information and training on eligibility for the vaccine? Parents have highlighted inconsistency in knowledge and understanding across HSCPs in Scotland in relating to breast feeding and vaccine eligibility. (<u>Multiple Submissions</u>)

Vaccine Certification – Accessibility

- How is the Scottish Government ensuring the vaccination certificate/passport is accessible for those with sight loss? What assessment has been made on the impact of public health measures, such as social distancing and lockdown restrictions, on those with sight loss? (<u>Sight Scotland & Sight Scotland</u> <u>Veterans</u>)
- Why were Scottish people not given a (physical) vaccine card to prove they had received their vaccine and stating what vaccine they had received, like our English neighbours received? (<u>Anonymous submission</u>)

Vaccine Certification – Inconsistency

 Why have we introduced vaccine passports and yet for so long allowed people to mix without them? At times like the euros there was no requirement and yet now indoor venues are being asked to introduce them - with schools back and university students mixing why should a select number of venues be asked to introduce a scheme which is clearly flawed and without scientific merit when taken as an isolated measure? (Mike, Perth & Kinross)

Increasing Restriction Levels

Why were restrictions lowered so soon after cases started to fall? Surely this would have only increased the rise like we are seeing now? (<u>Anonymous</u> <u>submission</u>) Why not return to stronger mitigation measures, especially as cases are increasing and many cases could lead to Long Covid? (<u>Graham Checkley</u>)

Schools and Colleges

- Has transmission in Scottish schools been underestimated? Will the Scottish Government be increasing the level of in-school mitigations to prevent schools further amplifying the spread of Covid-19, including increasing ventilation and using HEPA air filters? (<u>Anonymous submission</u>)
- How is Scot Gov assessing Long Covid risks in children? When considering the balance of harms associated with Covid and various mitigations, how is the Scottish Government assessing the risks associated with Long Covid for children and how often is it updating its assessment? (Anonymous submission)
- A number of people have been in touch with the committee about mask wearing in schools and colleges, some are concerned about the inconsistent approach to mask wearing in education settings, with pupils in a college in Western Isles concerned that in some classes only the teacher wears a mask.

Others are questioning why pupils are being told to wear a mask, while many in the adult population are not bothering to wear face coverings when socialising?

Can the government clarify their policy on mask wearing in education settings?

 The European Centre for Disease prevention and Control (ECDC)'s definition of a high risk contact includes a person who has "been in a closed environment (house, classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for more than 15 minutes." (Source: <u>https://www.ecdc.europa.eu/en/publications-data/children-and-school-settingscovid-19-transmission</u>) Why is the Scottish Government no longer using the 15 minute definition used by other countries?

What evidence is there to support the Scottish Government's new definition which means that someone who has been in a classroom with a positive case for more than 15 minutes is no longer considered to be at high risk of transmission? (Concerned Citizen, Aberdeenshire)

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