

COVID-19 Recovery Committee

18th Meeting, 2022 (Session 6), Thursday 30 June 2022

COVID-19: communication of public health information:

Introduction

1. At its meeting on 28 April 2022, the Committee agreed to hold an inquiry into the effective communication of public health information and tackling misinformation. The purpose of this inquiry is to hear from experts and stakeholders about the effective communication of public health information, evidence-based decision- making and tackling misinformation drawing on the experience of the COVID-19 pandemic.
2. The inquiry has the following aims—
 - To understand the challenges, including the existence of any misinformation and disinformation, faced by government in communicating public health messages in the pandemic to date and to consider what could be done by government to tackle these issues going forward;
 - To consider whether public health information about COVID-19 is accessible to and meets the needs of specific audiences going forward, including people in the shielding category and communities where there has been below average uptake in vaccination to date;
 - To understand how scientific information about personal health risks and risks to wider society can be best used to inform decision-making and public health messaging.
3. At this meeting, the Committee will take evidence from the Minister for Public Health, Women's Health and Sport.

Evidence

4. In advance of the formal evidence sessions, on 19 May 2022, the Committee held an informal discussion with fellows from the Royal Society of Edinburgh to discuss the findings of its [Post Covid Futures Commission](#). This session pertained to the third aim of the inquiry above regarding the use of scientific information in decision-making and public health messaging. A note of that discussion has been published on the Committee's [website](#).

5. The Committee took evidence on 26 May on the first two aims of the inquiry, the papers and transcript from the meeting can be found on the Committee's [website](#). The Committee then took evidence on the second two aims of the inquiry at its meeting on 23 June, the papers and transcript from the meeting can be found on the Committee's [website](#).

6. The Committee received supplementary written evidence from Public Health Scotland and from Dr Sally Witcher OBE following their evidence sessions on 26 May and 23 June respectively, these are attached at the Annexe.

Next steps

7. The Committee expects to write to the Minister for Public Health, Women's Health and Sport on issues raised during its inquiry.

**Committee
Clerks June
2022**

PHS / COVID-19 Recovery Committee – request for further information

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1. Purpose

This paper provides members of the COVID-19 Recovery Committee with further information and links to reports relevant to evidence given by Dr Nick Phin, PHS Director of Public Health Science and Medical Director, on 26 May.

Specifically, the request for further information asked for:

- Details of the surveys undertaken on the effectiveness of messaging during the pandemic
- Details of the evaluations of the effectiveness of the public health campaigns

2. Public Health insight

The main PHS vaccination evaluation learning about public messaging was from our survey of *'Frontline health and social care workers' views and experiences of the COVID-19 vaccination programme in Scotland'*. More than seven thousand people completed the survey, which ran from 5-19 March 2021. There are sections in the report on trust and information sources (p30-32) and communications and information (p50-52).

Link: <https://publichealthscotland.scot/media/8578/frontline-health-and-social-care-workers-views-and-experiences-of-the-covid-19-vaccination-jul21-english.pdf>

Key points:

- Scientists who developed the vaccine, the NHS, Public Health Scotland, health professionals and the government were the most trusted sources of advice about the vaccine. Less trusted sources of advice were social media, community leaders, religious leaders, and news media.
- Official information leaflets or the NHS inform website were the most commonly used sources of information about the vaccine.
- Some thought national and local communication was concise and clear, while others found messages contradictory and information confusing:
 - Some feedback was that official programme information helped to dispel misinformation from other media sources, and supported staff to make an informed choice about whether or not to receive their vaccination.
 - However, there were also reports that information was confusing due to changes in guidance for specific groups such as pregnant or breastfeeding women, as well as for those with allergies or those with concerns about contraindications.
- National and local communications should continue to be updated as new evidence emerges about the safety and effectiveness of COVID-19 vaccines to support informed consent. Any future policy changes (for example timing of second doses) should be communicated with clear rationale and at the earliest opportunity.

3. Other Public Health Scotland resources

3.1 National statistics

- Public Health Scotland's COVID-19 statistical reports provide information from May 2020 to present. These have been used to inform national decision making, guidance, and to help the public understand emerging trends related to COVID-19.
- Link: <https://publichealthscotland.scot/publications/show-all-releases?id=20580>

3.2 Vaccinations

- The inclusive approach to flu and COVID-19 vaccination service delivery in Scotland report provides recommendations for local and national vaccination service planning teams to ensure people across Scotland have equitable access to vaccination services, thereby reducing inequalities.
- Link: <https://www.publichealthscotland.scot/media/9597/an-inclusive-approach-to-flu-and-covid-19-vaccination-service-delivery-in-scotland-oct21.pdf>

3.3 Shielding

- The COVID-19 shielding programme (Scotland) impact and experience survey – part two, was an evaluation of the guidance and support offered to the highest risk group following the pause in shielding.
- Link: <https://www.publichealthscotland.scot/publications/covid-19-shielding-programme-scotland-impact-and-experience-survey-part-two/covid-19-shielding-programme-scotland-impact-and-experience-survey-part-two-30-march-2022/>

3.4 Academic partnership

- The PHS funded ScotCen and University of Stirling OPTIMUM Study is due to be published in the *Vaccine* journal. This analyses attitudes towards COVID-19 vaccines.
- Link: <https://www.stir.ac.uk/news/2021/march-2021-news/stirling-study-to-analyse-attitudes-towards-covid-19-vaccines/>

4. COVID-19 national campaigns

- Scottish Government have primarily led the evaluation of the COVID-19 related marketing and communications strategies, with PHS playing a supporting role. Evaluation information is, at the time of writing, unpublished. We would recommend the committee approach the Scottish Government's Strategy and Insights Unit to identify relevant and available information.

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Date: 24.06.22

Covid-19 Recovery Committee Inquiry: Communication of Public Health Information

Supplementary written evidence

In support of oral evidence session 23 June 2022

Dr Sally Witcher OBE

1. Introduction

Thank you for the opportunity to provide supplementary written evidence, addressing questions arising during the oral evidence session and expanding on a few other points that came up, including some which have subsequently been the topics of much Twitter conversation following my appearance at the Committee and related media coverage.

There were two questions from the Committee in particular:

- Approaches in different countries to an Inclusive New Normal
- Effective messaging on uncertainties and when advice changes

I am extremely grateful to the Convenor for raising the question on other countries' approaches and will primarily address that here, though I include a great deal on how other countries approach public health information communications and a few other relevant matters.

Forty-eight hours of investigation of other countries approaches via social media (Facebook and Twitter¹ – see annex) have revealed a treasure trove of options, creative ideas and comparators, worthy of a Phd thesis or even a new international multi-disciplinary research/ good practice & information hub/ advocacy body - and perhaps its own Committee inquiry! Of course, as with my initial written evidence what follows is not robust research, not comprehensive (neither it is a Phd thesis, you'll be relieved to learn!). There may be inaccuracies and apologies for typos. It does, though, present (in my view) an inspiring snapshot of other potentially feasible possibilities that could be a basis on which to build Scottish Parliamentary and public confidence in appropriate responses. That is not to say, as I previously pointed out, that good ideas and approaches will always be neatly transferable. A country's past experience on mass infections, cultural, political, financial, system and infrastructural factors may have a bearing. However, this is no excuse not to investigate!

Covid, like climate change, is unavoidably an international issue. It requires an international-level response. This applies to wider action towards an #InclusiveNewNormal as much as it does to epidemiology, virology and pharmaceutical developments. Structures may exist. If not, there may be opportunities for leadership, potentially on an international stage. This is something I suggest would be worthy of further exploration (and I intend to pursue).

All this is in the context of a rapidly escalating spread of infection in Scotland, accompanied by some further classic examples of mixed messaging. On the one hand, infection rates have increased by almost a third last week, 1 in 20 of the population is infected² and, according to the Cabinet Secretary, a 22.3% increase in absences in NHS staff. Recent research from Denmark³ has highlighted the increased risk post-Covid of Alzheimer's (3.5 times) Parkinson's (2.6) ischemic stroke (2.7) and intracerebral haemorrhage (4.8 times). Vaccine development is

¹ See Twitter thread: <https://twitter.com/SalWitcher/status/1540983970107727873>

² <https://www.heraldscotland.com/news/homenews/20233979.covid-scotland-infections-rise-highest-level-uk/>

³ https://www.researchgate.net/publication/361487664_Frequency_of_Neurological_Diseases_After_COVID-19_Influenza_AB_and_Bacterial_Pneumonia

struggling to keep up with mutations. On the other hand, the response is a reminder about the success of the Spring Booster (which very few were eligible for), and a wee reminder that we all have our part to play in keeping ourselves and others safe, with confirmation from the National Clinical Director Jason Leitch confirming action is not needed as we now have antivirals (which very very few people can get, a reminder it's a good idea to wear masks on trains that "something dramatic would have to happen to the virus" for mandatory measures to be reintroduced⁴. One shudders to imagine what his definition of sufficiently dramatic looks like.

This submission sets out a selection of my findings related to key areas including Clean Air, symbols/ imagery and signage, global data, clinical (including the pressing question of Evusheld), masking and communications. I also briefly provide some of the latest information I have (which may well be incomplete) on Scottish Government action and responses. I have had no time to carry out indepth analysis, though (in an effort to communicate uncertainty!) I tentatively observe that Scottish Government and the UK seem to be far behind on clean air and do not seem to be giving it the priority it requires, could do a lot more on use of imagery to communicate public health information, seems to be a rare example of removal of mask-wearing requirements completely in a culture where it is not usual practice, 4th boosters are offered to more people in a range of countries, and more needs to be done to provide and communicate on Evusheld.

My thanks go to the many people who pulled together information on the approaches in different countries⁵ and responded on Twitter (responses still coming in). I have not been able to do them justice (yet). I have added some thoughts on communications, including regarding uncertainty, and a note on the role of the third sector. I would be delighted to discuss any of these further with anyone interested.

2. Clean Air

There is a vast amount of global action and interest in this topic as it applies to Covid spread. This is a small selection (see Twitter thread for more).

Belgium: In Belgium, the Federal Government is introducing a policy and legislative framework on indoor air quality,⁶ describing this as one of the main lessons of the pandemic – the importance of healthy indoor air. This covers a **“ventilation plan” for all places open to the public, such as bars, restaurants, cinemas, theatres and gyms, with CO2 monitors essential**⁷.

Japan: In Japan ventilation/ clean air has been emphasised from the very beginning. was told: “Japan is a good place to look for indoor air quality efforts – some cinemas display CO2 levels in each screening...you can look at CO2 level in restaurants in a specific district to see those which have good air quality”.

⁴ The Sunday Show, Series 2: 26/06/2022: www.bbc.co.uk/iplayer/episode/m0018v6w

⁵ I have received detailed information on action in: Germany, Portugal, Spain, Sweden, (<https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/>), Japan, Australia, New Zealand, Ireland (<https://www2.hse.ie/conditions/covid19/>).

⁶ See: <https://vandenbroucke.belgium.be/nl/binnenluchtkwaliteit-beleid-van-de-toekomst-en-wetgevend-kader>

⁷ See also: <https://www.brusselstimes.com/214866/bars-cinemas-gyms-belgium-agrees-on-ventilation-plan-for-public-places>; <https://workinmind.org/2022/04/05/belgium-agrees-on-ventilation-plan-for-public-places-co2-meters-essential/>



There is also an app “to help folks ascertain whether or not a restaurant is well ventilated and therefore less likely to lead to a COVID-19 infection”⁸.

South Africa: Meanwhile, from a business community publication in South Africa: “smart managers have already understood the business benefits of supplying hospital-quality air management in our offices. From property owners looking to secure high-end, long-term tenants, to CEOs hoping to attract and retain scarce skills, indoor air quality must be more than a regulatory tick-boxing exercise.”⁹ The article talks about action taken by a major bank that was “looking for a way to protect and reassure their staff when they returned to the office after working remotely for many months”. They had investigated various technologies and “found UVC¹⁰ to be a well proven technology, and one which did not require any system design changes”; UVC being a technology used for years particularly in USA hospitals to tackle Hospital Acquired Infections,

⁸ https://www.theregister.com/2021/12/15/chiyoda_ward_ventilation_view_app/

⁹ <https://www.bizcommunity.com/Article/196/570/228517.html>

¹⁰ Ultraviolet Germicidal Irradiation (UVC-GI), used to kills pathogens.

that has now been refined for commercial use. See also this article on ‘Time to take clean indoor air as seriously as clean water’.¹¹

South Africa’s Minister of Employment and Labour has published a Code of Practice (18 March 2022)¹². It includes providing that employers may require disclosure of employee vaccination status and isolation of workers if infected, placing them on paid sick leave. On air quality it says: “every employer must keep the workplace well ventilated by natural or mechanical means to reduce the COVID-19 viral load... where possible cross ventilation in preference to single-sided ventilation and/or ventilation through the use of fans, air conditioners or mechanical ventilation. Where reasonably practicable, employers should have an effective mechanical ventilation system.”

Switzerland: In Switzerland, an expert group have put forward proposals on a strategy for “Pandemic-proof buildings” in the form of a white paper.¹³ See also a related article¹⁴ (this features the photo below, of ultraviolet light installed in a cinema in Bangkok)



Ultraviolet light increases air quality and stops the risk of infection: UV-C emitters in a cinema in Bangkok, Thailand.

Photo: Getty Images

United States: The Centers for Disease Control and Prevention¹⁵ have recommended that schools use HEPA air systems to improve air quality and reduce illness. The video in this tweet is worth a watch: <https://twitter.com/markpoloncarz/status/1512166572596600836> The Corsi-Rosenthal box is a cheap form of do-it-yourself air purification device that was developed in the States¹⁶. See #CorsiRosenthalBox for some fantastic examples of

¹¹ <https://www.spotlightnsp.co.za/2022/04/07/opinion-time-to-take-clean-indoor-air-as-seriously-as-we-take-clean-water/>

¹² See: <https://www.lexology.com/library/detail.aspx?g=cc019b6b-7789-425f-897c-075b25f754c1>

¹³ See (in English): <https://scoeh.ch/en/clean-air-for-pandemic-proof-buildings/> ; https://scoeh.ch/wp-content/uploads/2022/06/2022-06-21b_Clean_air_for_pandemic-proof_buildings.pdf

¹⁴ See: <https://www.tagesanzeiger.ch/wie-wollen-sie-den-schweizer-oev-virenfrei-machen-herr-riediker-894698029526>

¹⁵ See: <https://www.cdc.gov/>

¹⁶ See: https://en.wikipedia.org/wiki/Corsi%E2%80%93Rosenthal_Box

(homemade!) models, and usages.

Australia?: ‘Clean air stars¹⁷’ is a fascinating web-site “Staying open starts with clean air...This website has been developed to help businesses understand how to assess their indoor aerosol transmission risk, find [professional guidance](#) where time and resources allow, get advice and testimonials from businesses that have already taken action to protect their customers, and build a directory of businesses like [restaurants, bars, cafes](#), and [gyms](#) for customers to find a business with safer air.

Germany: For schools, the Ministry of the Environment recommends permanently installed air filtration systems as the most sustainable option. Failing that, mobile air purifiers are recommended for rooms that cannot easily be aired.¹⁸

France: ¹⁹

The infographic is titled "Recommandations gouvernementales concernant l'aération et la mesure du CO₂". It features five logos of French government ministries: GOUVERNEMENT, MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ, MINISTÈRE DU TRAVAIL, DE L'EMPLOI ET DE L'INSERTION, MINISTÈRE DE L'ENSEIGNEMENT SUPÉRIEUR, DE LA RECHERCHE ET DE L'INNOVATION, and MINISTÈRE DE L'ÉDUCATION NATIONALE, DE LA JEUNESSE ET DES SPORTS. Below the logos are three boxes representing CO₂ levels and actions:

- Green box:** Taux CO₂ < 600 ppm (with a fork and knife icon) and Taux CO₂ < 800 ppm (with a group of people icon).
- Orange box:** 800 < Taux CO₂ < 1000 ppm (with a wind icon).
- Red box:** Taux CO₂ > 1000 ppm (with an exit sign icon).

Canada: Guide on room ventilation, air filtration and tips.²⁰

- **Scottish Government response:** includes setting up a Ventilation Shortlife working group, which submitted recommendations at the end of March but which for unexplained reasons have yet to be published. It had a Business Ventilation Fund that closed to new applicants in March.²¹ It may be worth finding out about take-up, how publicised and whether there are plans to re-open it (and if not why not). There was £5mn for ventilation in schools, though I have received accounts of this not feeding through into action – including one school in Edinburgh that refuses point blank to have HEPA air filters installed. £90mn ‘logistics’ funding was apparently provided to local authorities. How was that spent? There is some government guidance which looks useful, How has it been promoted? Why has so little emphasis been given to this in government messaging?²²

¹⁷ See: <https://cleanairstars.com/>

¹⁸ <https://www.umweltbundesamt.de/themen/luftung-lueftungsanlagen-mobile-luftreiniger-an>

¹⁹ See: <http://nousaerons.fr/makersco2/> ; <https://twitter.com/nousaerons/status/1465421771578949635/photo/1>

²⁰ https://docs.google.com/document/d/17tKk8Da8tnchnp9ZRe7fPazGAmXtvoA-n4GZcY0_fQ/edit

²¹ <https://webarchive.nrsotland.gov.uk/20220419132746/https://www.gov.scot/publications/coronavirus-covid-19-business-ventilation-fund/>

²² <https://www.hse.gov.uk/ventilation/overview.htm>

3. Symbols/ Imagery and signage

The use of imagery can be a powerful way to get clear messages across quickly and accessibly – though not accessible to some and image descriptors should be used online. There have been numerous examples given already. Here are a few more worth highlighting.

Spain: There is a wide selection of great imagery in multiple languages to be found on the website of the Ministerio de sanidad²³

Portugal: Given the importance of tourism the Turismo de Portugal has been running a ‘Clean and Safe’ campaign²⁴



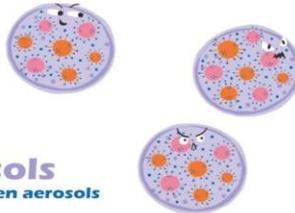
Taiwan: Explainer comics “The quest of the virosols”²⁵ (personal favourite!)

Cast



Droplets
Virus-laden droplets

Size	Larger than 100 μm
Origin	Produced mostly when infected individuals sneeze or cough
Role	Poor deliverer of respiratory viruses
Characteristics	Suspend in the air for less than 5 seconds; only deliver viruses within short range
Capacity to carry viruses	Low



Virosols
Virus-laden aerosols

Size	Smaller than 100 μm ; the majority are smaller than 5 μm
Origin	Produced when infected individuals speak, sing, shout or simply breathe
Role	Super deliverer of respiratory viruses
Characteristics	Invisible; linger and travel in the air for hours; trajectory controlled by airflow and ventilation
Capacity to carry viruses	Very High



Produced by: Aerosol Science Research Center, National Sun Yat-sen University, Taiwan. Copyright©2021 ASRC. Reference: C. C. Wang et al., Airborne transmission of respiratory viruses, Science 373, eabd9149(2021)

Japan: Japan’s public health communications were cited as a particularly good example of easy, effective communications, for example:

²³<https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/ciudadania/otrosIdiomas.htm#en>

²⁴ <https://www.visitportugal.com/en/content/clean-and-safe>

²⁵ See: <http://aerosol.nsysu.edu.tw/en/scopes/108>

2021 Ver.

COVID-19 Preventing the Spread of COVID-19

Basic precautionary measures are also effective for COVID-19 variants.
 Make sure to **Wear a Mask, Clean Hands, and**
 Avoid the 3Cs (Closed spaces, Crowded places, and Close-contact settings)

Wear a mask properly!

Always wear a mask when talking! Important

- ① Cover up to your nose so there are no gaps
- ② Cover your chin and make it fit against your face without gaps

• Not covering your nose **X** Covering only your chin **X**
 • Don't touch the surface of a mask
 • Hold the strings when wearing and taking off a mask
 • Use a quality-certified non-woven fabric mask

Clean your hands frequently!

When to clean your hands:

- After touching items used by multiple people
- Before and after a meal
- After using public transportation

Wash your finger tips, under your fingernails, between your fingers, and your wrists!

Avoid the 3Cs and aim for Zero C!

Close-contact settings

No-mask **X**
Speaking loudly **X**

Crowded places

Large gatherings **X**
Close distance **X**

Closed spaces

Poor ventilation **X**
Confined area **X**

首相官邸
Prime Minister's Office of Japan

MHLW

新型コロナウイルス感染症対策推進室
Preventing COVID-19 and stopping its spread (MHLW COVID-19)

America:

COVID-19 Is Airborne:
Here Is What You Can Do

COVID-19 Do

Do as many activities outdoors as possible, but outside is not magic!

Do wear masks - they are essential, even when we are able to maintain social distance - make sure they fit snugly!

Do think about ventilation and air cleaning by filtration!

We should continue doing what has already been recommended: wash hands, keep six feet apart, etc.
 But that is not enough - follow @jjeolorado on for more
 Source: www.time.com/5883081/covid-19-transmitted-aerosols

Spain:



New Zealand: The traffic light dashboard is great and there are examples of posters, etc to be found.²⁶

- **Scottish Government's response:** Proposals were flagged in the revised strategic framework (22 February) for a Covid-safety signage scheme, whereby premises could put signs in their windows to highlight action taken on Covid safety. The business benefits seem obvious and in line with what customers might reasonably expect by way of environmental standards. I understand this is due to be piloted soon. However, it seems unlikely there will be regulatory backing, just based on self-assessment, with no redress if it is later discovered they were making it up.

4. Clinical

4.1 Vaccination boosters

Germany: According to the German Health Minister (Prof. Karl Lauterbach), the decision on whether to have a booster is a personal matter for the patient and his/her doctor to decide. Also: "Anyone who wants to go through the summer free of symptoms, has many contacts ahead of them and wants to minimize the risk of infecting themselves or others should consider the 4th vaccination". There are groups where this is particularly recommended.²⁷

Austria: In Vienna, "We facilitate access to the Corona booster vaccination: all Viennese over the age of 12 can get the 4th vaccination if 6 months have passed since the 3rd vaccination."²⁸

Uruguay: A response from Twitter: "I am in Uruguay just now. All 4th doses delivered. Also 2nd doses for preschool upwards. Masking in public places REINTRODUCED 3 weeks ago. No major work on Hepa filters."

Japan: Fourth shots started at the end of May for over 60s and over 18s at high risk or with certain conditions (14.9% take-up of those eligible).

Australia: People over 65, vulnerable and immunocompromised are now eligible for a fourth

²⁶ https://covid19.govt.nz/traffic-lights/?gclid=CjwKCAjw5NqVBhAjEiwAeCa97YG0OnRzuX2MVG7n44GsQGX1nDwfQ2jj_GNs3LG3iHwXT33oiTfR7xoCUr4QAvD_BwE&fbclid=IwAR0p93WP2QO20YTV996ypAUjtvJ1i_InG-8Yjug1Cr8rb603e5qZMgezn1w

²⁷ <https://www.rki.de/DE/Content/Infekt/Impfen/ImpfungenAZ/COVID-19/Impfempfehlung-Zusfassung.html>

²⁸ See (includes a video): https://twitter.com/Stadt_Wien/status/1540930354369875969

dose (may just be NSW?).

- **Scottish Government's response:** Scottish Government appears to be following UK clinical guidance without obvious variation, despite devolved responsibility for health²⁹. There may/ may not be good reasons for this. The Committee will be aware of current policy on vaccination – limited access to a 4th dose, including people identified as having high underlying clinical risk, and limited information on eligibility for an Autumn booster.

4.2 Evusheld

The situation for people with suppressed immune systems is dire. One possible treatment receiving increasing support, including in the UK Parliament, is Evusheld. This is a combination of two long-acting antibodies. It's a drug, given in advance, preventatively, designed to protect clinically vulnerable people against Covid in cases where vaccines don't work due to cancer treatment or immune-deficiency. It was authorised by the UK's MHRA on 17 March 2022³⁰. However, it is not available to anyone in the UK, including it would seem privately³¹.

Australia: Evusheld has been provisionally approved.

- **Scottish Government's response:** "The Scottish Government welcomes the MHRA's decision to award Evusheld a conditional marketing authorisation; this represents yet another pharmaceutical option in our response to COVID-19. Evusheld is being developed as a potential preventative treatment, with AstraZeneca announcing positive clinical trial data. However, this trial took place before the emergence of the Omicron variant, and there is not yet enough data to know how effective Evusheld is against Omicron, or the duration of its effect against this variant.

The UK Health Security Agency (UKHSA) is carrying out further testing on the treatment's effectiveness against the Omicron variant; once completed, these results will help inform any decisions on next steps for this treatment, including procurement. At this stage, there is no supply available in the UK. We will continue to closely monitor investigations into the treatment's effectiveness against new variants; once completed, these results will help inform any decisions on next steps for this treatment, including procurement (letter from official).

4.3 Antivirals

I did not find so much information on this (it does not mean this does not exist) and I ran out of time to process what I had.

Australia: The Therapeutic Goods Administration (TGA) has approved two oral antiviral treatments for COVID-19 in Australia called Lagevrio (molnupiravir) and Paxlovid (nirmatrelvir + ritonavir). They are both available in NSW.

If you test positive to COVID-19, have symptoms, are at higher risk of illness from COVID-19³² but do not require hospitalisation, you may be eligible for antiviral or other early treatment for COVID-19. Those at higher risk of severe illness from COVID-19 are:

- People aged 60 years and older.
- Pregnant women.

²⁹ A new body has recently been established to make clinical treatment decisions:

<https://www.gov.uk/government/groups/covid-19-therapeutics-clinical-review-panel>

³⁰ See: <https://www.gov.uk/government/news/evusheld-approved-to-prevent-covid-19-in-people-whose-immune-response-is-poor>

³¹ See: <https://getevusheld.uk/>

³² <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/covid-info-high-risk-people.pdf>

- Aboriginal, Torres Strait Islander and Pacific Islander people (from age 35 years and over).
- People with obesity, diabetes, serious cardiovascular disease, chronic lung disease (*including severe asthma requiring hospitalisation in last 12 months*), severe chronic liver or kidney disease, active cancer or who are immunocompromised.
- Some people with a disability including those with a disability that affects their lungs, heart or immune system.
- Residents of aged care and disability care facilities.
- People aged 18 years and older who are unvaccinated.

Spain: Interestingly, Spain appears to offer post-Covid antibody tests.

5. Mask-wearing

Japan: A good example of cultural difference. There is no law on mask-wearing. Instead there are requests that people wear masks everywhere indoors. Compliance indoors is near 100%, even though in many places there is little or no policing of masks. Outdoors, compliance is still over 95% in built up areas despite the government recently saying this was no longer always necessary.

Japanese public health education has, as a legacy of the 1918 flu pandemic, emphasised mask-wearing when you are ill e.g. with a cold. Although not everyone followed this pre-pandemic, it was always very common to see people wearing masks out and about (but also during hayfever season). This is grounded in a culture that emphasises not causing problems for others³³. The majority of people wear surgical masks, with an increase in over-the-ear KN95 and KF94 masks in the past year.

Germany: Until recently, particle filtering [FFP2 or FFP3](#) masks (or KN95/N95 masks) were compulsory in public indoor settings (schools, shops, transport, etc.). Although this measure has been lifted, the use of masks in areas where there is a higher risk of infection is still recommended by the RKI. The view of the Ministry of Health is that: “Voluntary face-masks must become part of the norm. If you want to protect yourself and others, you should wear them indoors” (Lauterbach, June 2022)³⁴

Much is devolved to regions/ localities. **NEW:** From 27 June some protections will be re-instated in Baden-Württemberg: For large gatherings (religious, cultural, ...) and in schools, colleges, universities, etc., the protections will include: face-masks (the FFP2/3 type), physical distancing of a minimum of 1.5 metres, and requirement to test.³⁵

Australia: In New South Wales all people over the age of 12 are required to wear (type not specified):

- at a public hospital or private health facility (including private hospitals and day procedure centres)
- in residential care facilities or hostels
- on public transport and public transport waiting areas (including in taxis and rideshare services) - I should add many people aren't wearing masks on public transport!
- in a cruise terminal
- on a domestic commercial aircraft (including when the aircraft is flying above NSW).³⁶

³³ <https://www.gavi.org/vaccineswork/100-years-and-counting-mask-wearing-japan>

³⁴ <https://www.bundesgesundheitsministerium.de/coronavirus.html>

³⁵ <https://www.baden-wuerttemberg.de/de/service/aktuelle-infos-zu-corona/aktuelle-corona-verordnung-des-landes-baden-wuerttemberg/> , §6 for schools and universities

³⁶ <https://www.nsw.gov.au/covid-19/stay-safe/guidance-on-wearing-face-masks>

Spain: Mask-wearing is still mandatory in enclosed public spaces and on public transport³⁷

- **Scottish Government's response:** All mandatory requirements removed. The First Minister declared her confidence that most people will continue to wear them, and there were requests to remember to 'protect the vulnerable'. Regrettably, anyone going anywhere in Scotland will see that such confidence transpired to be somewhat misplaced.

6. Communications

6.1 Framing

There was some discussion of the importance of language and the difference in understandings of words that may be used to convey the same thing. I talked about the difference between 'protections' and 'restrictions' and why the former, unlike the latter, was a positive and an accurate message. I also talked about my understanding of 'vulnerability' as a phenomenon imposed on people with high clinical risk, generated by the removal/ failure to put in place measures to contain spread and make environments safe.

There are various words in the Covid-19 lexicon that could do with a rethink. For example 'ventilation' is generally understood to mean fresh air. It is therefore not necessarily a good word under which to group all means of tackling air quality. Clean air, in my view, serves the purpose better. Perhaps, though, the most damaging example has been the use of the word 'recovery' – a word which has implicit within it the meaning of restoring, going back to normal, after an adverse event³⁸. In light of where we are now there can surely be little doubt, other than perhaps in the minds of the Cabinet Secretary and the National Clinical Director it would seem, that the pandemic is not over. What we are therefore seeking to cover is not the path back to pre-Covid normality, but to the recovering of equal rights and freedoms, via action to create an #InclusiveNewNormal.

The importance of language has been the subject of academic theory and is a key element of 'framing'. The work of the Frameworks Institute, showing how public attitudes can be shifted by how a topic is framed, is worth a look³⁹.

Careful choice of words applies to the communication of uncertainty and risk and this is far from straightforward if complacency or scaremongering are to be avoided. For example, is it in development, inconclusive, emerging evidence, so far weak evidence, early indications, unreliable signs? They each communicate something quite different even if they could all easily be about the same thing. Perhaps one thing to consider is a form of visual coding:



6.2 Communications strategy

I was sent a very interesting example of an approach to a communications strategy (transparency, etc) and 'lessons learned' from Taiwan and South Korea's tech-enabled Covid-19 Communications⁴⁰

Another approach, apparently used in Japan, is the 'Swiss cheese' approach – here represented visually

³⁷ https://www.expatica.com/es/healthcare/healthcare-basics/spain-coronavirus-173594/?fbclid=IwAR2udjIPKz-LQ_7KVM0-a23MfFIOjm_PP-E312BINIFCXRzemYLQvpqhjDs#vulnerable

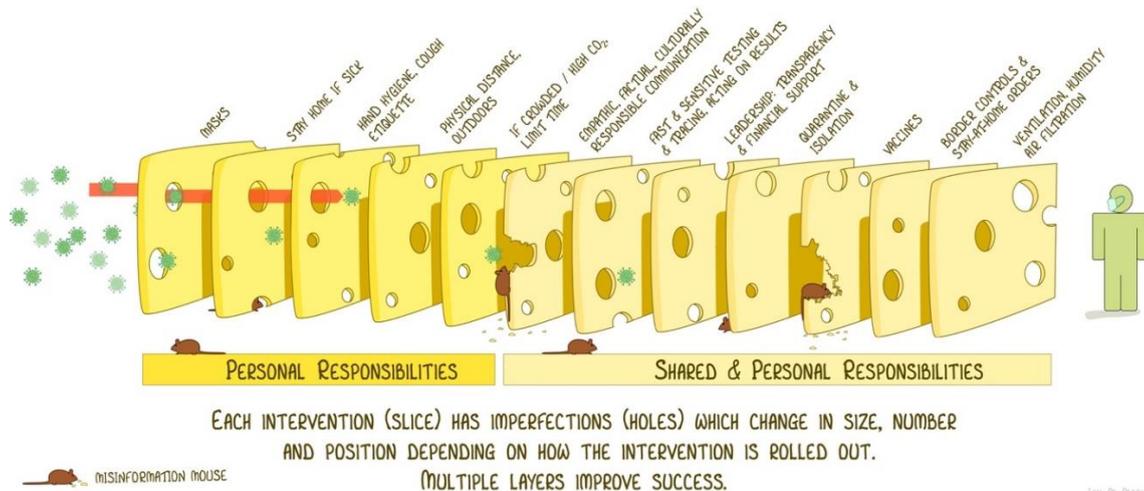
³⁸ See for example definitions: <https://dictionary.cambridge.org/dictionary/english/recovery>

³⁹ <https://www.frameworksinstitute.org/>

⁴⁰ See <https://www.brookings.edu/techstream/lessons-learned-from-taiwan-and-south-koreas-tech-enabled-covid-19-communications/>

THE SWISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



6.3 Accessible communication

Back in 2011 Scottish Government published “Principles of Inclusive Communication: An information and self-assessment tool for public authorities”⁴¹. It would be interesting to know what became of this. There is a wealth of learning on accessible communications among disabled people’s organisations, for example, Inclusion Scotland published a guide to accessible social media. I also recall some experience when working for the Office for Disability Issues, DWP, that all kinds of people (sometimes including me!) would read the Easy Read versions (which use a lot of imagery) of consultations, policy documents, etc as much more accessible, including if pushed for time. This may be something to think about.

6.4 Global data

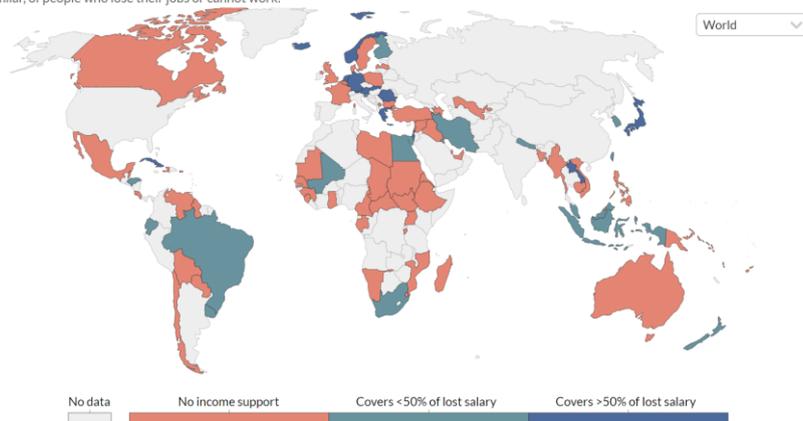
The communication of complex data is a challenge(so too can be trying to source it). ‘Our World in Data’⁴² is a project of the [Global Change Data Lab](https://ourworldindata.org/), a non-profit organization based in the United Kingdom. It aims to provide data on the world’s big problems – including Covid. See for example this on visual presentation of global income support measures.

⁴¹ See: <https://www.gov.scot/publications/principles-inclusive-communication-information-self-assessment-tool-public-authorities/pages/1/>

⁴² <https://ourworldindata.org/> ; <https://ourworldindata.org/grapher/income-support-covid>

Income support during the COVID-19 pandemic, Jun 26, 2022

Income support captures if the government is covering the salaries or providing direct cash payments, universal basic income, or similar, of people who lose their jobs or cannot work.



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 27 June 2022
Note: This income support may not apply to workers in all sectors, and may vary at the sub-national level.
OurWorldInData.org/coronavirus • CC BY

▶ Jan 1, 2020 ————— Jun 26, 2022

European Health Observatory⁴³: The Covid-19 Health Systems Response Monitor (HRSM) collects and organises information on how countries' health systems are responding to the crisis. Also worth a look.

Annex

Twitter thread: <https://twitter.com/SalWitcher/status/1540983970107727873>

Calling people not in the UK, I'm writing follow-up evidence for Scottish Parl Covid-19 Recovery Committee on action other countries take re #InclusiveNewNormal #CovidSafety eg on #CleanAir, access to treatments, mask-wearing, laws/ Codes of Practice, public communications including

what do countries other than the UK do on public communications about #CovidSafety? What methods & messaging is there on latest info, action to take & why – websites, videos, signage & symbols, social media, hashtags (love @HSELive's #ForUsAll), making communications accessible to all.

I've already found out loads I didn't know about other countries' approaches. There's a treasure trove of options & ideas out there. The deadline for my evidence is tight but I'll include a link to this thread in it & post what I've done. Thank you so much for any help you can give!

⁴³ <https://eurohealthobservatory.who.int/monitors/hsrcm/overview>