

Public Health Scotland COVID-19 Statistical Report

As at 19 July 2021

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This is a Management Information publication

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

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

Introduction

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

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

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

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

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

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

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

Main Points

- As at 18 July 2021, there have been 330,851 confirmed COVID-19 cases; 12,833 of these were recorded in the week ending 18 July 2021, a decrease of 32.2% from the previous week.
- In the week ending 18 July 2021, 12,758 individuals were recorded in the contact tracing software, from which 24,057 unique contacts have been traced.
- In the week ending 18 July 2021, under the Community Testing Programme 30.2% of symptomatic and 8.2% of asymptomatic tests for COVID-19 were positive.
- In the week ending 13 July 2021, there were 603 admissions to hospital with a laboratory confirmed test of COVID-19. The highest number of new admissions were seen amongst those aged 80+ and 40-49 years.
- The proportion of all people who were admitted to hospital within 14 days of a laboratory confirmed COVID-19 positive test has declined, from 13% in the week commencing 25 January 2021, to 2% in the most recent week commencing 28 June 2021.
- The number of new admissions to Intensive Care Units (ICUs) for confirmed COVID-19 patients has seen a small increase, from 41 in the week ending 10 July 2021, to 43 in the week ending 17 July 2021.
- In the week ending 11 July 2021 there were 16,517 people who arrived in Scotland from outside the UK, of which 11,143 were required to quarantine (of which 593 were quarantined in a hotel).

Results and Commentary

Incidence of Variants of Concern and Variants Under Investigation

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

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

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

COVID-19 Daily Data

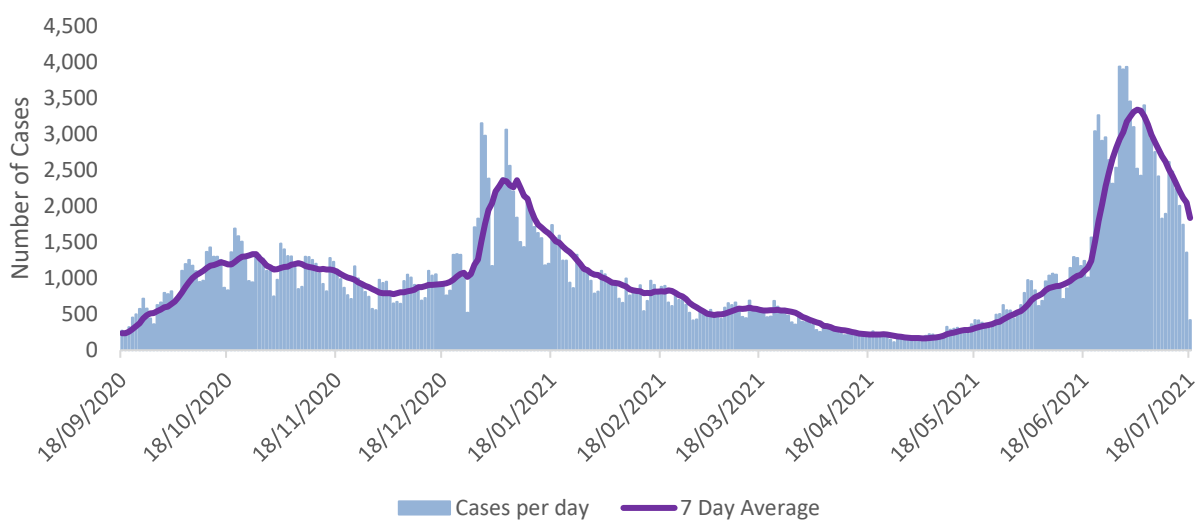
The Public Health Scotland [COVID-19 Daily Dashboard](#) publishes daily updates on the number of positive cases of COVID-19 in Scotland, with charts showing the trend since the start of the outbreak.

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

- There have been 330,851 people in Scotland who have tested positive, at any site in Scotland (NHS and UK Government Regional Testing centres), for COVID-19 up to 18 July 2021.
- In the week ending 18 July 2021 there were 12,833 confirmed COVID-19 cases.¹

1. Correct as at 18 July 2021, may differ from more recently published data on the [COVID-19 Daily Dashboard](#)

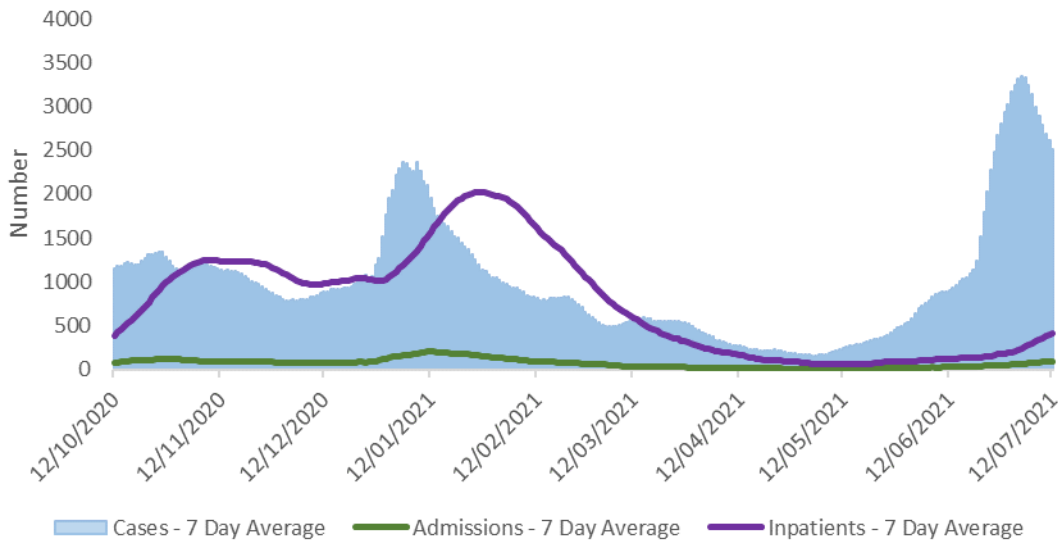
Figure 1: Number of Positive Cases per day with 7 Day Average



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

- In the week ending 13 July 2021, there were 603 admissions to hospital with a laboratory confirmed test of COVID-19.
- In the week ending 17 July 2021 there were 43 new admissions to Intensive Care Units (ICUs) for confirmed COVID-19 patients.

Figure 2: Number of Positive Cases, Admissions and Inpatients, as at 12 July 2021²



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

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

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

COVID-19 Hospital Admissions

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

Table 1: COVID-19 hospital admissions by age as at 13 July 2021³

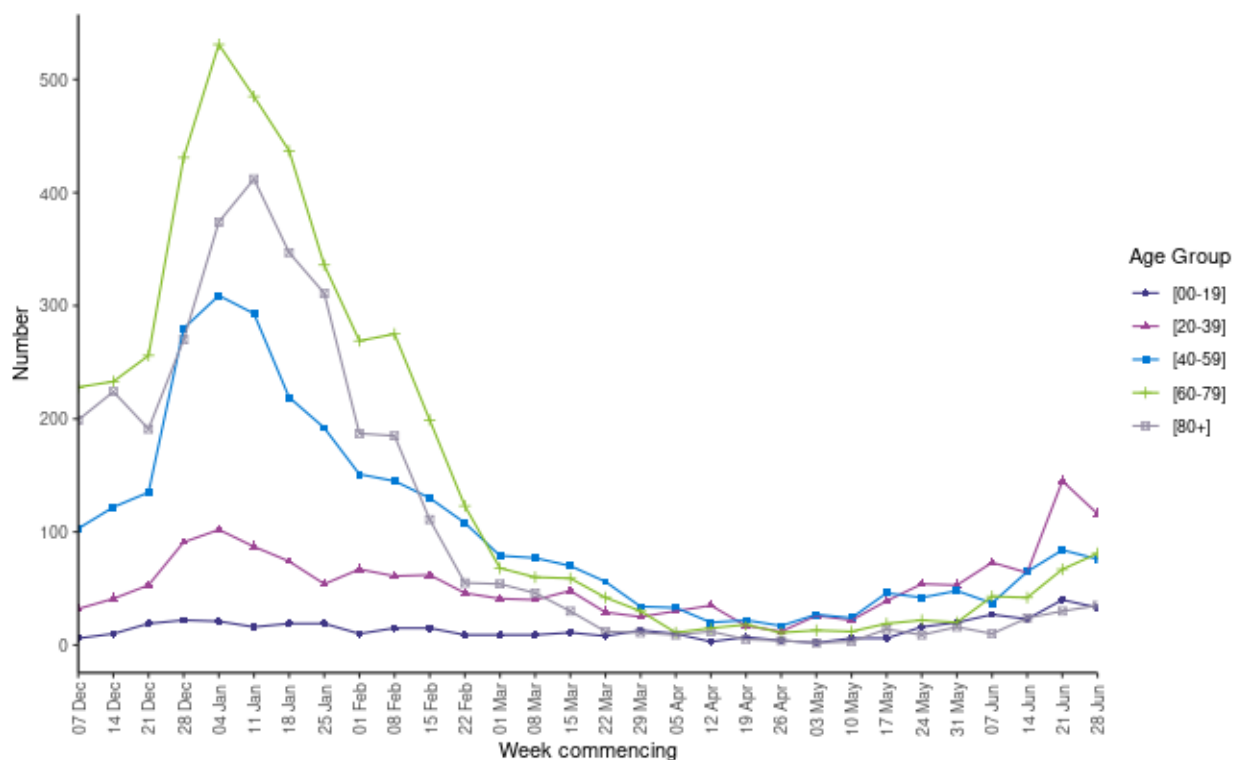
Age Band	16 June – 22 June	23 June – 29 June	30 June – 06 July	07 July – 13 July
0-9	18	26	22	23
10-19	12	16	26	28
20-29	30	40	61	69
30-39	48	48	73	82
40-49	25	37	48	85
50-59	25	39	62	73
60-69	21	32	59	80
70-79	25	42	67	69
80+	33	36	64	94
Total	237	316	482	603

Source: RAPID (Rapid and Preliminary Inpatient Data)

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

There has been a general fall in admissions amongst the older age groups (aged 60 years plus) since the onset of the vaccination programme. The highest number of new admissions are now in the 80+ and 40-49 year age groups.

Figure 3: Trend in Hospital Admissions, who have tested positive for COVID-19 within 14 days, by age



In recent months, the proportion of all people who were admitted to hospital within 14 days of a laboratory confirmed COVID-19 positive test has also declined, from 13% in the week commencing 25 January 2021 to 2% in the most recent week commencing 28 June 2021 (Figure 4).

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

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

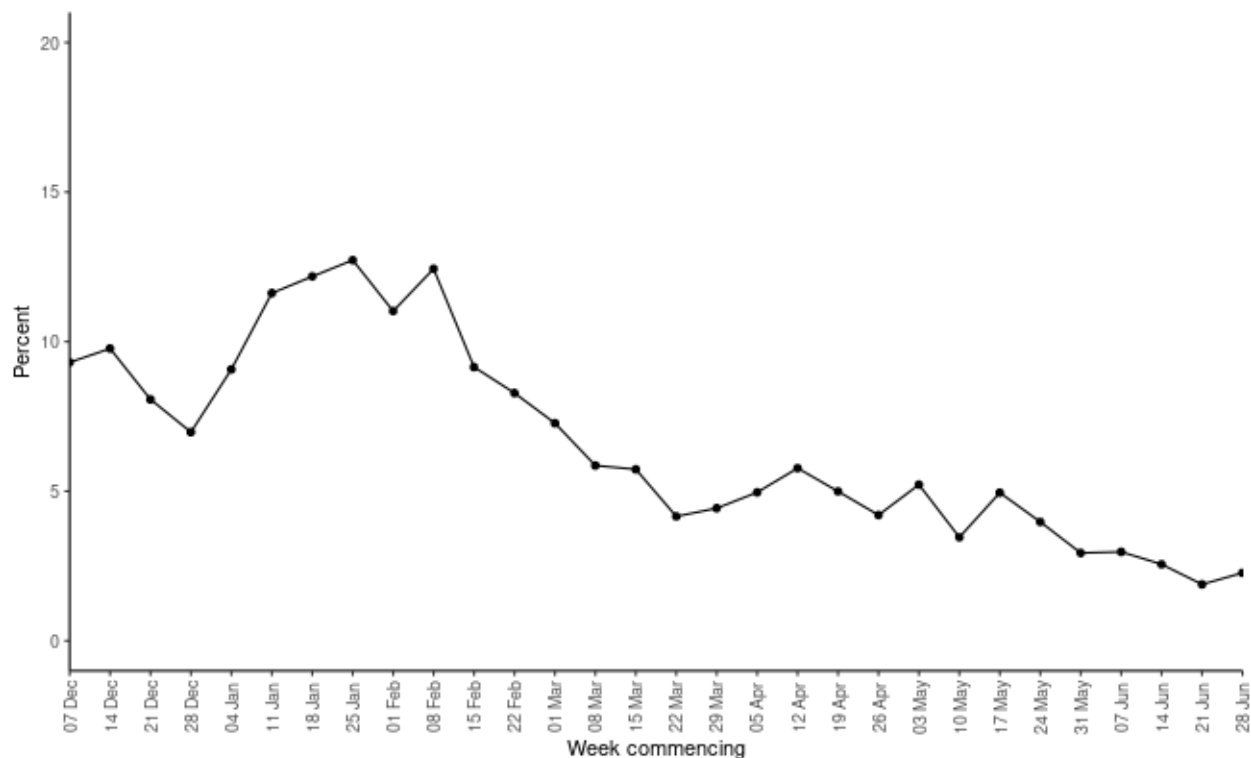


Figure 5: Proportion of weekly cases admitted to hospital within 14 days of a first positive test by age group

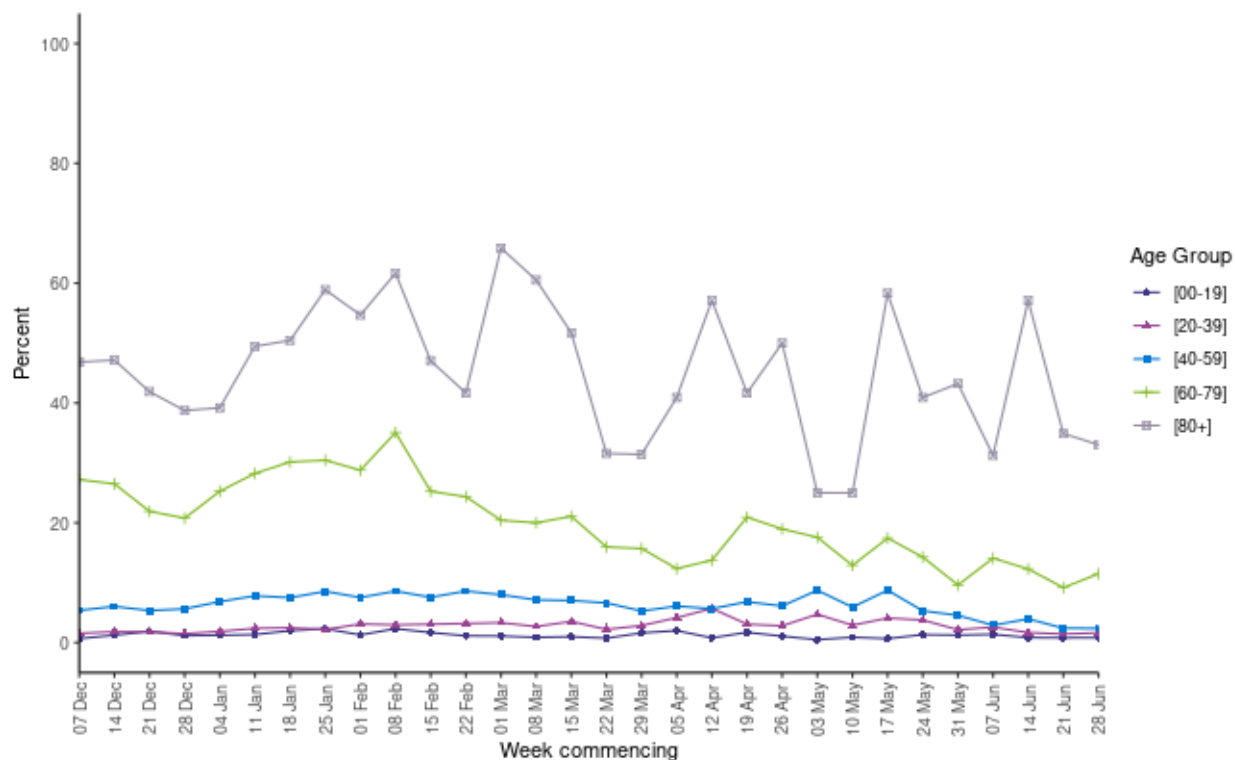
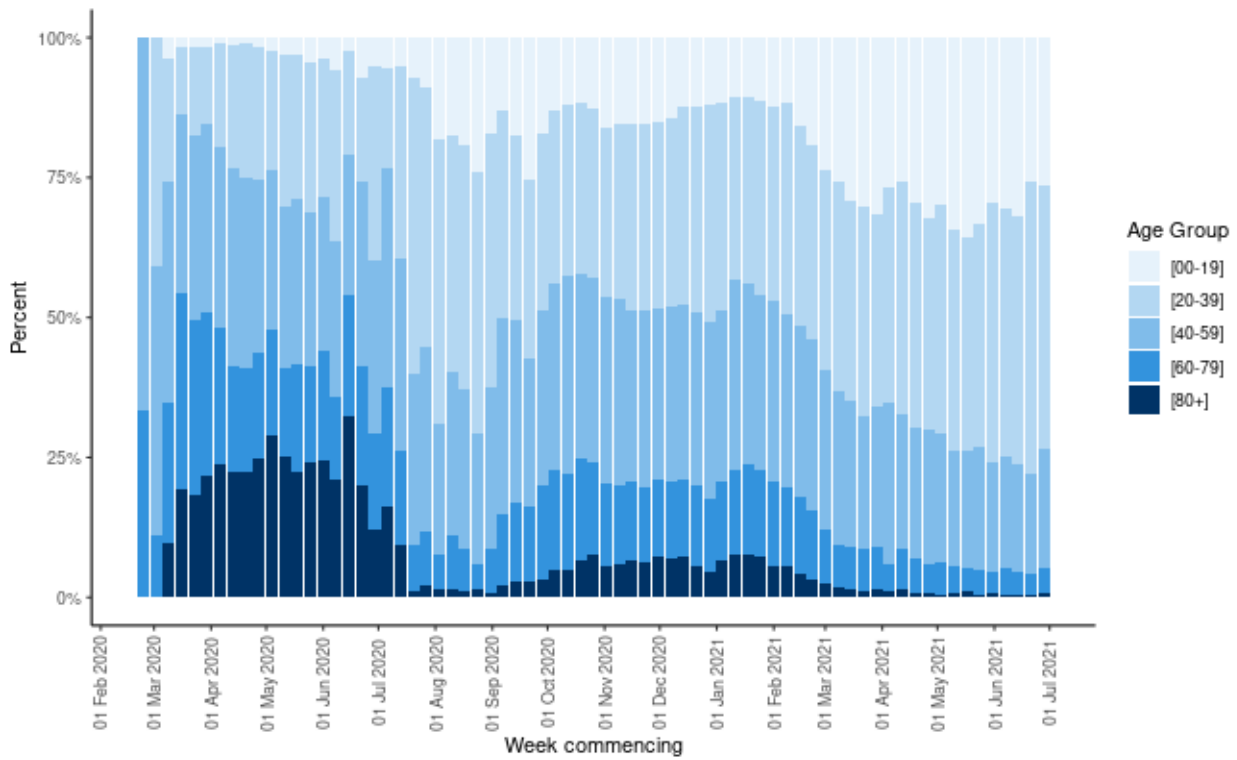


Figure 6: Distribution of confirmed COVID-19 cases by age group



COVID-19 Testing in Adult Care Home in Scotland

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

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

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

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

Table 2: Adult care home testing for week ending 18 July 2021

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

NHS Board	Care Home with confirmed COVID-19		Care Homes with no confirmed COVID-19
	Staff tested	Residents tested	Staff tested
Ayrshire and Arran	105	*	3,214
Borders	25	*	702
Dumfries & Galloway	75	0	1,099
Fife	196	*	2,709
Forth Valley	226	219	2,116
Grampian	681	185	4,240
Greater Glasgow & Clyde	829	604	7,145
Highland	437	302	1,991
Lanarkshire	526	170	3,699
Lothian	1,041	619	4,920
Orkney	0	0	138
Shetland	0	0	255
Tayside	795	107	2,643
Western Isles	0	0	319
Scotland	4,936	2,244	35,190

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

Healthcare workers – COVID-19 Testing

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

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

Table 3: Number of COVID-19 tests and positive results for healthcare workers for week ending 15 July 2021

Area	Total Eligible Staff	Total Staff tested	Number of positive tests ⁴	Number of Staff not tested - declined to test	Number of Staff not tested for operational reasons	Number of staff not tested for other reasons
Specialist Cancer Wards and Treatment Areas	2,527	2,459	*	*	*	35
Long Stay Care of the Elderly	773	697	0	*	*	34
Long Stay Old Age Psychiatry and Learning Disability Wards	2,529	2,370	*	58	61	40
Scotland	5,829	5,526	7	124	70	109

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

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

Test and Protect

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

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

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

Please note PHS has moved to weekly reporting of this data and cumulative data is available in the [interactive dashboard](#).

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

Thereafter, as the number of contacts requiring tracing increased, the majority of contacts were notified of the need to isolate via SMS. As of last week, contact tracing has restarted.

Contact Tracing figures for the week ending 18 July 2021 (based on test date), are detailed in Table 4 below, which provides a recent time trend, a longer time trend is available on the [interactive dashboard](#).

Table 4: Contact Tracing Scotland Trend Information ⁵

	06 Jun	13 Jun	20 Jun	27 Jun	04 Jul	11 Jul	18 Jul ^P
Cases	5,599	6,359	8,944	20,177	23,750	18,710	12,899
Complete Cases	5,235	5,587	8,103	16,498	17,532	15,652	9,264
Individuals	5,565	6,286	8,879	19,985	23,488	18,507	12,758
Total Primary Contacts	30,187	31,830	49,615	77,626	66,056	51,681	34,167
Unique Primary Contacts	20,646	22,644	34,624	54,325	44,221	36,690	24,057
Average number of primary contacts per case ⁶	5	5	6	4	3	3	3

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

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

⁶ Scottish Government published research findings on modelling the Covid19 epidemic and reported an average of 3.8 contacts per primary case in its report Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No. 60) [here](#). The Scottish Contact Survey (SCS) used a representative sample of the Scottish adult population, with information collected on all direct contacts. Whereas Public Health Scotland primary contacts include those who are tested and reported to Test and Protect.

In the week ending 18 July 2021, there were 12,899 Index Cases, of which 9,264 had completed contact tracing. There are a small proportion of primary contacts who were successfully contacted but then advised that they do not need to isolate. 3,099 primary contacts were not advised to self-isolate, 1.1% of all primary contacts for which this information is known. Some of these primary contacts are children under the age of 16. Other reasons may include that the contact was wearing PPE or did not come into close contact with a positive case. Primary Contacts who receive an SMS message are told to self-isolate.

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

In the week prior, of the 36,690 unique contacts recorded, 6,044 (16.5%) went on to test positive within ten days of their contact with an index case.

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

NHS Board	Week of first positive result			
	Week ending 11 July 2021		Week ending 18 July 2021	
	Individual	Unique Primary Contacts within Health Board	Individual	Unique Primary Contacts within Health Board
Ayrshire & Arran	811	2,193	552	1,315
Borders	241	486	193	507
Dumfries & Galloway	177	412	172	499
Fife	1,325	3,085	970	1,890
Forth Valley	896	1,928	605	1,232
Grampian	1,417	3,418	969	2,226
Greater Glasgow & Clyde	4,558	8,122	2,999	5,051
Highland	651	962	529	864
Lanarkshire	2,040	4,562	1,604	3,302
Lothian	4,080	7,176	2,625	4,471
Orkney	22	114	7	19
Shetland	19	83	43	245
Tayside	1,912	3,856	1,124	2,162
Western Isles	12	26	9	43
Unknown Health Board	346	363	357	306

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

- 24,677 individuals with a positive test were unable to be contacted since the (Case Management System (CMS) went live (8.0% of all individuals).
- 20,574 contacts were unable to be contacted since the CMS went live (1.8% of all contacts).

In some circumstances contacts go on to become a positive case and therefore an index case. The number of contacts which have become an index case – 171,573 (17.9%), represents the number of close contacts which have subsequently had a positive result at any time.

Completed Index cases

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

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

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

Please note, data in tables 6, 7 and 8 relate to index cases recorded up to 16 July 2021. Data relates only to Monday – Friday due to completeness for the most recent week - Data are provisional and will be updated in future releases.

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

Hours taken	Week Ending 11 July 2021		Week Ending 18 July 2021	
	Number of Index Cases	% of Total Index Cases	Number of Index Cases	% of Total Index Cases
0-24	3,506	22.9	2,160	31.8
24-48	6,595	43.0	3,675	54.1
48-72	3,156	20.6	748	11.0
Over 72	2,006	13.1	155	2.3
Not known	77	0.5	52	0.8

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

Hours taken	Week Ending 11 July 2021		Week Ending 18 July 2021	
	Number of Index Cases	% of Total Index Cases	Number of Index Cases	% of Total Index Cases
0-24	9,978	65.1	5,927	87.3
24-48	3,256	21.2	683	10.1
48-72	1,286	8.4	85	1.3
Over 72	743	4.8	43	0.6
Not known	77	0.5	52	0.8

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

Hours taken	Week Ending 11 July 2021		Week Ending 18 July 2021	
	Number of Index Cases	% of Total Index Cases	Number of Index Cases	% of Total Index Cases
0-24	6,472	42.2	4,430	65.2
24-48	3,437	22.4	1,256	18.5
48-72	1,789	11.7	247	3.6
Over 72	1,744	11.4	130	1.9
Not known	1,898	12.4	727	10.7

Travel outside of Scotland cases

Since 28 September 2020 fields have been available to record information about whether a case has travelled outside of Scotland. In the week ending 18 July 2021, 12,899 index cases were newly created on CMS, of which 8,849 had a fully completed index case interview. Of those interviewed, **1,429** travelled to the UK (excluding Scotland), **105** travelled to Europe and **30** to the rest of the world.

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

Protect Scotland App

The Protect Scotland App from NHS Scotland’s Test and Protect was launched on 10 September 2020 and is a free, mobile phone app designed to protect individuals and reduce the spread of coronavirus. The app alerts individuals if they have been in close contact with another app user who tests positive for coronavirus. If they test positive, it can help in determining contacts that may have otherwise been missed while keeping individual’s information private and anonymous. As of 19 July 2021 the total number of people who have downloaded the app is **2,084,785** with the number of contact notifications at **59,022**.

Event and Settings cases

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

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

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

Quarantining Statistics

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

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

Up to 23 June 2021, a sample of those individuals quarantining at home were contacted by the National Contact Centre (NCC). These calls were paused in order to prioritise contact tracing. Since 13 July 2021, these call have resumed. All travellers (except those exempt) will receive an email, providing them with appropriate public health information on self-isolation and testing. Those arriving from a green country will receive an SMS message reminding the individual to take a day 2 test.

Table 9 – Quarantine Statistics by date (22 June 2020 to 18 July 2021)

	Week Ending 18 July 2021	Cumulative
Number of people arriving in Scotland	16,517	725,306
Number of people requiring to quarantine in a hotel (anywhere in the UK)	593	15,514
Number of people requiring to quarantine at home	11,143	344,568
Number of people contacted by National Centre	2,250	102,163

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

Table 10: Number of people contacted by National Centre by status (22 June 2020 to 18 July 2021)

	Week Ending 18 July 2021	Cumulative
Successful contacts made	1,485	93,229
Unable to contact individual	57	8,226
In progress	708	-

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

Lateral Flow Device Testing

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

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

Since 19 November 2020, there have been 7,625,095 LFD tests carried out in Scotland, of which 25,399 were positive (0.3%). Table 11 shows the number of LFD tests carried out in Scotland by testing group, and Table 12 shows the number of LFD tests by Health Board of residence of the individual taking the test.

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

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

Table 11: Number of LFD⁸ tests by Test group 19 November 2020 – 18 July 2021

Test Group	Number of tests	Number of positive tests	% LFT positive
Care Home - Visiting Professional	33,121	29	0.1%
Care Home - Visitor	264,706	94	0.0%
Care Home Staff	993,437	658	0.1%
Community Testing	64,216	490	0.8%
Emergency Control Room Staff	26,502	31	0.1%
Food Processing	3,432	*	*
Healthcare Worker	1,870,139	2,111	0.1%
Primary Care And Independent Contractors	106,599	70	0.1%
Quarantine Hotel Staff/Security Personnel	2,281	*	*
School	2,007,288	2,844	0.1%
Social Care	398,452	293	0.1%
UK Gov Other	1,463,135	17,378	1.2%
University Testing	95,963	380	0.4%
Other	295,824	1,007	0.3%
Total	7,625,095	25,399	0.3%

Data extracted: 19 July 2021

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

Table 12: Number of LFD⁸ tests, up until 18 July 2021, by NHS Board of Residence (based on the postcode provided by the individual taking the test)

Board of Residence	Number of tests	Number of positive tests	% LFD positive
NHS Ayrshire & Arran	583,260	1,772	0.3%
NHS Borders	158,642	399	0.3%
NHS Dumfries & Galloway	216,344	328	0.2%
NHS Fife	467,743	1,793	0.4%
NHS Forth Valley	423,859	1,164	0.3%
NHS Grampian	931,564	1,911	0.2%
NHS Greater Glasgow & Clyde	1,394,892	6,070	0.4%
NHS Highland	504,407	1,008	0.2%
NHS Lanarkshire	791,495	2,662	0.3%
NHS Lothian	1,171,120	5,173	0.4%
NHS Orkney	30,360	18	0.1%
NHS Shetland	43,183	51	0.1%
NHS Tayside	655,395	2,426	0.4%
NHS Western Isles	56,081	50	0.1%
Unknown	196,750	574	0.3%
Total	7,625,095	25,399	0.3%

Data extracted: 19 July 2021

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

Targeted Community Testing

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

Table 13: Targeted Community Testing (18 January 2021 to 18 July 2021)

Symptoms	Week Ending 18 July 2021			Cumulative		
	Number of Tests	Number Positive	% positive	Number of Tests	Number Positive	% positive
Asymptomatic	10,072	825	8.2	203,187	11,546	5.7
Symptomatic ⁹	6,324	1,910	30.2	142,479	23,572	16.5
All¹⁰	17,016	2,907	17.1	352,964	36,362	10.3

⁹ Symptomatic - the individual has selected on the booking website they have symptoms.

¹⁰ In week ending 18 July 2021, 620 tests were of unknown symptomatic status of which 172 were positive.

Table 14: Targeted Community Testing by Health Board (Week to 18 July 2021)

Health Board (of site)	Number of Tests	Number of Positive Test Results	% positive
NHS Ayrshire and Arran	406	49	12.1
NHS Borders	507	74	14.6
NHS Dumfries and Galloway	451	75	16.6
NHS Fife	922	120	13.0
NHS Forth Valley	1,395	208	14.9
NHS Grampian	711	45	6.3
NHS Greater Glasgow and Clyde	1,479	245	16.6
NHS Highland	273	0	0.0
NHS Lanarkshire	5,249	1,031	19.6
NHS Lothian	4,580	845	18.5
NHS Tayside	1,034	215	20.8
Unknown Health Board	9	0	0.0
Total	17,016	2,907	17.1

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

COVID-19 Vaccine

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

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

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

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

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

COVID-19 cases and hospitalisations by vaccination status: key results and methods

Vaccine Surveillance

Public Health Scotland has a COVID-19 vaccine surveillance strategy to monitor the effectiveness, safety and impact of all approved COVID-19 vaccines in Scotland. The key measure of the success of the vaccination programme in preventing infection, hospitalisations and deaths is vaccine effectiveness.

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

Summary of key results

- In the last four weeks from 19 June 2021 to 16 July 2021, 61.4% of COVID-19 positive PCR cases were in unvaccinated individuals.
- In the last week from 10 July 2021 to 16 July 2021, the seven-day rolling average of COVID-19 related acute hospital admissions decreased from 75.71 to 70.29 admissions per day.
- In the last week, 8 out of every 100,000 vaccinated individuals were admitted to hospital and had a COVID-19 positive PCR test 14 days prior, on admission, or during their stay in hospital, compared to 19 out of every 100,000 unvaccinated individuals.
- In the last four weeks, 49.3% of COVID-19 related acute hospital admissions were in unvaccinated individuals, of which 68.2% were in the under 40s age group.
- From the 29 December 2020 to 08 July 2021, 90.2% of confirmed COVID-19 deaths were in unvaccinated individuals, 7.8% had received one dose of the vaccine and 1.9% had received two doses.
- From the 29 December 2020 to 08 July 2021, 64 individuals tested positive for SARS-CoV-2 by PCR more than 14 days after receiving their second dose of COVID-19 vaccine and subsequently died with COVID-19 recorded as a primary or contributing cause of death. This equates to 0.002% of those who have received two doses of COVID-19 vaccines.

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

COVID-19 cases by vaccination status

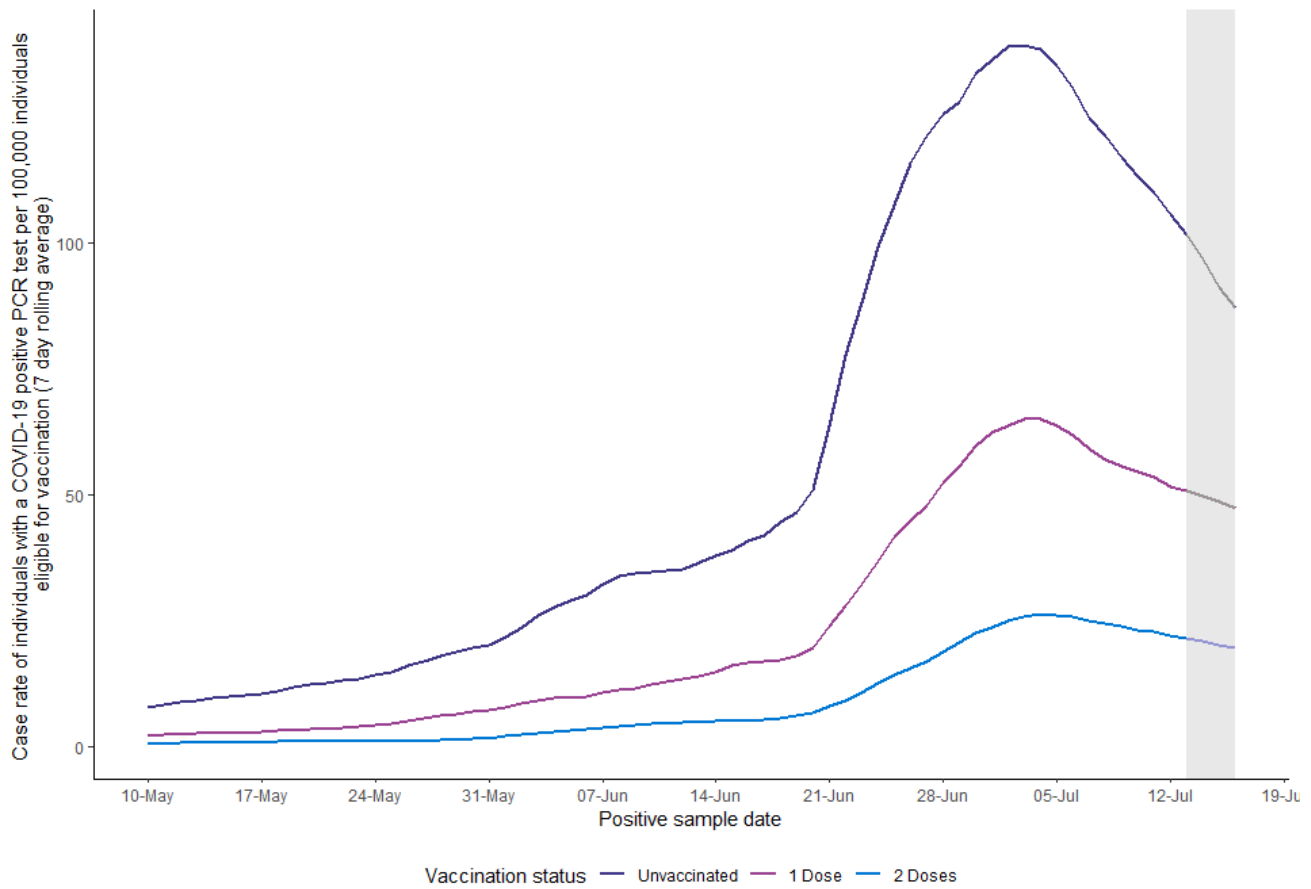
Table 15: Number of COVID-19 positive PCR cases by week and vaccination status, 19 June 2021 to 16 July 2021

Week	No. of COVID-19 cases / No. of people eligible for COVID-19 vaccination or vaccinated (%)		
	Unvaccinated	1 Dose	2 Doses
19 June 2021 - 25 June 2021	12,176 / 1,568,060 (0.777%)	2,781 / 929,613 (0.299%)	2,323 / 2,401,500 (0.097%)
26 June 2021 - 02 July 2021	14,466 / 1,436,515 (1.007%)	4,081 / 908,755 (0.449%)	4,371 / 2,553,903 (0.171%)
03 July 2021 - 09 July 2021	11,143 / 1,303,355 (0.855%)	3,601 / 934,418 (0.385%)	4,404 / 2,661,400 (0.165%)
10 July 2021 - 16 July 2021	7,544 / 1,185,414 (0.636%)	3,181 / 971,366 (0.327%)	3,724 / 2,742,393 (0.136%)

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

Nearly two-thirds of COVID-19 cases (61.4%) from 19 June 2021 to 16 July 2021 were in unvaccinated individuals.

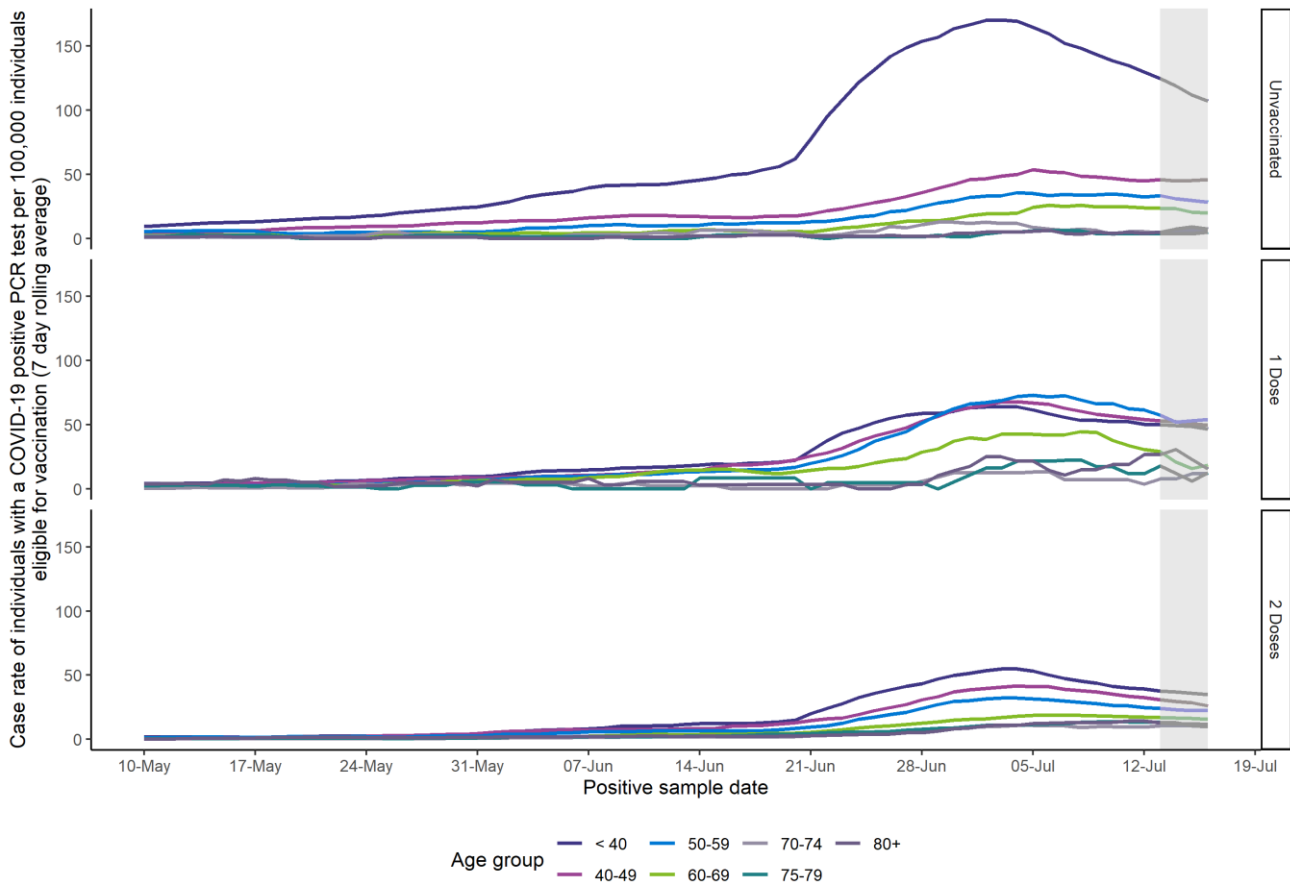
Figure 7: COVID-19 case rate per 100,000 individuals eligible for vaccination by vaccination status, 7-day rolling average from 10 May 2021 to 16 July 2021



Vaccination status is determined as at the date of PCR specimen date according to the definitions described above. The data displayed within the greyed-out section (3 days) are considered preliminary and are subject to change as more data is updated.

There are a lower number of cases in vaccinated individuals compared to unvaccinated individuals.

Figure 8: COVID-19 case rate per 100,000 individuals eligible for vaccination by vaccination status and age group, 7-day rolling average from 10 May 2021 to 16 July 2021



Vaccination status is determined as at the date of PCR specimen date according to the definitions described above. Patient age is determined as their age the date of admission. The data displayed within the greyed-out section (3 days) are considered preliminary and are subject to change as more data is updated.

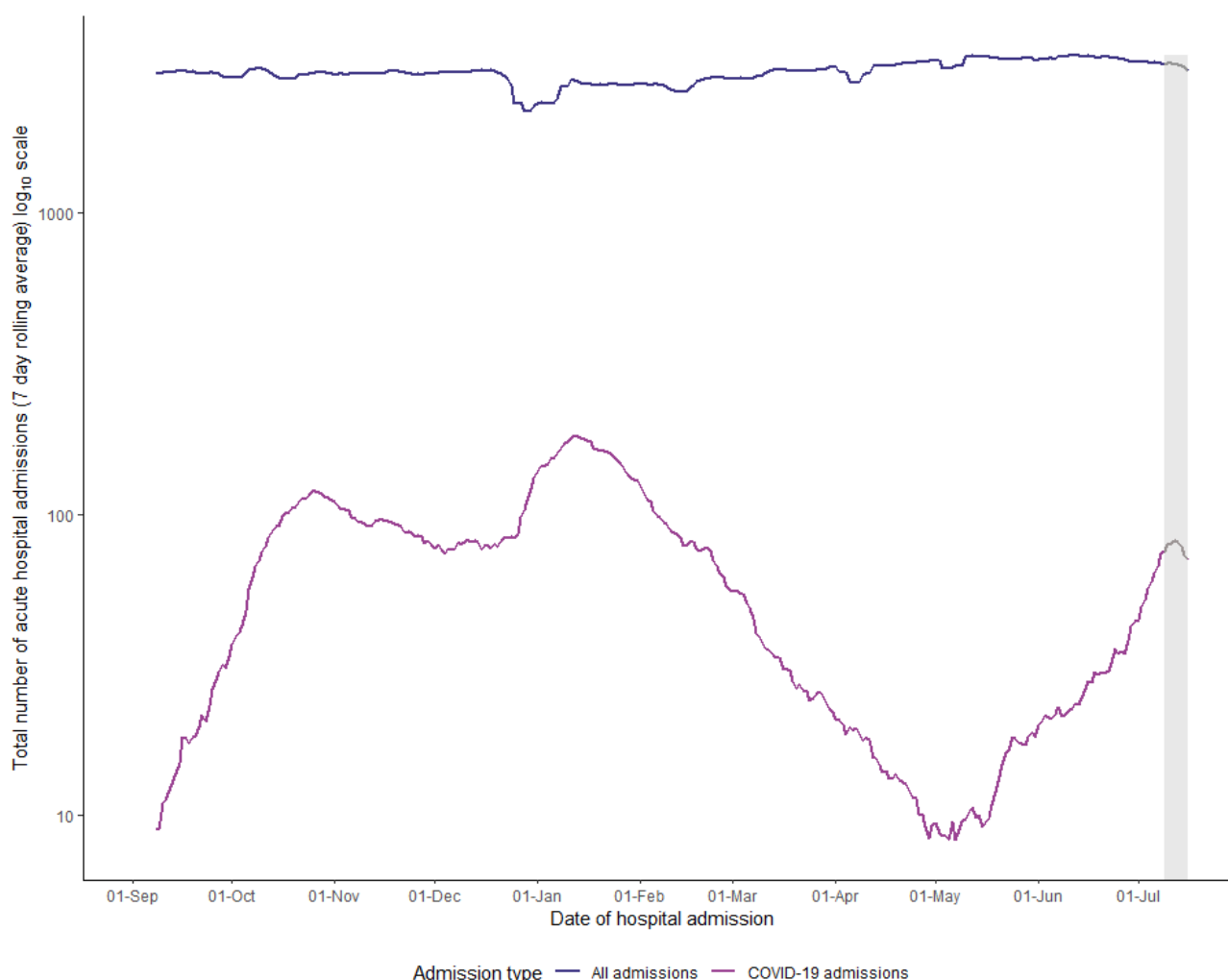
Since 10 May 2021, a higher proportion of COVID-19 positive PCR cases have been in unvaccinated individuals under the age of 40.

COVID-19 related acute hospital admissions by vaccination status

The [latest analysis by PHE](#), indicates that vaccine effectiveness against hospitalisation after 2 doses of COVID-19 vaccine is high, with a 93% protective effect against the Alpha variant and 96% for the Delta variant.

From 01 September 2020 to 16 July 2021, there were a total of 927,278 acute hospital admissions for any cause, of which 19,981 were associated with a COVID-19 PCR positive test 14 days prior, on admission, the day after admission or during their stay. Using the 90-day exclusion criteria between positive COVID-19 PCR tests associated with an acute hospital admission, 19,911 individuals were admitted to hospital, of which 59 were readmitted more than 90 days after their first admission.

Figure 9: Seven-day rolling average on a log₁₀ comparing COVID-19 related acute hospital admissions to all acute hospital admissions, 01 September 2020 to 16 July 2021



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

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

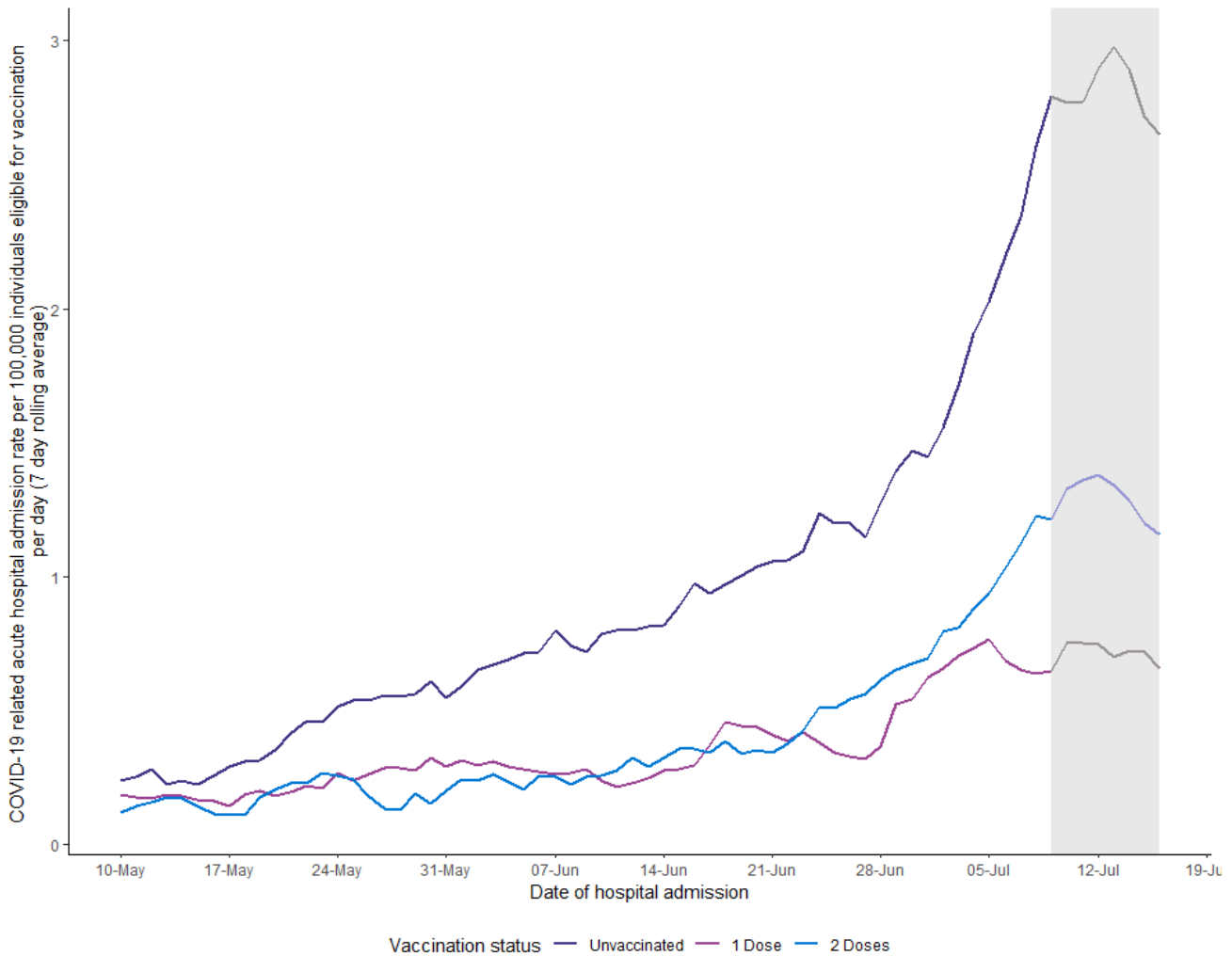
Table 16: Number of COVID-19 related acute hospital admissions by week and vaccination status, 19 June 2021 to 16 July 2021

Week	No. of COVID-19 related acute hospitalisations / No. of people eligible for COVID-19 vaccination or vaccinated (%)		
	Unvaccinated	1 Dose	2 Doses
19 June 2021 - 25 June 2021	136 / 1,568,060 (0.009%)	23 / 929,613 (0.002%)	83 / 2,401,500 (0.003%)
26 June 2021 - 02 July 2021	162 / 1,436,515 (0.011%)	42 / 908,755 (0.005%)	139 / 2,553,903 (0.005%)
03 July 2021 - 09 July 2021	265 / 1,303,355 (0.020%)	42 / 934,418 (0.004%)	223 / 2,661,400 (0.008%)
10 July 2021 - 16 July 2021	229 / 1,185,414 (0.019%)	44 / 971,366 (0.005%)	219 / 2,742,393 (0.008%)

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

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

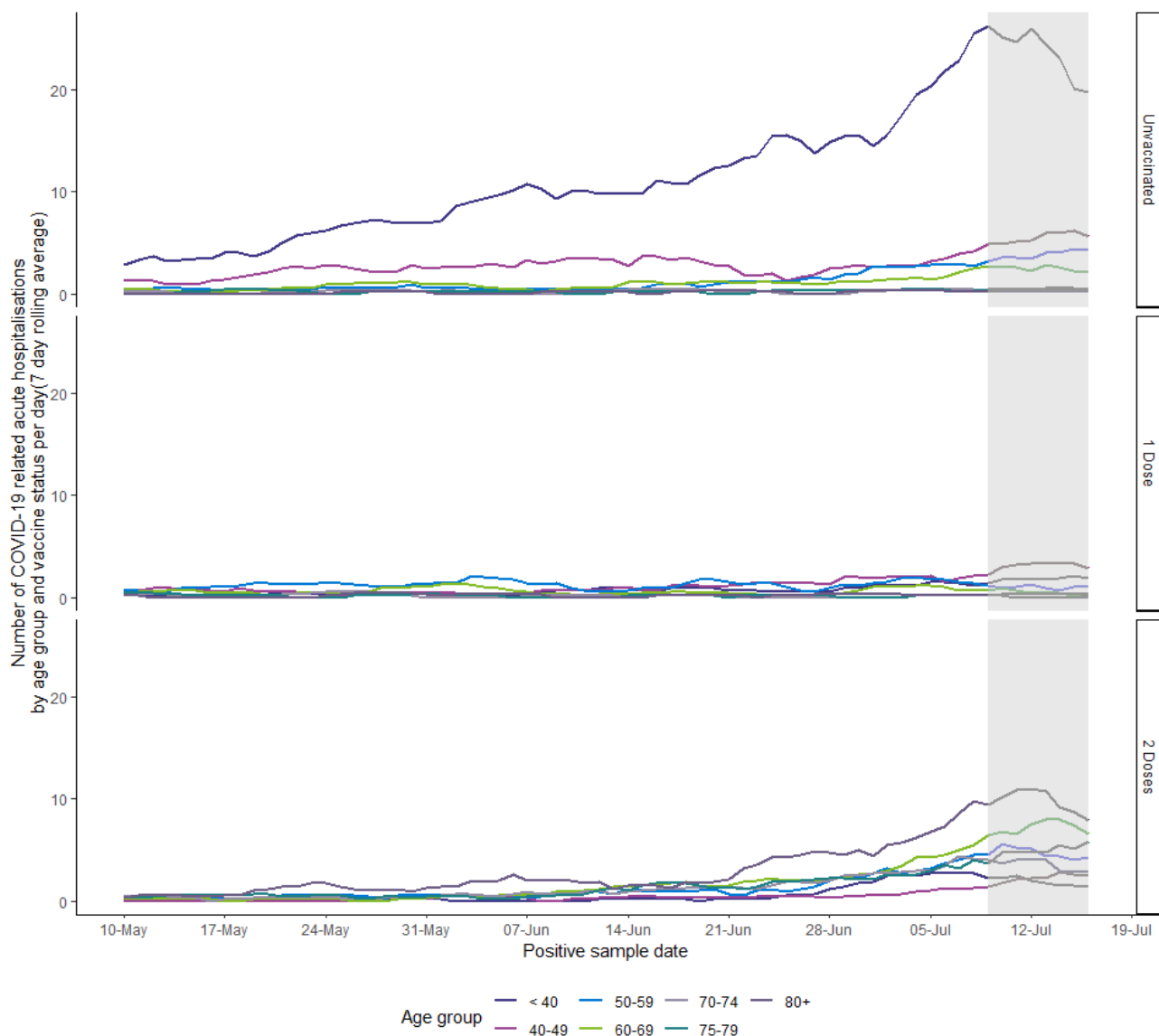
Figure 10: Rate of COVID-19 related acute hospital admissions per 100,000 individuals eligible for COVID-19 vaccination by vaccination status, seven-day rolling average from 01 September 2020 to 16 July 2021



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

Since 10 May 2021, a larger and increasing proportion of COVID-19 related acute hospital admissions have occurred in unvaccinated populations, in comparison to populations with two doses of the COVID-19 vaccine.

Figure 11: Seven-day rolling average COVID-19 related acute hospital admissions by vaccine status and by age group, 10 May 2021 to 16 July 2021



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

From 19 June 2021 to 16 July 2021, 49.3% of COVID-19 related acute hospital admissions were in unvaccinated individuals, of which 68.2% were in the under 40s age group.

Confirmed COVID-19 deaths by vaccination status

COVID-19 vaccines are estimated to significantly reduce the risk of mortality for COVID-19, however a small number of COVID-19 deaths are still expected in vaccinated people, especially in vulnerable individuals where the vaccine or the immune response may not have been effective. Evidence has shown that vaccination is highly effective in protecting against death from coronavirus (COVID-19). [Data published by Public Health England \(PHE\)](#) has shown that individuals who receive a single dose of the AstraZeneca vaccine have approximately 70 to 85% lower risk of death with COVID-19 compared with unvaccinated individuals, and for the Pfizer-BioNTech vaccine this rises from approximately 80% after one dose to 95-99% after two doses. [Modelling analysis](#) from PHE and Cambridge University's MRC Biostatistics Unit estimates that 36,900 deaths have been prevented in England as a result of the COVID-19 vaccination programme, up to 09 July.

Table 17: Number of confirmed COVID-19 related deaths by vaccination status at time of the most recent PCR positive specimen date, 29 December 2020 to 08 July 2021

Age group	Unvaccinated	1 Dose	2 Doses	Total
< 40	21	1	0	22
40-49	55	1	1	57
50-59	184	5	1	190
60-69	412	13	5	430
70-79	765	43	26	834
80+	1,525	194	31	1,750
Total	2,962	257	64	3,283

Vaccination status is determined as at the most recent PCR positive specimen date according to the definitions described above.

From 29 December 2020 (21 days after the start of the vaccination programme in Scotland to account for protection to develop after the first dose) to the 08 July 2021, there have been 3,283 confirmed COVID-19 related deaths with a positive PCR result and where COVID-19 was recorded as a primary or secondary cause on the death certificate. Of these 90.2% were in unvaccinated individuals, 7.8% had received one dose of COVID-19 vaccine and 1.9% had received two doses. The risk of death from COVID-19 is strongly linked to age, with the most vulnerable being in the over 70s age group.

In Scotland, from the beginning of the COVID-19 vaccination programme over 2.8 million individuals had been fully vaccinated with two doses of COVID-19 vaccine. Of these, 64 individuals (0.002%) tested positive by PCR for SARS-CoV-2 more than fourteen days after receiving their second dose of COVID-19 vaccine and subsequently died with COVID-19 recorded as a primary or contributing cause of death. These individuals had several comorbidities which contributed to their deaths. Of the confirmed COVID-19 related deaths, in individuals that have received two doses of COVID-19 vaccine, 89.1% were in the 70 and over age group.

Data sources and Limitations ¹¹

¹¹ For further information, please see - [Appendix 9 – Data Sources and Limitations](#)

COVID-19 PCR test results

All positive COVID-19 PCR test results and associated demographics of an individual were extracted from the Test and Protect database (Corporate data warehouse) which contains test results from ECOSS at 16:00 on Monday 19 July 2021. Data included in this analysis is reported up until the Friday of the previous week. Non-Scottish residents are excluded from the dataset.

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

Vaccination status:

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

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

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

Acute hospital admissions

Hospital admission data were extracted from the RAPID dataset at 16:00 on Monday 19 July 2021. RAPID is a daily submission of people who have been admitted and discharged to hospital. Figures are subject to change as hospital records are updated. Data included in this analysis is reported up until the Friday of the previous week.

In the data presented here, an admission is defined as a period of stay in a single hospital. If the patient has been transferred to another hospital during treatment, each transfer will create a new admission record. Therefore, there may be multiple admissions for a single patient if they have moved between locations during a continuous inpatient stay (CIS), or if they have been admitted to hospital on separate occasions.

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

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

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

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

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

Confirmed COVID-19 deaths:

Death data were extracted from the SMRA dataset at 16:00 on Wednesday 14 July 2021. Data included in this analysis is reported up until the Thursday of the previous week.

A confirmed COVID-19 related death is defined as an individual who has tested positive by PCR for SARS-CoV-2 at any time point and has COVID-19 listed as a primary or secondary cause of death on the death certificate. Vaccination status is determined at time of the most recent specimen date.

Equality of COVID-19 Vaccination Uptake

This chapter contains a further update to the publication of equality of uptake of the COVID-19 vaccinations in Scotland, first published on 24 March 2021 and updated on 28 April 2021. Vaccination data are from the 08 December 2020 to 13 July 2021, and the analysis contains comparisons by ethnicity and socioeconomic deprivation in age bands for those aged 18+.

These analyses highlight differences in uptake between demographic groups, but they do not examine causative factors for the inequalities, which will be numerous and complex. The reasons for differences in coverage of vaccination between ethnic groups and deprived areas may include access to services and mobility, service delivery, health literacy, vaccine acceptability or other characteristics. These are being explored further through our vaccine evaluation and vaccine confidence work streams. Also to be taken into account are co-morbidities that may be present in different groups. Those in certain groups may have higher levels of morbidity, so may be classed as clinically vulnerable to COVID-19 and thus would be invited for vaccination before others of the same age. Most, but not all, people aged 18+ have had the opportunity to attend their first vaccine appointment by 13 July 2021 or attend a drop-in centre.

Data Sources

Vaccination data are extracted from the National Clinical Data Store (NCDS) which sources data from both the Vaccine Management Tool and General Practice Patient Management Systems. Data are presented for those who have had dose 1 of a COVID vaccine up to, and including, 13 July 2021.

Socioeconomic data are derived from the Scottish Index of Multiple Deprivation (SIMD) 2020 v2, and are presented as deciles, with decile 1 indicating the population living in the most deprived areas and decile 10 the least deprived areas. More information on SIMD can be found here <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

Ethnicity data are sourced from various datasets. Ethnicity, as reported in this chapter, incorporates an individual's ethnicity as recorded in outpatient (SMR00) and inpatient or day case (SMR01) hospital records from March 2010, Rapid Preliminary hospital Inpatient Data (RAPID) records from February 2020, COVID Case Management System (CMS) from June 2020, Electronic Communication of Surveillance in Scotland (ECOSS) from February 2020 or from the Urgent Care Datamart (A&E, SMR04) from January 2011.

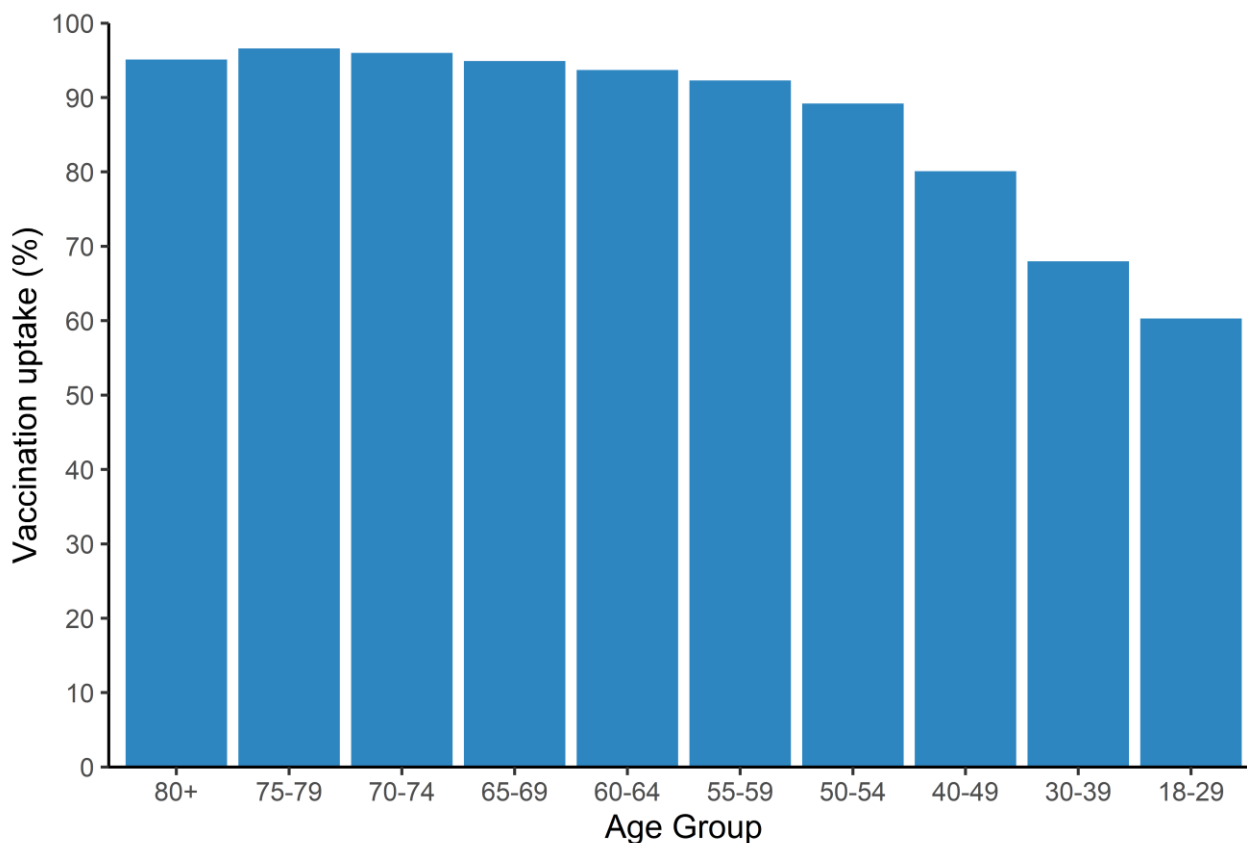
Population data are extracted from Community Health Index (CHI) dataset representing all those currently registered with a GP practice in Scotland.

Linkage and Completeness

This chapter is restricted to those age groups over 18+ who have now all been invited for vaccination and represents around 4.8 million individuals. A minority of individuals will have a scheduled appointment booked that they had not yet attended, and so these figures do not give a complete picture of uptake for all those 18+.

As at 13 July 2021, the vaccination uptake rates by age group are shown below.

Figure 12: Percentage uptake of first dose of COVID-19 vaccination as at 13 July 2021, by age group



Uptake rates presented here use different denominators than those in the Public Health Scotland COVID-19 Daily Dashboard and will show lower rates than the daily publication. The estimates used in this chapter to calculate population denominators by ethnicity and deprivation are from the CHI registration and may over-estimate the population size as they will include, for example, some individuals no longer resident in Scotland.

Overall, the vaccination uptake percentage for over 18s is 80.7% when based on the CHI population.

A level of deprivation was matched to 99.9% and ethnicity to 75.6% of the age 18+ records.

Ethnicity

Figure 13 and Table 18 below show vaccination uptake by ethnic group and age group. Ethnic group categories are based on the Scottish 2011 census ethnicity categories which are used as a standard across the NHS in Scotland. Data are presented by vaccination age group to allow for differences in ethnic group population age demographics.

For most age groups, uptake is highest in white ethnic groups and lowest in African groups. This is most apparent in the 70-74 age group where uptake is 97.2% for the white ethnic group and 73.7% for the African ethnic group. Within each ethnic group there is variation of uptake rates across age groups, with generally higher uptake at older ages.

Uptake in white ethnic groups is high across all age groups, with uptake ranging from 97.6% in the 75-79 age group to 69.3% in those aged 18-29 years, a difference of 28.3%. In contrast, Caribbean or Black ethnic groups have the largest range, with uptake ranging from 96.0% in the over 80s to 46.0% in those aged 18-29 years.

Figure 13: Percentage uptake of first dose of COVID-19 vaccination as at 13 July 2021, by age group and ethnic group

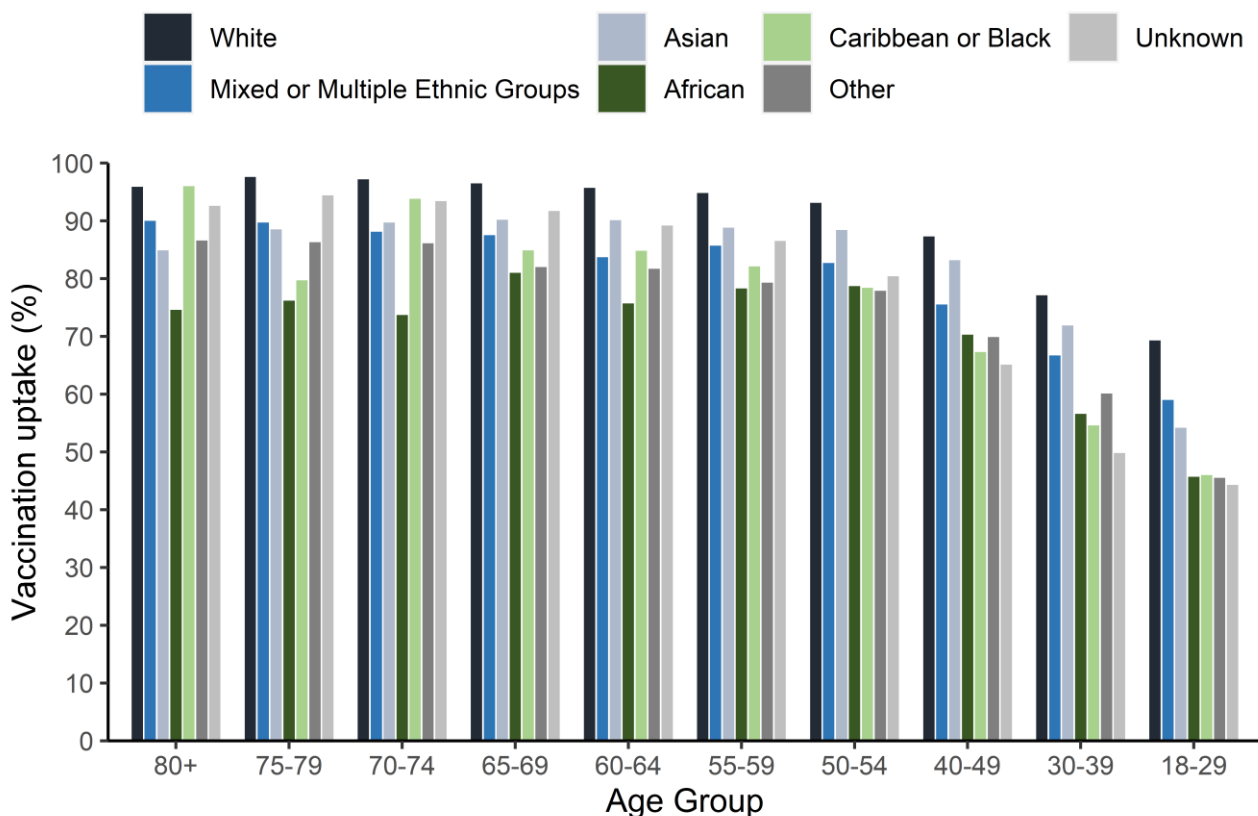


Table 18: Percentage uptake of first dose of COVID-19 vaccination as at 13 July 2021, by age group and ethnic group

Age Group	White	Mixed/Multiple	Asian	African	Caribbean or Black	Other	Unknown
80+	95.9	90.0	84.9	74.6	96.0	86.6	92.6
75-79	97.6	89.7	88.5	76.2	79.7	86.3	94.4
70-74	97.2	88.1	89.7	73.7	93.8	86.1	93.4
65-69	96.5	87.5	90.2	81.0	84.9	82.0	91.7
60-64	95.7	83.7	90.1	75.7	84.8	81.7	89.2
55-59	94.8	85.7	88.8	78.3	82.1	79.3	86.5
50-54	93.1	82.7	88.4	78.7	78.4	77.9	80.4
40-49	87.3	75.5	83.2	70.3	67.3	69.9	65.1
30-39	77.1	66.7	71.9	56.6	54.6	60.1	49.8
18-29	69.3	59.0	54.2	45.7	46.0	45.5	44.3
All 18+	86.7	68.6	73.6	61.9	63.0	63.3	67.9

Figure 14 below shows vaccination uptake over time by ethnic group and age group between 08 December 2020 and 13 July 2021. The trends over time reflect the JCVI priorities for vaccination. For each age group there is a point at which uptake naturally plateaus as most people who want to get the vaccine when first invited within their priority group have done so. From that point onwards, there has been a continual decrease in the gap between the ethnic groups, particularly for African ethnic groups, indicating that individuals are continuing to come forward for vaccination after their priority group has been invited (see Figure 14 and Table 19).

Figure 14: Percentage uptake of first dose of COVID-19 vaccination between 08 December 2020 and 13 July 2021, by age group and ethnic group

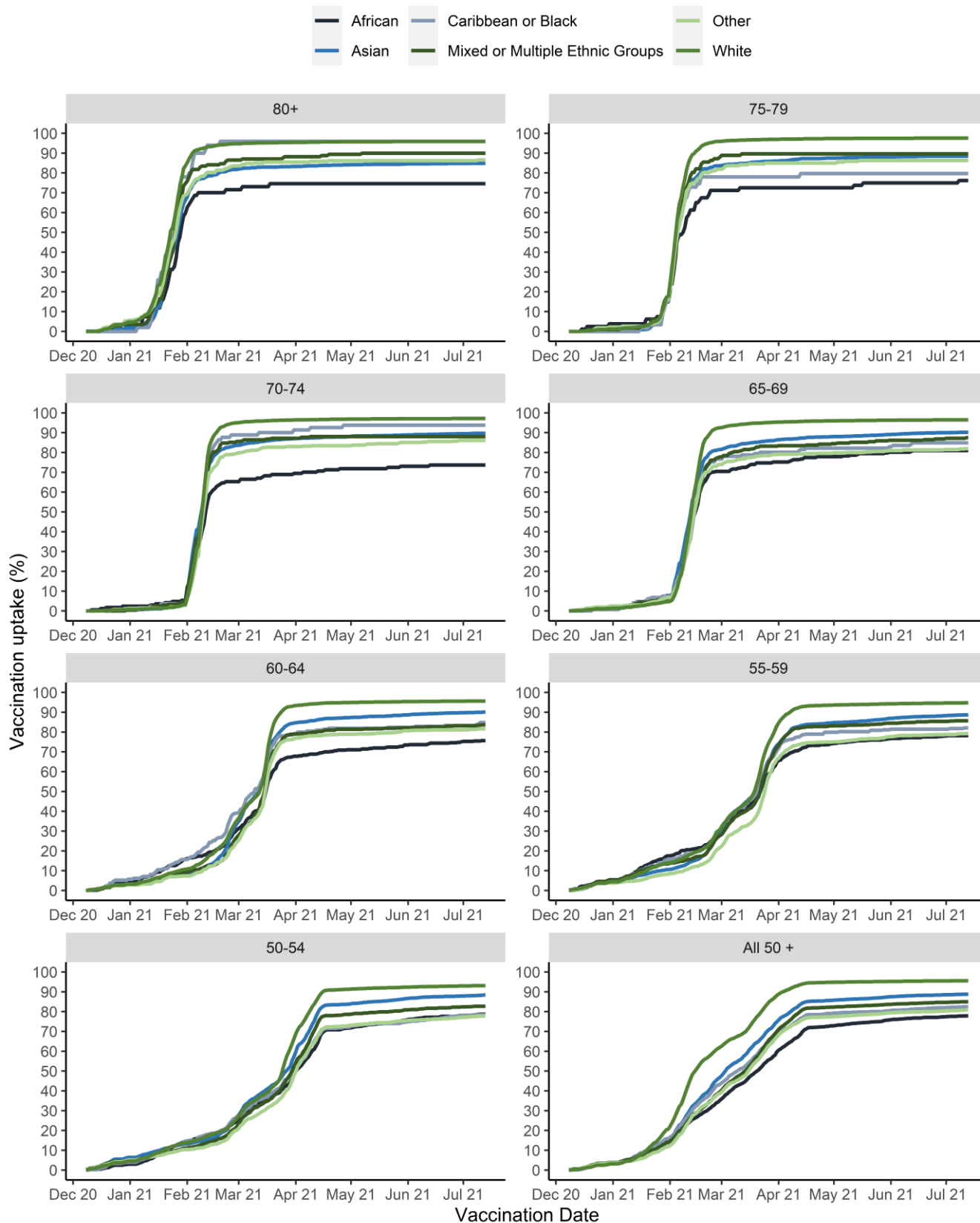


Table 19: Percentage uptake of first dose of COVID-19 vaccination on 01 May 2021 and 13 July 2021, by age group and ethnic group

Age Group	White		Mixed/ Multiple		Asian		African		Caribbean or Black		Other	
	01- May	13- Jul	01- May	13- Jul	01- May	13- Jul	01- May	13- Jul	01- May	13- Jul	01- May	13- Jul
80+	95.8	95.9	89.4	90.0	84.2	84.9	74.6	74.6	96.0	96.0	86.2	86.6
75-79	97.4	97.6	89.7	89.7	87.5	88.5	72.5	76.2	79.7	79.7	85.0	86.3
70-74	96.9	97.2	88.1	88.1	88.2	89.7	71.9	73.7	93.8	93.8	83.5	86.1
65-69	96.0	96.5	84.5	87.5	88.1	90.2	77.9	81.0	82.2	84.9	79.8	82.0
60-64	95.0	95.7	81.4	83.7	87.4	90.1	71.1	75.7	81.9	84.8	78.9	81.7
55-59	93.7	94.8	83.1	85.7	84.8	88.8	74.3	78.3	79.9	82.1	75.1	79.3
50-54	91.4	93.1	78.7	82.7	84.0	88.4	71.9	78.7	72.8	78.4	73.1	77.9

A more detailed breakdown of vaccination uptake by ethnicity, including data for individual NHS Boards, can be found in the [supplementary tables](#) accompanying this report at Covid Weekly Report.

Deprivation

Uptake of vaccination is higher in those in the least deprived areas for all age groups compared to the most deprived areas, but the difference is reduced at younger ages (under 50 years of age) (see Figure 15 and Table 20). The gap in uptake rates between the least and most deprived areas increases from 2.8% in the 80+ age group, to 10.8 in the 40-49 year age group, before it decreases to 7.8% for those aged 30-39 years and to 4.9% for those aged 18-29 years.

Figure 15: Percentage uptake of first dose of COVID-19 vaccination as at 13 July 2021, by age group and SIMD decile

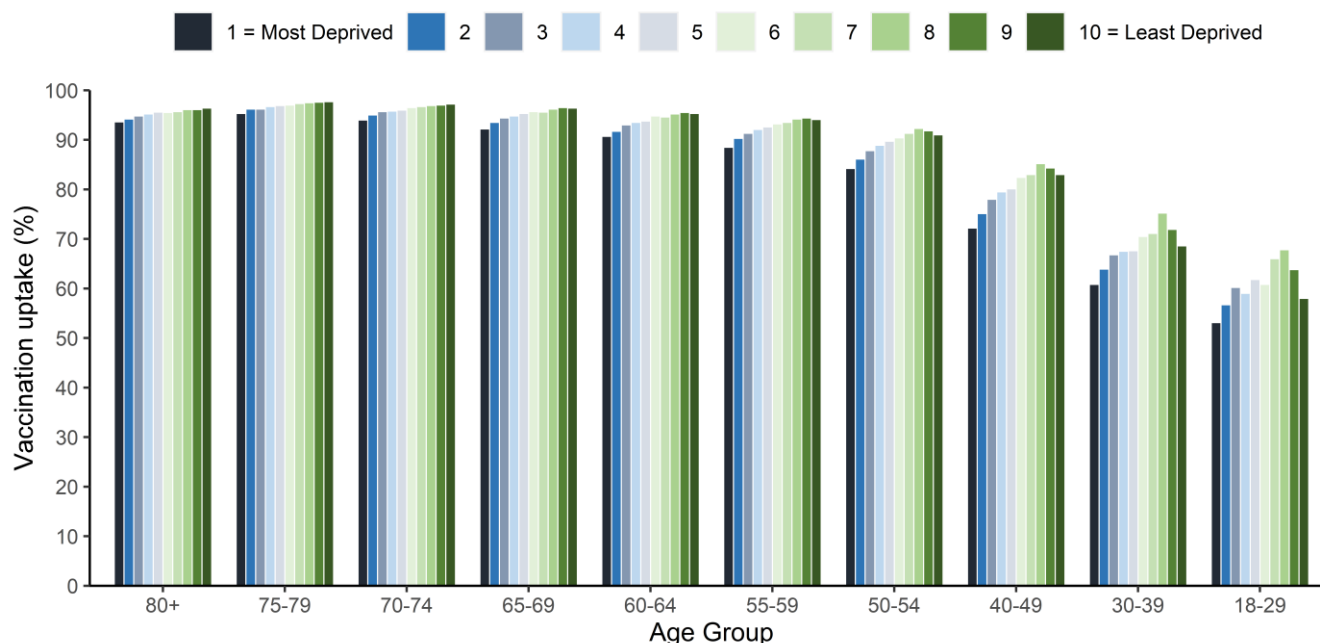


Table 20: Percentage uptake of first dose of COVID-19 vaccination as at 13 July 2021, by age group and SIMD decile

Age Group	SIMD 1=Most Deprived	2	3	4	5	6	7	8	9	SIMD 10=Least Deprived
80+	93.5	94.1	94.7	95.1	95.5	95.4	95.6	96.0	96.0	96.3
75-79	95.2	96.1	96.1	96.6	96.8	96.9	97.2	97.4	97.5	97.6
70-74	93.9	94.9	95.6	95.7	95.9	96.4	96.6	96.8	96.9	97.1
65-69	92.1	93.4	94.3	94.7	95.2	95.6	95.5	96.1	96.4	96.3
60-64	90.6	91.6	92.9	93.4	93.7	94.7	94.5	95.1	95.4	95.2
55-59	88.4	90.2	91.2	92.0	92.5	93.1	93.4	94.1	94.3	94.0
50-54	84.1	86.0	87.7	88.8	89.6	90.3	91.2	92.2	91.7	90.9
40-49	72.1	75.0	77.9	79.4	80.0	82.3	82.9	85.1	84.2	82.9
30-39	60.7	63.8	66.7	67.4	67.5	70.4	71.0	75.1	71.8	68.5
18-29	53.0	56.6	60.1	58.9	61.7	60.7	65.9	67.7	63.7	57.9
All 18+	73.3	76.4	79.2	79.8	81.4	82.6	83.8	85.5	83.8	81.3

A more detailed breakdown of vaccination uptake by SIMD decile, including data for individual NHS Boards, can be found in the [supplementary tables](#) accompanying this report at Covid Weekly Report.

COVID-19 across the NHS

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

This includes:

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

Wider Impact of COVID-19

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

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

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

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

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

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

Weekly National Seasonal Respiratory Report

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

This is available to view here:

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

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

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

Contact

Public Health Scotland

phs.covid19data&analytics@phs.scot

Further Information

COVID surveillance in Scotland

[Scottish Government](#)

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

UK and international COVID reports

[Public health England](#)

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

[WHO](#)

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

The next release of this publication will be 28 July 2021.

Open data

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

Rate this publication

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

Appendices

Appendix 1 – Background information

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

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

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

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

Extensive measures have been implemented across many countries to slow the spread of COVID-19.

Further information for the public on COVID-19 can be found on [NHS Inform](#).

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

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

Appendix 3 – Hospital Admissions Notes

Hospital Admissions

RAPID(Rapid and Preliminary Inpatient Data)

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

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

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

Hospital Inpatients (Scottish Government Data)

Number of patients in hospital with recently confirmed COVID-19

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

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

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

Appendix 4 – RAPID Hospital Admissions

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

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

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

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

Appendix 5 – Healthcare Worker Testing

Number of Staff not tested – declined a test

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

Staff not tested for operational reasons

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

Number of Staff not tested for other reasons

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

Appendix 6 – Contact Tracing

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

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

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

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

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

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

Figures for the most recent week are provisional and will be updated in next week's publication.

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

Individuals unable to be contacted

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

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

Not known data in the following tables

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

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

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

Appendix 7 – Quarantine Statistics

Number of people arriving in Scotland

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

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

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

Number of people requiring to quarantine at home

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

Number of people contacted by National Centre

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

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

Successful contacts made

People who were successfully contacted by NCTC

Unable to contact individual

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

Appendix 8 – Lateral Flow Device Testing

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

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

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

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

Appendix 9 – Data Sources and Limitations

Due to delays in reporting, figures are subject to change as records are updated. A marker (greyed-out block) has been applied where data is preliminary and caution should be taken in their interpretation.

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