

# Public Health Scotland COVID-19 Statistical Report

As at 14 December 2020

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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 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.

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:

- Positive Cases
- Acute Hospital Admissions
- ICU Admissions
- NHS 24 Contacts
- Community Hubs and Assessment Centres
- Scottish Ambulance Service
- COVID-19 in children and young people
- Contact Tracing
- Health Care Workers
- COVID-19 Settings
- Admissions by Ethnic Group

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.

Since Monday 14 December, the self isolation period reduced due to contact with someone who has had a positive test for coronavirus (COVID-19), or as a result of quarantine from 14 days to 10 days. Further information is available on the Scottish Government [website](#).

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

- Between 28 May to 13 December 2020, 87,381 individuals were recorded in the contact tracing software, from which 334,285 contacts have been traced (of which 246,988 were unique).
- As at 13 December 2020, there have been 106,904 confirmed COVID-19 cases, with 5,639 in the week ending 13 December.
- In the week ending 13 December there were 147 individuals aged 16-17 and 140 aged 18-19 who tested positive for COVID-19.
- In the week ending 11 December 2020, there were 397 admissions to hospital with a laboratory confirmed test of COVID-19.
- In the week ending 12 December 2020 there were 35 new admissions to Intensive Care Units (ICUs) for confirmed COVID-19 patients.
- In the week ending 13 December 2020 there were 10,355 people who arrived in Scotland from outside the UK, of which 5,541 were required to quarantine and 2,388 were contacted by the National Contact Tracing Centre.
- For the week ending 10 December 2020, 0.3% of key healthcare workers tested positive for COVID-19.
- 1.5% of tests carried out on asymptomatic people in community testing pilots across Scotland were positive for COVID-19.
- Between 30th November and 12th December, 43,925 lateral flow device (LFD) tests have been carried out on students from Universities and Colleges across Scotland.

## Results and Commentary

### 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 106,904 people in Scotland who have tested positive, at any site in Scotland (NHS and UK Government Regional Testing centres), for COVID-19 between 28 February and 13 December.
- In the week ending 13 December 2020 there were 5,639 confirmed COVID-19 cases\*.

\*Correct as at 14 December, may differ from more recently published data on the [COVID-19 Daily Dashboard](#).

From December 2020, Scotland introduced lateral flow devices - a clinically validated swab antigen test that does not require a laboratory for processing. This test can produce rapid results within 45 minutes at the location of the test. Please note that any positive LFD are not included within the total people tested positive, but are reported separately. The total number of people tested positive for COVID-19 reflects the PCR test with a confirmed laboratory result.

- The total number of newly reported LFD negative and positive tests in NHS and UK Government testing sites is 43,925 up to 12 December 2020.

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

- In the week ending 11 December 2020, there were 397 admissions to hospital with a laboratory confirmed test of COVID-19.
- In the week ending 12 December 2020 there were 35 new admissions to Intensive Care Units (ICUs) for confirmed COVID-19 patients.

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 testing and cases among children and young people

In the week commencing August 10th 2020, early years' settings and schools re-opened across Scotland. Data on the number of COVID-19 confirmed cases and the volume of testing in the age groups who attend these educational settings are being monitored and are presented within the Interactive Dashboard.

The data on cases relates to individuals and a person will only ever be counted once. The number of tests is slightly higher than the number of cases as some individuals will be tested more than once.

The below table shows the number of individuals in age groups from 2 to 19 years who have tested positive (a) in the latest week and (b) cumulatively since the start of the outbreak:

**Table 1: Positive cases by age group**

Age Group (years)	Week ending 13 Dec	Cumulative (to 13 Dec)
2-4	55	723
5-11	210	2,696
12-13	104	1,274
14-15	102	1,454
16-17	147	2,198
18-19	140	5,495

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

## COVID-19 Testing in Scotland – Community Testing

From 26 November 2020 to 9 December 2020, community testing pilots across Scotland were undertaken. Six Mobile Testing Units and up to 20,000 Home Testing Kits were deployed to test people who live in targeted communities across Glasgow, Renfrewshire, East and South Ayrshire and Clackmannanshire. The results of these trials will inform any wider expansion of targeted community testing.

The table below shows that some symptomatic people were tested. This is as a result of people indicating they have symptoms on the booking portal and this test centre being the nearest available test site.

Please note, Johnstone, Renfrewshire predominately used lateral flow device (LFD) testing — a clinically validated swab antigen test that does not require a laboratory for processing. Further data quality checks will be undertaken ahead of publication next week. Further information on LFD tests can be found within the next section focussed on University and College testing.

**Table 2 Community Testing up to 9/12/2020 (as at 14/12/2020)**

Location	Symptomatic/ Asymptomatic	Total test results received	Number of positive tests	Percentage positive
Alloa, Clackmannanshire	Asymptomatic	3,409	70	2.1%
	Symptomatic	1,228	139	11.3%
Johnstone, Renfrewshire <sup>1</sup>	Asymptomatic	5,031	15	0.3%
	Symptomatic	2	0	0.0%
Dalmarnock, Glasgow	Asymptomatic	877	33	3.8%
	Symptomatic	1,620	197	12.2%
West Pollokshields, Glasgow	Asymptomatic	2,962	76	2.6%
	Symptomatic	1,350	207	15.3%
Stewarton, East Ayrshire	Asymptomatic	1,634	18	1.1%
	Symptomatic	246	30	12.2%
Dalmellington, East Ayrshire	Asymptomatic	350	7	2.0%
	Symptomatic	50	10	20.0%
Girvan, South Ayrshire	Asymptomatic	962	1	0.1%
	Symptomatic	114	1	0.9%
Dalmilling, South Ayrshire	Asymptomatic	351	8	2.3%
	Symptomatic	123	9	7.3%
Total	Asymptomatic	15,576	228	1.5%
	Symptomatic	4,733	593	12.5%



- 1 lateral flow devices (LFD) testing — a clinically validated swab antigen test that does not require a laboratory for processing.

### **Timeline of pilot MTU Operational Dates**

*Dalmarnock and Pollokshields 30 Nov - 09 Dec 2020*

*Johnstone 02 - 09 Dec 2020*

*Girvan and Stewarton 30 Nov - 04 Dec 20 will move to Dalmilling and Dalmellington 05-07 Dec 2020*

*Alloa 26 Nov – 09 Dec 2020 (except 7<sup>th</sup>)*

During the pilot home test kits were sent to individuals to be included within the Community Testing. These tests are reported separately due to them being recorded separately. We have identified any home test kits carried out in the targeted postcode area. Please note some of these results may include home test kits not sent out as part of the pilot.

**Table 3 Community Testing – Home Test Kits up to 9/12/2020 (as at 14/12/2020)**

<b>Location</b>	<b>Total test results received</b>	<b>Number of positive tests</b>	<b>Percentage positive</b>
East Ayrshire	921	12	1.3%
South Ayrshire	665	11	1.6%
Johnstone	238	6	2.5%

*Test Date must fall within these dates:*

*South Ayrshire – 4<sup>th</sup> to 9<sup>th</sup> December*

*East Ayrshire – 4<sup>th</sup> to 8<sup>th</sup> December*

*Johnstone – 7<sup>th</sup> to 9<sup>th</sup> December*

## Asymptomatic COVID-19 Testing in Scotland – Universities and Colleges

From the beginning of December, Scottish universities and colleges took part in a UK wide offer to test students not experiencing COVID-19 symptoms, before they return home for the winter break. Testing of students across university and college campuses began on the 30th November and finished on the 13th December.

Universities and colleges utilised lateral flow devices (LFD) — a clinically validated swab antigen test that does not require a laboratory for processing. This test can produce rapid results within 45 minutes at the location of the test. Students were offered two tests, spaced three to five days apart. Those receiving two negative results have been encouraged to safely return home as soon as is practical after the second result. If either of the LFD tests returns a positive result, the student has been asked to self-isolate and arrange for a confirmatory polymerase chain reaction (PCR) test. Updated guidance on the testing programme and end of term travel has been published by the Scottish Government.

The data presented within this section are for the cumulative number of LFD tests, and the number of positive LFD test results, reported from university and college test sites, between 30th November and 12th December 2020.

Information on the number of students taking part in the testing programme, and the number of confirmed PCR positive tests, from those with positive LFD tests, will be made available in subsequent publications, once all results have been validated.

- Between 30th November and 12th December, 43,925 LFD tests were carried out across all university and college test sites
- Of these, 79 (0.2%) had a positive LFD test result;
- Preliminary analysis of 31/79 of the positive LFD tests has shown that 13 out of 31 subsequently had a confirmed positive PCR test.

**Table 4 Student Asymptomatic Testing - 30/11/2020 -12/12/2020**

	Total number of positive LFD tests	Total number of negative LFD tests	Cumulative number of LFD tests	Test positivity
University and college test sites	79	43,846	43,925	0.2%

**Table 5 Cumulative number of Lateral Flow Device tests, by university and college test site (up to 12/12/2020)**

University Test Site Name <sup>1</sup>	Cumulative LFD Tests
University of Aberdeen	3,499
Robert Gordon University	1,371
University of Dundee <sup>2</sup>	5,575
The University of Edinburgh <sup>2</sup>	13,352
Heriot-Watt University	1,269
Queen Margaret University	1,019
Glasgow Caledonian University	2,238
University of Glasgow	6,577
University of Strathclyde	2,261
The University of the West of Scotland <sup>3</sup>	496
University of St. Andrews	4,334
Stirling University	1,826
University of Highlands and Islands (UHI) - Scottish Association for Marine Science	57
UHI -Sabhal Mòr Ostaig	51
<b>Total</b>	<b>43,925</b>

<sup>1</sup> Each test site could be accessed by students from other universities, if that test site was more accessible from their term-time address

<sup>2</sup> Colleges and university students from a number of institutions made use of the available test centres above, for example Napier University are joining with Edinburgh University, and Abertay University are joining with Dundee University.

<sup>3</sup> These are cumulative LFD test results from four University of West of Scotland test sites: the main campus and at the Ayr, Lanarkshire and Paisley campuses

## Healthcare workers – COVID-19 Testing

In July 2020, the Scottish Government expanded COVID-19 testing 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 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 6: Number of COVID-19 tests and positive results for staff within Specialist Cancer Wards and Treatment Areas for week ending 10 December 2020**

NHS Board	Total Eligible Staff	Total Staff tested	Number of positive tests	Number of Staff not tested - declined to test <sup>^</sup>	Number of Staff not tested for operational reasons <sup>^</sup>	Number of staff not tested for other reasons <sup>^</sup>
Ayrshire and Arran	104	104	0	0	0	0
Borders	33	33	0	0	0	0
Dumfries & Galloway	77	26	0	*	0	*
Fife	51	18	0	16	*	*
Forth Valley	53	*	0	*	0	0
Grampian	161	99	*	*	34	*
Greater Glasgow and Clyde	1271	1211	*	*	0	*
Highland	95	*	0	*	0	0
Lanarkshire	269	225	0	24	20	0
Lothian	667	636	*	*	24	*
Tayside	305	294	0	6	*	*
Island Boards	13	13	0	0	0	0
Special Health Boards <sup>1</sup>	17	17	0	0	0	0
<b>Scotland</b>	<b>3116</b>	<b>2818</b>	<b>6</b>	<b>65</b>	<b>94</b>	<b>139</b>

1 – Includes data from Scottish National Blood Transfusion Service (SNBTS)

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

**Table 7: Number of COVID-19 tests and positive results for staff within Long Stay Care of the Elderly<sup>1</sup> for week ending 10 December 2020**

<b>NHS Board</b>	<b>Total Eligible Staff</b>	<b>Total Staff tested</b>	<b>Number of positive tests</b>	<b>Number of Staff not tested - declined to test<sup>^</sup></b>	<b>Number of Staff not tested for operational reasons<sup>^</sup></b>	<b>Number of staff not tested for other reasons<sup>^</sup></b>
Ayrshire and Arran	76	76	*	0	0	0
Borders	0	0	0	0	0	0
Dumfries & Galloway	133	*	0	17	0	73
Fife	0	0	0	0	0	0
Forth Valley	0	0	0	0	0	0
Grampian	143	58	0	*	*	*
Greater Glasgow and Clyde	51	51	0	0	0	0
Highland	0	0	0	0	0	0
Lanarkshire	29	*	*	0	*	0
Lothian	310	283	*	*	0	*
Tayside	0	0	0	0	0	0
Island Boards	0	0	0	0	0	0
Special Health Boards <sup>1</sup>	0	0	0	0	0	0
<b>Scotland</b>	<b>742</b>	<b>512</b>	<b>*</b>	<b>40</b>	<b>53</b>	<b>110</b>

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

Please note NHS Borders and NHS Fife advised they do not have any Long Stay Care of the Elderly units that meet the 3 month criteria. NHS Highland, NHS Tayside, NHS Orkney, NHS Shetland, and NHS Western Isles advised they do not have any long stay care of the elderly wards. NHS Glasgow advised that over recent years they have significantly reduced the number of long stay beds for older people and invested in care at home and care homes hence the low number of wards affected compared to other NHS Boards. NHS Lanarkshire include one of the Care of the Elderly Units for reporting purposes. NHS Lanarkshire confirmed this does not represent a full week of testing since some was done after the reporting period.

**Table 8: Number of COVID-19 tests and positive results for staff within Long Stay Old Age Psychiatry and Learning Disability Wards for week ending 10 December 2020**

NHS Board	Total Eligible Staff	Total Staff tested	Number of positive tests	Number of Staff not tested - declined to test <sup>^</sup>	Number of Staff not tested for operational reasons <sup>^</sup>	Number of staff not tested for other reasons <sup>^</sup>
Ayrshire and Arran	91	91	0	0	0	0
Borders	95	84	0	0	*	*
Dumfries & Galloway	136	61	0	18	0	57
Fife	208	152	0	8	48	0
Forth Valley	0	0	0	0	0	0
Grampian	143	125	0	*	*	0
Greater Glasgow and Clyde	989	894	*	0	0	95
Highland	161	161	0	0	0	0
Lanarkshire	54	16	0	24	14	0
Lothian	411	371	0	31	*	*
Tayside	311	303	*	*	*	*
Island Boards	0	0	0	0	0	0
Special Health Boards <sup>1</sup>	0	0	0	0	0	0
<b>Scotland</b>	<b>2599</b>	<b>2258</b>	<b>5</b>	<b>98</b>	<b>77</b>	<b>166</b>

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

**^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.

### 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.

Over the past few weeks, contact tracing of contacts has been primarily focused on SMS messages. As a result, contacts where a mobile number is available will receive a SMS message with advice to self-isolate. Once the SMS message has been delivered, the contact will be marked as complete. Please note PHS has moved to weekly reporting of this data and cumulative data is available in the [interactive dashboard](#).

In the week ending 13 December 2020 (based on test date), the test and protect figures are:

Index Cases\* – 5,263 (of which 4,275 have completed contact tracing)

Individuals\*\* - 5,205

Contacts traced\*\*\* – 19,498 (of which 14,350 were unique contacts)

\*An index case is generated for each positive result with a test date on or after 28 May. 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.

The below table provides a recent time trend, a longer time trend is available on the [interactive dashboard](#).

**Table 9: Contact Tracing Scotland**

	Week ending							
	25 Oct	1 Nov	8 Nov	15 Nov	22 Nov	29 Nov	6 Dec	13 Dec <sup>P</sup>
Cases	9,366	7,868	8,320	7,868	6,948	5,743	5,475	5,263
Complete Cases*	8,743	7,518	7,962	7,561	6,732	5,325	5,098	4,275
Individuals	9,267	7,777	8,211	7,767	6,853	5,670	5,395	5,205
Total Contacts	30,680	27,386	31,815	30,214	25,060	19,253	20,495	19,498
Unique Contacts	23,208	21,222	24,214	22,506	18,635	14,419	15,251	14,350

<sup>P</sup> – Please treat as provisional as data is still being collected for that week and index/contact being traced,

\*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. In the latest weeks there will 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.

There are a small proportion of contacts who were successfully contacted but then advised that they do not need to isolate. 1,410 contacts were not advised to self-isolate, 1% of all contacts for which this information is known. Some of these 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. 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 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 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 contacts who had not had their tracing completed by the time the analysis was undertaken.

Please note this table is not comparable with publications dated up to 30 September 2020, the methodology for calculating Health Board now counts contacts uniquely in the Health Board of the index case. For example, if a contact was a contact for multiple index cases they would be counted multiple times previously; now they are only counted once in each Health Board.



**Table 10: Number of individuals and the number of contacts by NHS Board**

NHS Board	Week of first positive result			
	7 Dec – 13 Dec		30 Nov – 6 Dec	
	Individual	Unique Contacts within Health Board	Individual	Unique Contacts within Health Board
Ayrshire & Arran	498	1927	482	1843
Borders	83	527	44	160
Dumfries & Galloway	*	139	33	189
Fife	434	891	376	1348
Forth Valley	274	1109	301	1033
Grampian	463	1380	359	1557
Greater Glasgow & Clyde	1282	2504	1575	3069
Highland	71	166	164	165
Lanarkshire	735	1467	917	1763
Lothian	844	2535	718	2823
Orkney	*	1	*	6
Shetland	0	0	0	0
Tayside	380	1553	334	1237
Western Isles	0	0	*	0
Unknown Health Board**	112	195	89	116

\* Denotes data which has been suppressed due to risk of disclosure.

\*\* Please note this 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 Monday 7 December 2020 at 10am. Data relate to tests up to 6 December. 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.

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 contacts:

- 4,529 individuals\* with a positive test were unable to be contacted since the CMS went live (5% of all individuals).
- 10,921 contacts\* were unable to be contacted since the CMS went live (3% of all contacts).

In some circumstance contacts go on to become a positive case and therefore an index case. The number of contacts which have become an index case – 42,011 (14%), represents the number of close contacts which have subsequently had a positive result.

*The total used in the calculation is 294,709, this represents the number of contacts for all contact status de-duplicated. The number of unique contacts above does **not** include those marked as excluded.*

*Where an SMS message is sent, contacts will be considered successfully contacted. Thus the statistics above will be impacted by the SMS service.*

\*This information is only available for index cases that have been recorded on the Case Management System (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 (STT) 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. Contact since the 12 October, with a valid mobile number, will receive an SMS message only. This will impact on the number of contacts that were unable to be contacted. Please note the methodology has changed as of 1<sup>st</sup> November 2020, a refined method has now been applied to identify unique indexes.

### **Completed Index cases**

Since 3 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
- the positive individual being interviewed and 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](#).

**Table 11: Time (hours) between date test sample taken<sup>1</sup> and the positive individual being interviewed by a contact tracer.**

Hours taken	Week Ending 13 December**		Week Ending 6 December	
	Number of Index Cases	% of Total Index Cases	Number of Index Cases	% of Total Index Cases
0-24	957	23.3	1,118	23.0
24-48	2,159	52.7	2,259	46.4
48-72	694	16.9	846	17.4
Over 72	283	6.9	466	9.6
Not known*	7	0.2	182	3.7

<sup>1</sup> Specimen date

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

\*\*Please note data are provisional and may be updated in future releases.

**Table 12 - Time (hours) between case created in CMS and the positive individual being interviewed by a contact tracer.**

Hours taken	Week Ending 13 December**		Week Ending 6 December	
	Number of Index Cases	% of Total Index Cases	Number of Index Cases	% of Total Index Cases
0-24	3,652	89.1	4,100	84.2
24-48	357	8.7	426	8.8
48-72	69	1.7	100	2.1
Over 72	18	0.4	64	1.3
Not known*	4	0.1	181	3.7

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

\*\*Please note data are provisional and may be updated in future releases.

**Table 13 - Time between case created in CMS to its closure, measured by the time taken to complete the final contact interview.**

Hours taken	Week Ending 13 December**		Week Ending 6 December	
	Number of Index Cases	% of Total Index Cases	Number of Index Cases	% of Total Index Cases
0-24	2,933	71.5	3,272	67.2
24-48	878	21.4	894	18.4
48-72	220	5.4	325	6.7
Over 72	69	1.7	329	6.8
Not known*			51	1.1

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

\*\*Please note data are provisional and may be updated in future releases.

### Travel outside of Scotland cases

Since 28 September fields have been available to record information about whether a case has travelled outside of Scotland. In the week ending 6 December 6,655 index cases were newly created on CMS, of which 5,646 had a fully completed index case interview. Of those interviewed:

- 39 travelled to the UK (excluding Scotland).
- 16 travelled to Europe.
- 14 travelled to the rest of the world.

This interview is where outside of Scotland travel information is noted.

### 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 Case Management System (CMS) and involves cases recalling where they have been in the 7 days prior to symptom onset (or date of test if asymptomatic). The data in this section are slightly different to the rest of the report as it relates to the number of cases added to CMS over the past 7 days. Data elsewhere for contact tracing relates to positive date to try to closely align with the positive cases reported.

Therefore, users of the data must exercise caution and cannot make inferences about the rank of settings and events where cases visited. The data presented below were analysed using data from the CMS which was designed for contact tracing purposes and not for identifying where transmission took place.

However, **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.

**Therefore, users of the data must exercise caution and cannot make inferences about the rank of settings and events where cases visited. The data presented below were analysed using data from the CMS which was designed for contact tracing purposes and not for identifying where transmission took place.** This information is collected to help identify close contacts and to understand potential identification of source of exposure.

During week ending 13 December, 6,655 new cases were added to CMS, of those 4,617 (69%) cases that reported one or more events. The below tables show the breakdown of these locations. These tables have been split to improve accessibility.

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

**Table 14 – Events and Setting – Events and Activities (week ending 13 December)**

Event Category	Event	Cases
Events/Activities	Shopping	1,835
	Eating out	579
	Visiting a health or social care setting	528
	Personal Care	449
	Exercising	251
	Visiting friends or relatives	251
	Entertainment and day trips	144
	Sport events	78
	Private events and celebrations	59
	Worship and prayer	45
	Other	25

**Table 15 – Events and Setting – Household or Accommodation (week ending 13 December)**

Event Category	Event	Cases
Household and Accommodation	Your own home, or family home	1,029
	Other accommodation	133
	Shared accommodation	65
	Supported living	63
	Holiday accommodation	14

**Table 16 – Events and Setting – Travel and Commuting (week ending 13 December)**

Event Category	Event	Cases
Travel and Commuting	Public transport - bus	219
	Car share	165
	Taxi	84
	Train - domestic	53
	Other	118

Table 17 – Events and Setting – Work or Education (week ending 13 December)

Event Category	Event	Cases
Work or Education	Health care	627
	Attending childcare, school, educational	615
	Social care or home care	327
	Retail sector	190
	Manufacturing or construction	181
	Teaching and education	175
	Warehouse or distribution	114
	Food production and agriculture	91
	Transport	73
	Emergency services	71
	Hospitality	69
	Work travel or activity outside workplace	49
	Financial services incl. insurance	30
	Other	351

## Cases reporting an occupation in the Education and Childcare sector

Following the return of early years' settings and schools, and more recently further and higher education institutions, the proportion of positive cases reporting occupation sector as "education and childcare" has been monitored (which will include students and staff working in further and higher education sector, as well as schools, early learning and childcare settings). These data are presented below.

As the positive cases reported above can include students as well as staff, the table also presents data on those who report that they are 'employed' within that sector. The difference between the two categories is likely to be explained by the high numbers of university students who have tested positive in recent weeks. The total number of cases in both categories has increased in recent weeks, in keeping with the general increase in cases across the population.

Data are continually monitored and historic data are revised at each publication. During the most recent data quality exercise some historic figures have been revised.

**Table 18: Proportion of CMS cases who are 18+ years of age and report an occupation in the Education and Childcare sector (most recent 10 weeks)**

Week Ending	Total CMS cases	All cases aged 18+ stating occupation sector as E&C		All <i>employed</i> cases aged 18+ stating occupation sector as E&C	
		N	%	N	%
27/09/2020	3,565	549	15.4	138	3.9
04/10/2020	5,036	598	11.9	250	5.0
11/10/2020	7,671	625	8.1	326	4.2
18/10/2020	8,387	617	7.4	400	4.8
25/10/2020	9,366	561	6.0	405	4.3
01/11/2020	7,868	553	7.0	384	4.9
08/11/2020	8,320	576	6.9	423	5.1
15/11/2020	7,868	557	7.1	393	5.0
22/11/2020	6,948	472	6.8	336	4.8
29/11/2020	5,743	341	5.9	219	3.8
06/12/2020	5,475	334	6.1	247	4.5

### Notes

1. Data completeness of the occupation sector is around 80% in CMS, as such numbers should be interpreted with caution
2. An occupation sector of "Education and Childcare" will cover a range of roles including teaching staff, non-teaching staff and pupils/students in a range of settings including schools, colleges and universities
3. Data since 9 August is available to download from the Interactive Dashboard accompanying this report.

## 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 Public Health Scotland (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.

Public Health Scotland contacts all individuals via email, who require to self-isolate, on return from a country that is not exempt from quarantine. The National Contact Tracing Centre subsequently contacts a sample of those individuals.

Please note that the number of people requiring to quarantine calculation has been adjusted as a result of data quality improvements. Data are not comparable with previous releases.

**Table 19 – Quarantine Statistics by date.**

	Total 22 Jun to 13 Dec	Week ending 13 Dec
Number of people arriving in Scotland <sup>1</sup>	508,724	10,355
Number of people requiring to quarantine <sup>2</sup>	171,802	5,541
Number of people contacted by National Centre <sup>3</sup>	33,009	2,388

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

**Table 20: Number of people contacted by National Centre by status.**

	Total 22 Jun to 13 Dec	Week ending 13 Dec
Successful contacts made <sup>4</sup>	28,234	1,695
Unable to contact individual <sup>5</sup>	4,249	167
In progress <sup>6</sup>	526	526

Since 6 November the number of contacts includes a small number of calls for direct public health intervention for those arriving from Denmark. This data is not possible to disaggregate roughly 60/80 calls per week.

- 1 People who arrive in the UK, as notified to Public Health Scotland by the Home Office
- 2 People who are required to quarantine in Scotland (all countries prior to 30th June; high risk countries from 30th June), adults aged 18 and over only.
- 3 Sample of people who are passed to NCTC for follow-up to provide advice and support
- 4 People who were successfully contacted by NCTC
- 5 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
- 6 Calls which are still in progress



### 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 July 15. 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 (Intensive Care Unit)
- 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

Further commentary on these measures can be found in the [15 July statistical report](#).

### 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:

- A&E Attendances
- Hospital admissions
- NHS 24 111 completed contacts
- Primary Care Out of Hours cases
- Scottish Ambulance Service contacts
- 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
- Stillbirths and Infant Deaths
- 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.

### Wider Impact - New Analysis

On 16 December 2020, new indicators reflecting the following aspects of cardiovascular activity and health care have been added to the wider impacts dashboard:

- GP out of hours cases
- Scottish Ambulance Service incidents

These data provides a view on the impact of the pandemic on access to the service for cardiovascular conditions and will be updated on a monthly basis. For GP out of hours services there was a sharp fall of around 30% in contacts for cardiovascular problems that started in early March 2020, increasing to 20% above average by the end of June 2020. For Scottish Ambulance Service incidents, there was a sharp initial fall of around 40% in cardiovascular related incidents that started in early April 2020 continuing until mid-July.

New indicators reflecting the following aspects of maternal health and care have also been added to the wider impacts dashboard:

- Induction of labour
- Method of delivery
- Gestation at delivery

Induction of labour is when a woman is given a medical intervention to start her labour, rather than waiting for labour to start spontaneously. It is offered because there are medical reasons meaning it is considered safer (for the mother or baby) for the baby to be born, or because a woman is past her 'due date'. Method of delivery refers to the way a baby is born. Different methods of delivery include spontaneous vaginal delivery (a natural birth); assisted vaginal delivery (including vaginal delivery by forceps or ventouse); and elective (planned) or emergency (unplanned) caesarean section. Gestation at delivery refers to the number of completed weeks pregnant a woman is when she delivers her baby. Babies are 'due' at 40 completed weeks gestation. Those born between at under 37 weeks (more than three weeks before their due date) are considered preterm or premature.

Care for women and babies around the time they are giving birth/being born is an essential, time critical service that cannot be deferred. As such, it has been provided throughout the COVID-19 pandemic, and maternity and neonatal staff have not been redeployed to support other services. The way that some elements of this care are provided has changed in response to COVID-19 however, to minimise the risk of infection and to allow services to continue to provide safe care during times when a high number of staff may be off work, for example due to needing to isolate.

At all Scotland level, the data shows that:

- The percentage of singleton live births at 37-42 weeks gestation that followed induction of labour has remained broadly constant from January 2018 (when the data shown starts) to end September 2020 (the latest point for which data is currently available).
- The percentage of singleton live births delivered by caesarean section has gradually increased from January 2018 to end September 2020. The upward trend in the caesarean section rate predates the COVID-19 pandemic, and it has continued during the pandemic.
- The percentage of singleton live births delivered at under 37 weeks gestation was slightly lower than usual over the period March to July 2020 (at just over 6% compared to the more usual 6.8%). This was driven by a dip in the percentage of births delivered at 32-36 weeks (the 'moderately preterm rate'): there has been no change in the percentage of births delivered at under 32 weeks (the 'very preterm rate').

Prior to the COVID-19 pandemic, the induction rate, caesarean section rate, and preterm rate were all somewhat variable between NHS Board areas of residence. There has also been variation between areas in how these rates have changed around the time of the pandemic. More detailed discussion of these points is provided on the commentary page of the wider impacts dashboard.

### 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**

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### 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 23 December 2020.

### 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](#).