

Dear Ms Cornelius

Reference for Request – M2A -JM-01

I refer to the email letter addressed to me dated 26 January 2023 containing a request for assistance pursuant to Rule 9 of the Inquiry Rules 2006. In the letter I am specifically not asked to provide a witness statement at this stage, but rather to answer the queries contained in the attached questionnaire so far as I am able. I have done that and provide my answers below.

1. A brief overview of your qualifications, career history, professional expertise and major publications.

Qualifications

MB ChB (University of Glasgow),

MPH (University of Glasgow),

Membership of the Royal Colleges of Physicians (UK),

Diploma in Tropical Medicine & Hygiene (London),

Membership of the Faculty of Public Health Medicine (MFPHMI) (Dublin),

Fellowship of Faculty of Public Health Medicine (FFPH) (UK)

Areas of expertise

2003 – present. Public Health Scotland

I am a consultant in public health and for the past 19 years have been the strategic lead for the Respiratory team within Public Health Scotland. PHS brought together three legacy bodies: NHS Health Scotland (a national Health Board), and the two components of the Public Health and Intelligence Strategic Business Unit of the national Health Boards NHS National Services Scotland (NSS); Health Protection Scotland and Information Services Division. I transferred from the Public Health and Intelligence Strategic Business Unit of NSS legacy body when PHS was formed on 1st April 2020.

I am very active in the area of assessment of COVID-19 & seasonal influenza vaccine effectiveness through collaboration with UK, and EU partners. I have a keen interest in data linkage and work with a consortium of Scottish University & NHS Scotland colleagues on assessment of the impact of the seasonal influenza vaccination programme. I have secured in excess of £20 million to enable research and service development and delivery over the past 19 years. My key roles are listed below:

- Head of Health Protection (Infection Services), Consultant Epidemiologist
- Public Health Scotland COVID-19 Strategic Incident Director.
- Interim Clinical Director Health Protection April 2018 to present to October 2021.
- Strategic lead for the respiratory team and responsible for seasonal and pandemic influenza and syndromic surveillance lead for Health Protection Scotland;
- Chair of the COVID-19 National Incident Management Team
- Chair of Scottish Health Protection Network Respiratory Infections Group;

- Chair of the Scottish Immunisation Programme Epidemiology and Surveillance group;
- Chair of the scientific steering groups of the ECDC/WHO funded demographic, risk and vaccine effectiveness programme & IMOVE-COVID EU-Horizon 2020 funded IMOVE+ group til Brexit January 2020;
- Co-investigator of the EAVE-II COVID-19 project;
- Active in the area of assessment of seasonal influenza and pneumococcal vaccine effectiveness through collaboration with EU partners in the IMOVE & SpIDNet projects;
- External advisor to the ECDC for the risk assessment of the 2019/20 & prior influenza seasons;
- Member of the UK New and Emerging Respiratory Viral Threat Advisory Group (NERVTAG) since 2014.
- UK SAGE member/observer during the COVID-19 response.
- CMO (Scotland) - C-19 Scientific Advisory Group member during the COVID-19 response.

Relevant Publications –

I have over 170 publications across a range of infection topics. Below is a list of relevant publications from 2020 to present. I have listed all relevant publications in full in Annex A.

- [Risks of and risk factors for COVID-19 disease in people with diabetes: a cohort study of the total population of Scotland.](#) McGurnaghan SJ, Weir A, Bishop J, Kennedy S, Blackburn LAK, McAllister DA, Hutchinson S, Caparrotta TM, Mellor J, Jeyam A, O'Reilly JE, Wild SH, Hatam S, Höhn A, Colombo M, Robertson C, Lone N, Murray J, Butterly E, Petrie J, Kennon B, McCrimmon R, Lindsay R, Pearson E, Sattar N, McKnight J, Philip S, Collier A, McMenamin J, Smith-Palmer A, Goldberg D, McKeigue PM, Colhoun HM; Public Health Scotland COVID-19 Health Protection Study Group; Scottish Diabetes Research Network Epidemiology Group. *Lancet Diabetes Endocrinol.* 2021 Feb;9(2):82-93. doi: 10.1016/S2213-8587(20)30405-8. Epub 2020 Dec 23. PMID: 33357491 **Free PMC article.** Clinical Trial.
- [Risk of hospital admission with coronavirus disease 2019 in healthcare workers and their households: nationwide linkage cohort study.](#) Shah ASV, Wood R, Gribben C, Caldwell D, Bishop J, Weir A, Kennedy S, Reid M, Smith-Palmer A, Goldberg D, McMenamin J, Fischbacher C, Robertson C, Hutchinson S, McKeigue P, Colhoun H, McAllister DA. *BMJ.* 2020 Oct 28;371:m3582. doi: 10.1136/bmj.m3582. PMID: 33115726 **Free PMC article.**
- [Rapid Epidemiological Analysis of Comorbidities and Treatments as risk factors for COVID-19 in Scotland \(REACT-SCOT\): A population-based case-control study.](#) McKeigue PM, Weir A, Bishop J, McGurnaghan SJ, Kennedy S, McAllister D, Robertson C, Wood R, Lone N, Murray J, Caparrotta TM, Smith-Palmer A, Goldberg D, McMenamin J, Ramsay C, Hutchinson S, Colhoun HM; Public Health Scotland COVID-19 Health Protection Study Group. *PLoS Med.* 2020 Oct 20;17(10):e1003374. doi: 10.1371/journal.pmed.1003374. eCollection 2020 Oct. PMID: 33079969 **Free PMC article.**
- [Real-time monitoring shows substantial excess all-cause mortality during second wave of COVID-19 in Europe, October to December 2020.](#) Nørgaard SK, Vestergaard LS, Nielsen J, Richter L, Schmid D, Bustos N, Braye T, Athanasiadou M, Lytras T, Denissov G, Veideman T, Luomala O, Möttönen T, Fouillet A, Caserio-Schönemann C, An der Heiden M, Uphoff H, Gkolfiopoulou K, Bobvos J, Paldy A, Rotem N, Kornilenko I, Domegan L, O'Donnell J, Donato F, Scortichini M, Hoffmann P, Velez T, England K, Calleja N, van Asten L, Stoeldraijer L, White RA, Paulsen TH, da Silva SP,

- Rodrigues AP, Klepac P, Zaletel M, Fafangel M, Larrauri A, León I, Farah A, Galanis I, Junker C, Perisa D, Sinnathamby M, Andrews N, O'Doherty MG, Irwin D, Kennedy S, McMenamin J, Adlhoch C, Bundle N, Penttinen P, Pukkila J, Pebody R, Krause TG, Mølbak K. *Euro Surveill.* 2021 Jan;26(2):2002023. doi: 10.2807/1560-7917.ES.2021.26.1.2002023. PMID: 33446304 **Free PMC article.**
- [Do point-of-care tests \(POCTs\) offer a new paradigm for the management of patients with influenza?](#) Dickson EM, Zambon M, Pebody R, de Lusignan S, Elliot AJ, Ellis J, Lackenby A, Smith G, McMenamin J. *Euro Surveill.* 2020 Nov;25(44):1900420. doi: 10.2807/1560-7917.ES.2020.25.44.1900420. PMID: 33153522 **Free PMC article.**
 - [Interim 2019/20 influenza vaccine effectiveness: six European studies, September 2019 to January 2020.](#) Rose A, Kissling E, Emborg HD, Larrauri A, McMenamin J, Pozo F, Trebbien R, Mazagatos C, Whitaker H, Valenciano M; European IVE group. *Euro Surveill.* 2020 Mar;25(10):2000153. doi: 10.2807/1560-7917.ES.2020.25.10.2000153. PMID: 32183932 **Free PMC article.**
 - [Seasonal Influenza Vaccine Effectiveness in People With Asthma: A National Test-Negative Design Case-Control Study.](#) Vasileiou E, Sheikh A, Butler CC, Robertson C, Kavanagh K, Englishby T, Lone NI, von Wissmann B, McMenamin J, Ritchie LD, Schwarze J, Gunson R, Simpson CR. *Clin Infect Dis.* 2020 Oct 23;71(7):e94-e104. doi: 10.1093/cid/ciz1086. PMID: 31688921
 - [End of season influenza vaccine effectiveness in primary care in adults and children in the United Kingdom in 2018/19.](#) Pebody RG, Whitaker H, Ellis J, Andrews N, Marques DFP, Cottrell S, Reynolds AJ, Gunson R, Thompson C, Galiano M, Lackenby A, Robertson C, O'Doherty MG, Owens K, Yonova I, Shepherd SJ, Moore C, Johnston J, Donati M, McMenamin J, Lusignan S, Zambon M. *Vaccine.* 2020 Jan 16;38(3):489-497. doi: 10.1016/j.vaccine.2019.10.071. Epub 2019 Nov 1. PMID: 31685296
 - [Early Pandemic Evaluation and Enhanced Surveillance of COVID-19 \(EAVE II\): protocol for an observational study using linked Scottish national data.](#) Simpson CR, Robertson C, Vasileiou E, McMenamin J, Gunson R, Ritchie LD, Woolhouse M, Morrice L, Kelly D, Stagg HR, Marques D, Murray J, Sheikh A. *BMJ Open.* 2020 Jun 21;10(6):e039097. doi: 10.1136/bmjopen-2020-039097. PMID: 32565483 **Free PMC article.** **Note:** All of the EAVE-II publications are available here: [Quick Access List | The University of Edinburgh](#)
 - [Community-based antibiotic prescribing attributable to respiratory syncytial virus and other common respiratory viruses in young children: a population-based time series study of Scottish children.](#) Fitzpatrick T, Malcolm W, McMenamin J, Reynolds A, Guttman A, Hardelid P. *Clin Infect Dis.* 2020 Apr 9;ciaa403. doi: 10.1093/cid/ciaa403. Online ahead of print. PMID: 32270199
 - [Postexposure Prophylaxis With rVSV-ZEBOV Following Exposure to a Patient With Ebola Virus Disease Relapse in the United Kingdom: An Operational, Safety, and Immunogenicity Report.](#) Davis C, Tipton T, Sabir S, Aitken C, Bennett S, Becker S, Evans T, Fehling SK, Gunson R, Hall Y, Jackson C, Johanssen I, Kieny MP, Mcmenamin J, Spence E, Strecker T, Sykes C, Templeton K, Thorburn F, Peters E, Henao Restrepo AM, White B, Zambon M, Carroll MW, Thomson EC. *Clin Infect Dis.* 2020 Dec 31;71(11):2872-2879. doi: 10.1093/cid/ciz1165. PMID: 31784751 **Free PMC article.**
 - [Mycoplasma pneumoniae infections, 11 countries in Europe and Israel, 2011 to 2016.](#) Beeton ML, Zhang XS, Uldum SA, Bébéar C, Dumke R, Gullsby K, Ieven M, Loens K, Nir-Paz R, Pereyre S, Spiller OB, Chalker VJ; ESCMID Study Group for Mycoplasma and Chlamydia Infections (ESGMAC) Mycoplasma pneumoniae subgroup members

- not listed as an individual author. *Euro Surveill.* 2020 Jan;25(2):1900112. doi: 10.2807/1560-7917.ES.2020.25.2.1900112. PMID: 31964459 **Free PMC article.**
- [Alternating patterns of seasonal influenza activity in the WHO European Region following the 2009 pandemic, 2010-2018.](#) Mook P, Meerhoff T, Olsen SJ, Snacken R, Adlhoch C, Pereyaslov D, Broberg EK, Melidou A, Brown C, Penttinen P; Collective of the WHO European Region, European Influenza Surveillance Network. *Influenza Other Respir Viruses.* 2020 Mar;14(2):150-161. doi: 10.1111/irv.12703. Epub 2020 Jan 16. PMID: 31944604 **Free PMC article.**
 - [Epidemiological and clinical characteristics of early COVID-19 cases, United Kingdom of Great Britain and Northern Ireland.](#) Boddington NL, Charlett A, Elgohari S, Byers C, Coughlan L, Vilaplana TG, Whillock R, Sinnathamby M, Panagiotopoulos N, Letley L, MacDonald P, Vivancos R, Edeghere O, Shingleton J, Bennett E, Cottrell S, McMenamin J, Zambon M, Ramsay M, Dabrera G, Saliba V, Bernal JL. *Bull World Health Organ.* 2021 Mar 1;99(3):178-189. doi: 10.2471/BLT.20.265603. Epub 2020 Nov 30. PMID: 33716340 **Free PMC article.**
 - [Vaccine effectiveness of live attenuated and trivalent inactivated influenza vaccination in 2010/11 to 2015/16: the SIVE II record linkage study.](#) Simpson CR, Lone NI, Kavanagh K, Englishby T, Robertson C, McMenamin J, Wissman BV, Vasileiou E, Butler CC, Ritchie LD, Gunson R, Schwarze J, Sheikh A. *Health Technol Assess.* 2020 Dec;24(67):1-66. doi: 10.3310/hta24670. PMID: 33256892 **Free PMC article.**
 - [Relation of severe COVID-19 to polypharmacy and prescribing of psychotropic drugs: the REACT-SCOT case-control study.](#) McKeigue PM, Kennedy S, Weir A, Bishop J, McGurnaghan SJ, McAllister D, Robertson C, Wood R, Lone N, Murray J, Caparrotta TM, Smith-Palmer A, Goldberg D, McMenamin J, Guthrie B, Hutchinson S, Colhoun HM; Public Health Scotland COVID-19 Health Protection Study Group. *BMC Med.* 2021 Feb 22;19(1):51. doi: 10.1186/s12916-021-01907-8. PMID: 33612113 **Free PMC article.**
 - [Interim findings from first-dose mass COVID-19 vaccination roll-out and COVID-19 hospital admissions in Scotland: a national prospective cohort study.](#) Vasileiou E, Simpson CR, Shi T, Kerr S, Agrawal U, Akbari A, Bedston S, Beggs J, Bradley D, Chuter A, de Lusignan S, Docherty AB, Ford D, Hobbs FR, Joy M, Katikireddi SV, Marple J, McCowan C, McGagh D, McMenamin J, Moore E, Murray JL, Pan J, Ritchie L, Shah SA, Stock S, Torabi F, Tsang RS, Wood R, Woolhouse M, Robertson C, Sheikh A. *Lancet.* 2021 May 1;397(10285):1646-1657. doi: 10.1016/S0140-6736(21)00677-2. Epub 2021 Apr 23. PMID: 33901420 **Free PMC article.**
 - [Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study.](#) Lopez Bernal J, Andrews N, Gower C, Robertson C, Stowe J, Tessier E, Simmons R, Cottrell S, Roberts R, O'Doherty M, Brown K, Cameron C, Stockton D, McMenamin J, Ramsay M. *BMJ.* 2021 May 13;373:n1088. doi: 10.1136/bmj.n1088. PMID: 33985964 **Free PMC article.**
 - [Minimum dataset for confirmed human cases of influenza H5N1.](#) McMenamin J, Phin N, Smyth B, Couzens Z, Nguyen-Van-Tam JS. *Lancet.* 2008 Dec 13;372(9655):2022. doi: 10.1016/S0140-6736(08)61866-8. PMID: 19070737 No abstract available.

2. A list of the groups (i.e. Scottish Covid-19 Advisory Group (SCAG) and/or any of its sub-groups) in which you have been a participant, and the relevant time periods.

- Scottish Covid-19 Advisory Group (SCAG), which was the CMO Scientific Advisory Group before the pandemic and I was a participant in both.
- Scientific Advisory Group on Testing (chaired by David Crossman), which met across the course of the pandemic
- Public Health Threat Assessment subgroup (chaired by Harry Burns). This was a shorter-lived group.
- Strategic Advisory Group of Experts on Immunization (SAGE): I may be described variably as a member or an observer of SAGE but I was certainly a participant in many of the SAGE meetings.
- I have been a member of a number of other groups (such as NERVTAG and others set out above). Please let me know if you want to know more information about these.
- Scottish Government chaired COVID-19 “4 Harms” group across the pandemic from its inception.

3. An overview of your involvement with those groups between January 2020 and February 2022, including:

a. When and how you came to be a participant;

For SCAG and the sub groups, I was invited as an expert in the topic area, as well as being one of the Strategic Incident Directors and Chair of the National Incident Management Team (NIMT). Materials from the COVID-19 Advisory Group, including minutes, papers, and advice have been provided to the Inquiry by the Covid-19 Advisory Group Secretariat. These can be found in the following return: Scottish Inquiry - Tranche 6 - Scottish Government COVID-19 Advisory Group.

For SAGE, as HPS and subsequently PHS Strategic Incident Director, Chair of the NIMT and as a subject matter expert, I provided contribution from Scotland and was able to comment on the epidemiology of Covid-19 within the Scottish context and the success of the vaccination programme.

b. The number of meetings you attended, and your contributions to those meetings;

There is a record of attendance for SCAG and I attended 49 SCAG meetings out of 60 meetings covering the time period 26th March 2020 and 3rd February 2022. I also attended two deep dive session of the SCAG on the 5th of June 2020 and 9th of March 2021.

For the subgroups, meeting minutes the secretariat have in their records do not typically include attendance.

As per above, materials from the COVID-19 Advisory Group and sub groups, including minutes, papers, and advice have been provided to the Inquiry by the Covid-19 Advisory Group Secretariat. These can be found in the following return: Scottish Inquiry - Tranche 6 - Scottish Government COVID-19 Advisory Group.

For SAGE, I believe SAGE secretariat has a record of attendance, which I do not hold.

b. Your role in providing research, information and advice.

Research and information: For SCAG and SAGE I provided detailed epidemiological analysis and evaluation of health service impact of interventions in public health as they became available. For example, the effectiveness of Covid-19 vaccines.

Advice: For SCAG and SAGE I provided advice from the perspective of either PHS or the National Incident Management Team on all aspects of appropriate matters within the agendas of the meetings.

4. **A summary of any documents to which you contributed for the purpose of advising SCAG and/or its related subgroups on the Covid-19 pandemic. Please include links to those documents where possible.**

I made significant contribution to the documents advising SCAG and its related subgroups. As per the above in item 3, this is an extensive list, and a list can be provided to the Inquiry if it is required. In respect of these materials, I provided detailed consideration of challenges as they pertained to topics covered in many of the deep dive events.

I made infrequent contribution to SAGE, usually verbally to reference some specific Scottish dimension for items under consideration by the group.

5. **A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the above-mentioned groups and/or the Scottish/UK's response to the Covid-19 pandemic. Please include links to those documents where possible.**

I have listed relevant articles in item 1.

As part of my involvement in SCAG I have been involved in a number of publications as part of the EAVE II consortium, which is led by Professor Sir Aziz Sheikh, principal investigator of the EAVE II consortium. I have been involved in EAVE since its inception and outlined its impact below.

History of EAVE

EAVE (defined as Early Estimation of Vaccine and Anti-Viral Effectiveness): The first EAVE study was set up during the 2009 swine flu pandemic. It used health data from a group of 227,000 people from 40 general practices (GPs) across Scotland to assess the effectiveness of vaccines in Scotland.

This was an important piece of work which has contributed to our understanding of pandemics, and specifically the swine flu pandemic of 2009-2010. However, due to the time it typically takes to set up brand new studies, analyse data and publish results, the team were not able to deliver its findings until 2012. This was too late to have an impact on government policy because the pandemic was already over. Realising its potential for future use, fortunately, the platform did not simply cease to exist after this date - the team gained permission to place it into hibernation, so future responses could be faster.

EAVE II (defined as Early Pandemic Evaluation and Enhanced Surveillance of COVID-19). Dame Sally Davies, the Chief Medical Officer of England at the time, granted the resources to put the platform into hibernation rather than scrapping it altogether. This

meant, in the event of another pandemic, the project wouldn't have to start from scratch.

When the COVID-19 pandemic broke, the EAVE consortium entered a bid to use the platform to help combat it, and Public Health Scotland indicated that we wanted it to be used as part of the national response. It was scaled up from the swine flu pandemic and rather than a quarter of a million people PHS wanted the study to include the whole population of Scotland.

EAVE II generated global attention as it was one of the first evaluations into the effectiveness of Covid-specific vaccinations. EAVE II findings, published in The Lancet, showed the Oxford-AstraZeneca and Pfizer-BioNTech vaccines reduced the number of people being hospitalised with COVID-19. Randomised controlled trials had already shown the vaccines were safe and effective, but EAVE II provided the first evidence that it had an effect at a national level.

EAVE II did this by linking data on vaccinations with data on people going into hospital using each individual's unique Community Health Index (CHI) number. Scotland's size and data infrastructure, plus the speed of the rollout of the UK-wide vaccination programme, meant we were the first in the world to be able to publish such findings.

Working closely with the University of Edinburgh's Usher Institute, we brought together:

- NHS Scotland hospital data and vaccine data
- researchers from the universities of Glasgow, Strathclyde and St Andrews
- funding from the Medical Research Council and National Institute for Health Research
- support from the Scottish Government.

[View the EAVE II findings here \(external website\)](#)

There were subsequent high-profile issues that were addressed by the consortium including subsequent waves of Covid and the effectiveness of re-vaccination.

- 6. Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or the Scottish/UK's response more generally) succeeded in its aims. This may include, but is not limited to, your views on:**
- a. The composition of the groups and/or their diversity of expertise;**

SCAG and subcommittees - Yes they worked very well and succeeded in their aims with a wide ranging composition across a diversity of expertise.

SAGE – Yes, they worked very well and succeeded in their aims with a wide-ranging composition across a diversity of expertise.

- b. The way in which the groups were commissioned to work on the relevant issues;**

SCAG and subcommittees - As above

SAGE – In my role supporting SG primarily (particularly in the first months) there were from time to time difficulties in ensuring inclusion in invitation but once identified these were usually quickly resolved by secretariat. This work was of necessity frequently

short notice with extraordinary tight turnaround but none-the-less invariably of very high quality in output.

c. The resources and support that were available;

SCAG and subcommittees - The scientific secretariat are to be congratulated on the remarkable job that they were able to achieve

SAGE – I had little direct need for support but the resources were at times difficult to access.

d. The advice given and/or recommendations that were made;

SCAG and subcommittees - The chairs, Prof Andrew Morris SCAG, Prof David Crossman, Prof Harry Burns did an excellent job of involving all of the teams and producing succinct, clear advice or recommendations from each of the meetings.

SAGE – The co-chairs and deputies were remarkable in their focus and ability to ensure clear recommendations from the meetings held.

e. The extent to which the groups worked effectively together; and

SCAG and subcommittees - The group are to be congratulated on the sustained, good-humoured contributions that they made across the course of the pandemic. They often considered at short notice large volumes of complex data or papers and offered constructive comments.

SAGE – The constituent groups worked very well together.

f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness.

SCAG and subcommittees - The structures worked well. I am unclear what the policies question here refers to and therefore cannot comment on effectiveness.

SAGE – structures worked well together. I am unclear what the policies question here refers to and therefore cannot comment on effectiveness.

7. Your views as to any lessons that can be learned from Scotland's/the UK's response to the Covid-19 pandemic, in particular relating to the work of the above-mentioned groups. Please describe any changes that have already been made and set out any recommendations for further changes that you think the Inquiry should consider making.

Scottish Government have provided short term funding to cement progress made during the pandemic and PHS is in discussion with SG about baselining funding to maintain this position for future years.

Surveillance – It is clear that embedding the enhanced surveillance systems in every day use provides the greatest opportunity to meet future pandemic challenges.

Population Health & Data Linkage – Utilising the Community Health Index number to allow real time data linkage of available datasets to maximise the utility of available data was a great strength of the Scottish EAVE-II programme. This allowed

demographic and risk group identification and qualification of policy. It allowed health service evaluation of policy in vaccine effectiveness and provided insight for JCVI in subsequent offer of further doses of vaccine. It will be important to ensure that PHS health service evaluation builds on this experience as we move forward from the pandemic.

Response - Strengthening of the field epidemiology team to allow PHS to support local NHS board Variant and mutation (VAM) planning has allowed Scotland to increase the capabilities in future response.

WGS & Pandemic Preparedness - This is supported by investment in Whole Genomic Sequencing (WGS) and bioinformatics and will likely be further strengthened in the options appraisal commissioned by SG being developed by PHS for a Scottish pandemic preparedness centre.

Vaccine Management System – We are applying learning from the COVID-19 vaccination programme to allow central electronic recording of vaccination to enable invitation, recall and linkage with other health data. Through data linkage this allows estimation of vaccine effectiveness in preventing morbidity and mortality and ensures optimal vaccine safety monitoring.

8. **A brief description of documentation relating to these matters that you hold (including soft copy material held electronically). Please retain all such material. I am not asking for you to provide us with this material at this stage, but I may request that you do so in due course.**

The PHS website lists the following resources;

[Scotland's National Respiratory Surveillance Plan](#): This document describes the essential activities of a modern national respiratory surveillance function in Scotland and how national and local teams will collaborate to deliver an effective and efficient service.

Field Epidemiology team

[Plan for monitoring and responding to new SARS-CoV-2 variants and mutations \(VAMs\)](#): This document describes a co-ordinated process for assessing, escalating and managing incidents stemming from the introduction of a new COVID-19 VAM of public health importance. This process can also be applied to other incidents requiring a national health protection response.

[Immunisation programme](#)

Annex A: Full list of relevant publications

[Effectiveness of Influenza Vaccines in Asthma: A Systematic Review and Meta-Analysis.](#)

Vasileiou E, Sheikh A, Butler C, El Ferkh K, von Wissmann B, McMenamin J, Ritchie L, Schwarze J, Papadopoulos NG, Johnston SL, Tian L, Simpson CR.

Clin Infect Dis. 2017 Oct 15;65(8):1388-1395. doi: 10.1093/cid/cix524.

PMID: 28591866 **Free PMC article.** Review.

[Risks of and risk factors for COVID-19 disease in people with diabetes: a cohort study of the total population of Scotland.](#)

McGurnaghan SJ, Weir A, Bishop J, Kennedy S, Blackburn LAK, McAllister DA, Hutchinson S, Caparrotta TM, Mellor J, Jeyam A, O'Reilly JE, Wild SH, Hatam S, Höhn A, Colombo M, Robertson C, Lone N, Murray J, Butterly E, Petrie J, Kennon B, McCrimmon R, Lindsay R, Pearson E, Sattar N, McKnight J, Philip S, Collier A, McMenamin J, Smith-Palmer A, Goldberg D, McKeigue PM, Colhoun HM; Public Health Scotland COVID-19 Health Protection Study Group; Scottish Diabetes Research Network Epidemiology Group.

Lancet Diabetes Endocrinol. 2021 Feb;9(2):82-93. doi: 10.1016/S2213-8587(20)30405-8. Epub 2020 Dec 23.

PMID: 33357491 **Free PMC article.** Clinical Trial.

[Virus-virus interactions impact the population dynamics of influenza and the common cold.](#)

Nickbakhsh S, Mair C, Matthews L, Reeve R, Johnson PCD, Thorburn F, von Wissmann B, Reynolds A, McMenamin J, Gunson RN, Murcia PR.

Proc Natl Acad Sci U S A. 2019 Dec 16;116(52):27142-50. doi: 10.1073/pnas.1911083116. Online ahead of print.

PMID: 31843887 **Free PMC article.**

[Risk of hospital admission with coronavirus disease 2019 in healthcare workers and their households: nationwide linkage cohort study.](#)

Shah ASV, Wood R, Gribben C, Caldwell D, Bishop J, Weir A, Kennedy S, Reid M, Smith-Palmer A, Goldberg D, McMenamin J, Fischbacher C, Robertson C, Hutchinson S, McKeigue P, Colhoun H, McAllister DA.

BMJ. 2020 Oct 28;371:m3582. doi: 10.1136/bmj.m3582.

PMID: 33115726 **Free PMC article.**

[European all-cause excess and influenza-attributable mortality in the 2017/18 season: should the burden of influenza B be reconsidered?](#)

Nielsen J, Vestergaard LS, Richter L, Schmid D, Bustos N, Asikainen T, Trebbien R, Denissov G, Innos K, Virtanen MJ, Fouillet A, Lytras T, Gkolfinopoulou K, Heiden MA, Grabenhenrich L, Uphoff H, Paldy A, Bobvos J, Domegan L, O'Donnell J, Scortichini M, de Martino A, Mossong J, England K, Melillo J, van Asten L, de Lange MM, Tønnessen R, White RA, da Silva SP, Rodrigues AP, Larrauri A, Mazagatos C, Farah A, Carnahan AD,

Junker C, Sinnathamby M, Pebody RG, Andrews N, Reynolds A, McMenamin J, Brown CS, Adlhoch C, Penttinen P, Mølbak K, Krause TG.

Clin Microbiol Infect. 2019 Oct;25(10):1266-1276. doi: 10.1016/j.cmi.2019.02.011. Epub 2019 Feb 18.

PMID: 30790685

[Laboratory-confirmed respiratory infections as triggers for acute myocardial infarction and stroke: a self-controlled case series analysis of national linked datasets from Scotland.](#)

Warren-Gash C, Blackburn R, Whitaker H, McMenamin J, Hayward AC.

Eur Respir J. 2018 Mar 29;51(3):1701794. doi: 10.1183/13993003.01794-2017. Print 2018 Mar.

PMID: 29563170 **Free PMC article.**

[Reply to Li et al.](#)

Nickbakhsh S, Ho A, Marques DFP, McMenamin J, Gunson RN, Murcia PR.

J Infect Dis. 2020 Jul 23;222(4):696-698. doi: 10.1093/infdis/jiaa322.

PMID: 32497172 No abstract available.

[Rapid Epidemiological Analysis of Comorbidities and Treatments as risk factors for COVID-19 in Scotland \(REACT-SCOT\): A population-based case-control study.](#)

McKeigue PM, Weir A, Bishop J, McGurnaghan SJ, Kennedy S, McAllister D, Robertson C, Wood R, Lone N, Murray J, Caparrotta TM, Smith-Palmer A, Goldberg D, McMenamin J, Ramsay C, Hutchinson S, Colhoun HM; Public Health Scotland COVID-19 Health Protection Study Group.

PLoS Med. 2020 Oct 20;17(10):e1003374. doi: 10.1371/journal.pmed.1003374. eCollection 2020 Oct.

PMID: 33079969 **Free PMC article.**

[Real-time monitoring shows substantial excess all-cause mortality during second wave of COVID-19 in Europe, October to December 2020.](#)

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Personal Data

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3rd July 2023