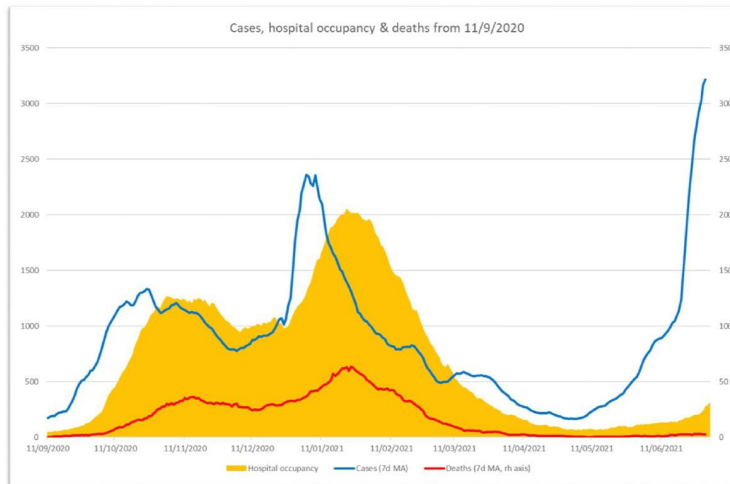


## The link between cases, illness & deaths remains weak



This chart allows comparisons of three waves of new cases: from October and December 2020, and the "Delta wave" from May 2021.

The Delta wave is now by far the biggest in numbers of confirmed cases. Hospital occupancy has been slower to respond and remains low compared to the January peak, but is now accelerating. Deaths have increased slightly but remain very low.

The Delta wave remains a concern, because there is still a link between cases, hospitalisation and deaths, but vaccines have significantly weakened the link, and the vaccine effect appears to be holding (see next slide).

Because the link still exists, it remains necessary to bring  $R$  below 1 and achieve the strategic aim, to "suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future."



## NHS Pressures (As at 4 July 2021)

### Overall Covid19 Capacity

- The latest data from PHS shows 303 admissions to hospital for people with confirmed COVID-19 in the week to 29 June compared to 226 in the week to 22 June.
- At 27 June this increase was mainly driven by a rise in admissions in GGC and Tayside with a number of other health boards stabilising or declining.
- Current Covid hospital bed occupancy at 0800 on 4 July is 316 compared to 196 one week earlier (27 June), a 61% increase.
- As at 1 July covid bed occupancy numbers are showing different patterns across HBs with increases in Lothian (113%), Fife (100%), GGC (68%) and Lanarkshire (54%) but reductions in Grampian (-29%), Forth Valley (-25%) and A&A (-9%) since 24 June.
- Covid ICU occupancy is at 25 patients on 4 July. This is the same as the day before and compares to 17 patients on the 27 June.

### Non-Covid Pressures

- Health Boards are experiencing considerable pressure at the front door. NHS Lanarkshire and NHS Lothian have surpassed pre-Covid levels of A&E attendances. NHS Highland and NHS Tayside are level.
- A&E performance for week ending 27 June was 84.1%. Key challenges include: occupancy (several Boards reporting levels above 90%), high attendances, delayed discharges and staffing shortages, combined with the continued requirement for infection control precautions which reduces capacity.
- At 30 June, there were a total of 1,247 delayed discharges impacting on overall capacity of which 47% (581) are acute delays. Some partnerships have reported a steep increase in very large packages of care, with people assessed as needing over 30 hours of care per week to get home. These partnerships are also facing shortages of home care staff due to recruitment and retention difficulties, along with increased absenteeism.

# NIMT advice

**The NIMT noted a further increase in case detection to highest daily reported figure in the pandemic but limited conversion of these cases to hospital cases, cases requiring ITU care or deaths across Scotland.**

- a. There has been further increases across most LA's.
- b. UPDATE – There appears to be continued reversion towards a 1:1 in gender structure particularly in younger adult age groups. The NIMT noted that there is a strengthening association with T&P CMS tags connected to the Euro2020's – either in peoples own or friend's homes, events or travel to London including the Wembley match itself. Informal discussion with PHE continues re their observations which thus far do not show significant association with this event in England.
- c. EAVE-II/PHS - Hospitalisation risk from laboratory confirmed cases by vaccination status – No further EAVE-II/PHS study analysis was presented on increased risk of hospitalisation in those with the Delta VOC this week but plans are in place for update by 8th July – Previously this has documented the increased risk of hospitalisation from S-gene positive cases BUT the high level of protection from vaccination against hospitalisation.
- d. NEW – Hospitalisation increase - Younger age groups remain those mainly affected - The age distribution of cases and hospitalisation reveals a continuing pattern of the Delta VOC causing illness in predominately younger age groups in the community and a slower relative rate of doubling in hospital cases. There had been a worrying larger increase in hospitalisation (by 40 cases) in Management data on hospitalisations overnight – this had occurred in a number of NHS boards who had witnessed the largest stepwise case increases around seven days previously. This contrasts with the previously noted pattern of slow but sustained increase in hospitalisation and of small increases in ICU/HDU cases though no evidence of excess mortality in the elderly by PHS when using the EuroMOMO methodology.
- e. Susceptibility of the remaining fraction of the population to COVID-19? The NIMT acknowledged the success of the immunisation programme and the serological evidence from ONS and PHS data of remaining susceptibility of the Scottish population which varied by both geography and age group. This along with vaccine effectiveness would have a significant bearing on modelling the likely impact on likely hospitalisation over the coming weeks.
- f. Modelling - The NIMT noted the updated consensus modelling output which suggests a narrowing of the range between reasonable worst and best scenarios (reduction in worst case but worsening best case).

## NIMT advice cont'd..

- g. UPDATE - All NHS boards and their LA to remain at their current Levels if lockstep approach remains the primary consideration. There was considerable concern expressed within the NIMT about the next steps – the NIMT noted the unprecedented case detection of COVID-19 which fortunately is having limited public health impact on hospitalisation and deaths as the age groups predominately affected are those less likely to develop illness of sufficient severity to present to hospital – case conversion to hospitalisation is at a much lower level than in previous waves of the pandemic. In smaller NHS boards even the current levels of hospital cases seen across the Central Belt would pose significant NHS challenge for care. A further weeks data would allow firmer views to be expressed re the threats to the public health and actions to be taken. Assuming a conversion of 3-5% (as compared to 10% previously) the continued increase in cases could yet lead to a significant number of cases presenting to hospital (as covered in the modelling). The continued advice re the Levels approach was that given the uncertainties re the cases and hospitalisation there was consensus on retaining the current levels in place for a further period of at least a week for almost all local authorities.
- h. Lock-step versus other approaches – The NIMT continued advice was that the current variation on “Lock-step” arrangements with the possibility of geographic variation e.g. for Island NHS boards/regions of the mainland remained the preferred option.
- i. Non-COVID hospital pressures - The NIMT noted that despite relatively small numbers of COVID cases in hospitals that many NHS boards reported sustained bed pressure.
- j. UPDATE – the word “Broken” being expressed re sustaining the response within PH/Health Protection and T&P – The NIMT had previously welcomed and endorsed a proposal for prioritisation of contact tracing from NHS Lothian which in the face of sustained increase in cases would serve to target resource to situations of maximal benefit. Faced with further increase in case the T&P Tactical Operational Group had met and directly reported to the CMO on additional advice on re-prioritisation and other measures to adopt to deal with anticipated further increase in cases. The NIMT heard that the digital solution to enact these changes was now being implemented but due to the extent of the changes proposed would likely take between 2 and 5 days to enact. The DPH group agreed to enact further interim measures re prioritisation locally until this was enacted to manage risk. The NIMT heard a clear expression from many NHS boards that the word “Broken” was being used to describe the System Pressure and also used to describe how staff felt about the current impact of the sustained response by PH on T&P and PH staff.
- k. UPDATE - The NIMT welcomed the revision of the Strategic Intent communicated on Tuesday 22nd June within “Scotland's Strategic Framework Update”. The NIMT noted however that the operational translation of this document would require continued discussion and implementation across the Public Health response. A CMO proposal to consider re-prioritisation to low risk any contact who had been fully vaccinated with two doses would be discussed in the 4 UK CMO group later that day and outcome fed back to the NIMT.
- l. NEW – Long COVID and other public health harms – The NIMT had previously been advising on PH Harm 1 focussing on hard end point of NHS service utilisation pressure, illness severity and deaths but recognised that other PH sequelae of impact of case load on primary care or long term issues with Long-COVID were less well considered against such a ToR.
- 25 m. Frequency of NIMT meetings & revisiting the Terms of Reference – In light of the increase in cases being reported the NIMT paused their previous advice re the frequency of the future NIMT meetings. The amended ToR discussion was deferred to the next meeting.