

OFFICIAL-SENSITIVE

8. Average test positivity now stood at around 5.4 per cent (compared with 5.7 per cent the previous week), and the age range with the greatest proportion of positive tests was now 25 to 44, reflecting the working age population most likely to be in contact with other people. Around 88 per cent of Scotland's cases tested via the UK Government laboratories had a profile consistent with the more transmissible 'Kent' variant B.1.1.7 (similar to the previous week's figure).

9. The slight increase in overall case numbers identified during the previous week could to some degree be ascribed to a small number of larger local outbreaks, which provided a good illustration of the very high rate of transmission of the B.1.1.7 variant, especially in institutional environments (such as prisons).

10. It was also possible that the current slowing in the rate of decline in case numbers was, in part, due to the spread of the new variant – perhaps to the extent that the level of virus present in the community would not fall much further under current restriction levels, at least until the data began to reflect the effects of the vaccination programme.

11. Analysis by Public Health Scotland (PHS) showed a very small number of cases to date of other new variants: 16 cases of a South African variant (all travel-related), and four cases of a new Brazilian variant (one travel-related). PHS continued to monitor incoming data on variants of concern, based on genomic sampling analysis.

12. The vaccination programme continued to advance. New research published by the University of Edinburgh showed that both vaccines currently authorised for UK use were likely to have very significant positive effects on the risk of serious illness and hospitalisation. According to the study, among those who had received their first dose at least four weeks previously, there was a reduction in numbers requiring hospitalisation of 85 per cent for the Pfizer-BioNTech vaccine and 94 per cent for the Oxford-AstraZeneca vaccine; these 'real-world' statistics gave cause for great encouragement.

13. Separately, the UK-wide 'SIREN' study of healthcare workers led by Public Health England had shown that vaccination also appeared to have a positive impact on asymptomatic infection: it was therefore probable that the programme would lead to a welcome reduction in community transmission.

14. Further new data was expected over the coming three to six weeks, and it was probable that predictions about what might lie ahead would then become significantly clearer, particularly in terms of the effects of the vaccination programme on community transmission and the likelihood of serious illness among those who had received the vaccine.

COVID-19: Protective Measures (Papers SC(21)27 and Draft Strategic Framework Update)

15. Mr Swinney introduced paper SC(21)27, which invited Cabinet to note updated information on the state of the epidemic, NHS capacity, social care, vaccination and testing. The paper also made recommendations about the phased return of in-person tuition in universities and colleges. Finally, it put forward for approval an updated edition of *Scotland's Strategic Framework*, which set out the Government's approach to easing protective measures over the coming months.