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**Subject:** Immediate - COVID: 2,969 new positives

First Minister

## COVID: 2,969 NEW POSITIVES

### Purpose

1. This note provides a rapid assessment of the implications of today's very high reported total of positive test results - 2,969 - and sets out actions in response.

### Priority

2. **Immediate:** FM may wish to discuss later this afternoon, and/or comment on the points set out here.

### Test data

3. Test data reported in the past three days show large increases. For comparison, the current 7-day moving averages *excluding* these data are **1,318 new positives** and **4.3%** positivity.
  - a. Monday 20 June: **1,250 new positives** from 18,580 (positivity of **7.2%**)
  - b. Tuesday 21 June: **2,167 new positives** from 25,038 tests (positivity of **9.1%**)
  - c. Wednesday 22 June: **2,969 new positives** from 42,310 tests (positivity of **7.1%**)
  - d. Today's figure for total tests is a new record, exceeding the previous highest (36,227, on 9 June 2021) by 6,083 (17%). Given the high positivity figures, however, the very large increases in the past two days cannot be put down to test volumes alone.
5. When distributed to specimen dates, two-thirds of today's reported positives (1,961) will be added to 986 already reported for 22 June, giving a total of 2,947. The previous day, 21 June, currently stands at 1,493. Both figures remain incomplete, and will increase further (probably by small amounts) from tomorrow's reported totals. It is already clear, however, that the **specimen-date totals will have almost doubled in a single day.**

### Assessment

6. Though today's reported total is a new record, the testing system is generally coping with the rising volumes to date. NHS demand remains stable over a 7-day period. There are specific days when care home tests are

analysed and this leads to spikes in data of up to 15k per day. Today is one of those days, with over 14k of care home tests within NHS test volumes today.

7. UKG demand continues to increase, with daily numbers rising to over 21k today. Our capacity share is 28k per day this week, rising to 42k by mid August. The UKG network overall has seen growth in utilisation, with the system routinely above 70% of total capacity (85% is the maximum we would want to reach in order to sustain system resilience). If this continues to rise without bringing on surge capacity, it would lead to pressure on turnaround times and the potential for demand to be constrained. We have not been in this position recently, but it would lead to reduced booking slots for RTS, LTS and MTUs.

8. DHSC have therefore just agreed to bring on additional surge capacity from early July for 6-8 weeks. This includes expanding testing capacity within existing Lighthouse Labs and acceleration of the high-throughput Leamington Spa lab. We will be reviewing these measures at the DA Testing Board on Monday morning. Expansion of Lighthouse Labs is likely to be the quickest and least risky of the two – for example Glasgow LHL would increase from 80k to 105k per day. Acceleration of the high throughput lab would carry more risk.

9. Through clinical and other networks, we are comparing data for Scotland with those elsewhere in the UK. As confirmed yesterday, Scotland currently has the highest PCR testing rate per 100k of population. Scotland appears to have had lower background incidence and population exposure than in England, resulting in lower serological positivity rates in ONS and other data. Though this is a measure of relative success at earlier stages, it means that fewer in the population have acquired immunity from earlier infection. As a consequence, more are susceptible to infection now, and vaccination has to do more of the heavy lifting to achieve population immunity.

10. There is some evidence from contact tracing of associations with gatherings and travel connected with Euros 2020 games, including travel to London. We are keeping the Fanzone under close review, but the indications so far are that risk is higher away from the Fanzone, and that closing it might therefore displace people to higher-risk settings and activities. (If there is any silver lining to last night's result at Hampden, it could be that there will be less incentive for such gatherings at later stages of the tournament.)

11. As case numbers rise, the contact tracing system is already moving to a more risk-based approach to the use of telephone calls, with automated SMS being used in support. T&P has now moved to SMS as the primary route for contacts and the Cabinet Secretary is considering further options that move to using SMS for index cases which are identified as lower risk. This enables capacity to be focused on the cases most likely to lead to further transmission.

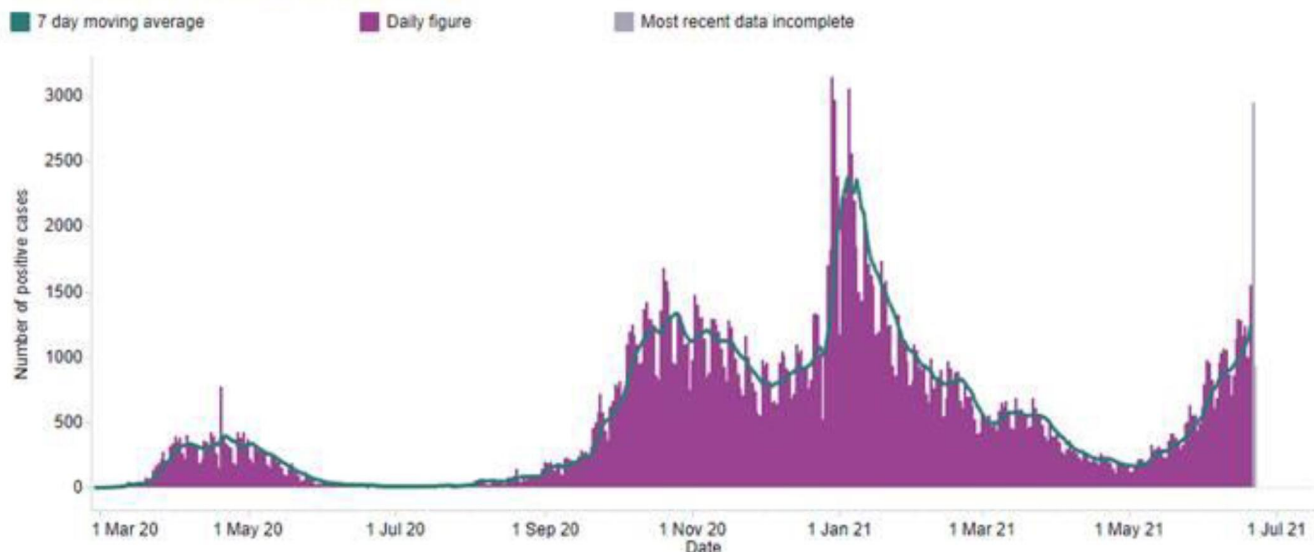
12. In yesterday's reported total of 2,167 cases, 80% were under 40 years. In today's total, 84% are under 40. This is in line with age-cohort incidence trajectories seen since the start of May (see chart), and consistent with the protective effect we expect to see from vaccination, especially after second doses. The age cohorts from 60 upwards are at least 95% double-dosed; among 50-54yos the figures is 80%; among 40-49yos, 36%.



13. As you know, cases among younger people are less likely to result in hospitalisation and deaths. We will have further analysis from PHS this afternoon on the ratio of cases to hospital admissions. This already appears to have fallen from about 10% to below 5%, and we could expect the increasing preponderance of cases among younger age-groups to continue that trend. As you said in Parliament yesterday, 5% of a large number is still a large number; and even a lower percentage of a number doubling every few days represents a likely serious near-term risk of greater numbers being admitted to hospital; though probably for shorter stays. As a rule of thumb, for every three cases being admitted just now, two are rapidly discharged, meaning that admissions translate to occupancy pressure at a slower rate than in earlier waves; but hospitals are now busier than during earlier waves.

14. Though very high, these figures for new positives are not themselves records, but they are the largest figures seen since near the peak in January 2021. At that time, the 7-day moving average exceeded 2,000 new positives for just over a week. In the same period, there were three extraordinarily high specimen-date totals, two exceeding 3,000 (see chart). We cannot yet tell whether this week's figures will look like those kinds of outliers in a week or so's time.

Positive cases by specimen date in Scotland



Figures for the most recent dates are likely to be incomplete due to the time required to process tests and submit records.

15. Given that outliers do occur, the next few days' data will be important. Ahead of those, we are doing rapid work to assess the implications assuming that these figures instead mark a shift towards much faster growth in case numbers.

### Options and responses

16. Given these data and the assessment above, in anticipation of commissions from Ministers we are urgently progressing the following:

- a. **daily updates and assessments of relevant test data**, including breakdowns by age, symptomatic status, testing route, and vaccination status, as provided yesterday afternoon for yesterday morning's data (see email of 16:06 on 22/6 from Test & Protect FM Brief address);
- b. **daily updates and assessments of data on hospital and ICU admissions and occupancy**, including by age cohort and vaccination status, and including over the coming weekend;
- c. **further assessment of the possible reasons for the apparent very rapid increase in the growth rate in new cases**, which might range from the effect of football-related gatherings in recent days through to an as-yet undetected new variant;
- d. **rapid updating of forecasts of case numbers, hospital and ICU occupancy and deaths** if this rate of growth is sustained, and using these forecasts to test assumptions about the case conversion ratio and the length of stay in hospital;
- e. **further assessment of the deployment of contact-tracing capacity**, building on the advice given yesterday (from Niamh O'Connor at 23:10);
- f. **rapid advice on options for accelerating vaccination**, including: large-scale drop-in clinics for first doses; scheduling second doses as close as possible to the eight-week optimum period; and actions to keep uptake and DNA rates as high as possible;
- g. **contingency measures to increase bed and ICU availability**, and assessment of the impacts of this on already-busy hospitals;
- h. **risk-assessments and options for institutional settings** such as care-homes, children's homes and prisons, given the higher and rapidly rising rate of incidence;
- i. **an assessment of possible NPI interventions and effects**, ranging from messaging and advice (particularly to the under-40s) through assessment of the impact of the planned closure of schools at the end of term to the Four Harms impacts of applying higher Levels as a "circuit-breaker" if necessary (and only if, given that the Harm 3 and 4 impacts would be very high). This assessment is also informed by what we know of the UKG's intentions for its Step 4 decision ahead of 19 July.
- j. Though not directly related, we are also conducting **a rapid assessment of the implications of the new strategic aim announced yesterday for travel restrictions**, including within the CTA.

### Gold meeting

17. At your request, we are exploring with your office options for a Gold meeting for you, the DFM and Mr Yousaf with key advisers this afternoon, Parliamentary business permitting. This note will provide a basis for a discussion.

18. If it is not possible to arrange a discussion this afternoon (there are rolling Stage 2 votes in the chamber), we will assume you wish us to progress urgently all the points set out above, and will stand ready to update you on these in a discussion at the earliest opportunity.

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