

Here is the brief for Tuesday 5 January 2021.

Stay at Home guidance You don't need us to tell you mainland Scotland has returned to a state of lockdown. The full detail on the current restrictions is available on the Scottish Government website [here](#). If you have not had the opportunity to read these in full yet we would encourage you to do so. It remains the position of the organisation that everyone who can work at home, should work at home.

In addition, the above link includes a report on the current state of the virus in Scotland and modelling on likely scenarios. This is brief document and well worth a read to understand the potential pressure the health service could face in the coming weeks. If you would prefer to read this directly, it is available [here](#).

COVID-19 vaccine The Chief Medical Officer for Scotland, Dr Gregor Smith, has written to all boards to provide further direction on the changes to the interval between first and second doses of COVID-19 vaccines. You can read his letter in full [here](#); broadly speaking the four Chief Medical Officers for the UK have accepted a recommendation, from the Joint Committee on Vaccination & Immunisation, that first doses of vaccine are prioritised for as many people as possible on the Phase 1 JCVI priority list, in advance of second doses to provide more assured longer term protection. The full JCVI report can be read [here](#). In his letter, Dr Smith accepts this change may be unpopular and says the following:

“...for every 1000 people boosted with a second dose of COVID-19 vaccine in January (who will as a result gain marginally on protection), 1000 new people would be delayed in receiving what amounts to very substantial initial protection which is in most cases is likely to raise them from 0% protected to at least 70% protected in typically 14-21 days. This approach will therefore allow as many first doses as possible to be provided as quickly as possible, providing substantive levels of individual protection while reaching more of those most at risk.”

The instruction to move to a twelve-week gap between first and second dose has meant significant changes to the planned vaccination programme that we had set out to deliver and impacts on many thousands of second dose vaccinations due to take place from this week. Despite the disappointment and frustration that the postponement of second doses will bring, the move is designed to bring a greater collective protection from COVID-19 across the Grampian population. It also clearly impacts on our plans for the coming weeks and the Programme Team are focussed on making the best of the vaccinator capacity and vaccines released by these nationwide moves.

Work is now underway to reschedule second appointments. All staff who have already received their first dose should be reassured that they will be offered the second no later than 12 weeks after that first injection. **You do not need to take any action** – a new appointment date and time will be confirmed with you in the coming weeks. If you have received an appointment for your first dose but it has not yet taken place, you should still attend that first appointment as planned. Your second appointment will be rescheduled, and the new date and time confirmed with you. We continue to book in appointments and all new bookings will now reflect the extended interval between doses.

All the information on requesting a vaccine appointment, for locations across Grampian, is available [here](#).

COVID-19 vaccination & pregnancy/breastfeeding The JCVI report (link above) also updates the guidance on receiving the vaccine while pregnant, trying to get pregnant or breastfeeding, as follows:

- There is no known risk associated with giving non-live vaccines during pregnancy. These vaccines cannot replicate, so they cannot cause infection in either the woman or the unborn child. Although the available data does not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy. JCVI advises that, for women who are offered vaccination with the Pfizer-BioNTech or AstraZeneca COVID-19 vaccines, vaccination in pregnancy should be considered where the risk of exposure to Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV2) infection is high and cannot be avoided, or where the woman has underlying conditions that put them at very high risk of serious complications of COVID-19. In these circumstances, clinicians should discuss the risks and benefits of vaccination with the woman, who should be told about the absence of safety data for the vaccine in pregnant women. JCVI does not advise routine pregnancy testing before receipt of a COVID-19 vaccine. Those who are trying to become pregnant do not need to avoid pregnancy after vaccination.
- There is no known risk associated with giving non-live vaccines whilst breastfeeding. JCVI advises that breastfeeding women may be offered vaccination with the Pfizer-BioNTech or AstraZeneca COVID-19 vaccines. The developmental and health benefits of breastfeeding should be considered along with the woman's clinical need for immunisation against COVID-19, and the woman should be informed about the absence of safety data for the vaccine in breastfeeding women.

COVID-19 vaccination & allergies Updated information has been provided by Pfizer/BioNTech on the allergy exclusion list. Anyone in the following groups would not be able to get the Pfizer/BioNTech jab:

- Those who have had a confirmed anaphylactic reaction to a previous dose of this COVID-19 vaccine
- Those who have had a confirmed anaphylactic reaction to any components of this vaccine
- Those with a history of immediate-onset anaphylaxis to multiple classes of drugs or unexplained anaphylaxis.

The Oxford/AstraZeneca vaccine only excludes those people who fall in the first two groups, therefore more people with a history of anaphylactic reactions will be suitable for this vaccine.

Acute Sector update The Acute Sector has continued to be particularly busy with winter and COVID-19 pressures continuing to combine. The number of COVID patients in hospital has decreased slightly with a number of discharges in the previous few days. We are currently at level 2Ai of our COVID TOM plan with wards 110, 111 and 105 solely dealing with COVID patients currently.

Usual winter pressures have been compounded by the reduction in beds we currently have, due to positive cases. Increasing presentations at the Emergency Department due to slips, falls and road traffic collisions are high than normal by quite some way. As a result, orthopaedic trauma has been especially busy – at 8am today we had nearly 40 patients waiting for operations. To reduce this number, we have created extra operating capacity and some patients are being sent to Dr Gray's Hospital, in Elgin, where appropriate, to allow them to be operated on sooner.

IMPORTANT REMINDER Use of eye protection Current national guidance states staff caring for patients on medium risk (amber) pathway should wear eye protection if they assess there is a risk of blood or body fluid splashes / spray. This cannot always be anticipated in relation to onset of COVID-19 symptoms. **All staff should now consider eye protection as part of their usual PPE ensemble whilst providing direct patient care within the amber pathway.** By reducing unanticipated COVID-19 exposure events, it will help us to maintain safe staffing ratios by minimising staff contacts required to isolate.

Grampian data The local figures for 1-5 January are shown on the next page. If you click [here](#) you can visit the Public Health Scotland website, which includes neighbourhood figures for all local authority areas in Scotland.

	Daily number of new people tested	New cases in past 24 hrs	Daily no. of contacts isolated in past 24 hrs	Patients in hospital	Patients in ITU	Deaths in hospital
Fri 01/01	840	280	266	74	10	2
Sat 02/01	766	200	178	83	12	1
Sun 03/01	695	168	175	75	13	2
Mon 04/01	504	233	166	79	12	3
Tues 5/1	805 <small>668 avg daily tested last 3 days</small>	220 <small>Down 13 from 04/01/21</small>	173 <small>Up 7 from 04/01/21</small>	77 <small>Down 2 from 04/01/21</small>	12 <small>No change from 04/01/21</small>	0 <small>Last death recorded 03/01/21</small>
	<small>Tests reported from illuminate up to 3pm on 03/01/21 NB tests refreshed daily due to lag in reporting</small>	<small>Reported by Scottish Govt up to 8am today</small>	<small>Reported from CMS up to 15.30 today</small>	<small>Confirmed patients from Trakcare according to new definitions from 15/9</small>	<small>Confirmed from Trakcare as per SG definitions - excludes patients who were >ve >28 days. ECMO patients included if flagged for COVID-19</small>	<small>Confirmed from Trakcare</small>

Thought for the day Well, this is all pretty grim, isn't it? The return to normal – tantalisingly glimpsed during the summer – seems further away than ever. All of a sudden, worries about home-schooling, shielding, and everything else that accompanies a full lockdown are right back with us. Please take care of yourself and those around you. If you are struggling with your mental wellbeing, the psychological resilience hub remains open and available for support. Details on how to access the hub are available [here](#). Remember as well that the vaccines offer us hope for the future. We will get through this.

Take the time in the coming days to absorb what these changes will mean for you and your team. A return to lockdown brings a new level of pressure but this pressure should not equal haste. This whole experience is a marathon, not a sprint (actually, at this point it's more like an ultramarathon, but you get the idea). This brief is here to keep you up-to-date and we will ensure the information we provide is as complete as possible. We always seek to balance this with getting information out promptly; our preference is to take the time to ensure we have covered all angles rather than rush. Even though it's called a 'brief' we provide detailed information – as we have done today on the vaccine programme – because we have confidence in the ability of everyone working in health & social care to understand and digest this information.

What do you want to know? This brief is only truly helpful if it provides the information you need. If you have particular questions – or are aware of questions coming from friends and family – please share them with us. We may not be able to answer every question and it may take us time to get a proper answer, but we will endeavour to respond and share the answers. You can get in touch with us via gram.communications@nhs.scot.