

# COVID-19 Brief

coronavirus



Here is the brief for Wednesday 2 December 2020.

**COVID-19 vaccine** As you will all be aware by now, [the MHRA has approved the vaccine developed by Pfizer/BioNTech for use in the UK](#). We know you will have lots of questions covering everything from the make up of the vaccine to the practical arrangements on how it will be delivered. You will appreciate that we don't have all the answers right now, but we will try to cover the points that we can:

What?	The full announcement from the MHRA can be read at the link above; broadly speaking, regulators followed a process called 'rolling review'. This allows them to consider data on promising medications as it becomes available, rather than waiting for a trial to conclude. More information on how the MHRA reviews COVID-19 vaccines can be seen in <a href="#">this video</a> . This particular vaccine is an mRNA vaccine – to understand more about what that means, Pfizer prepared <a href="#">this article</a> .
When?	The First Minister has confirmed that, pending the arrival of supplies in Scotland, vaccination will begin next week. It is our intention to start offering vaccination to staff in the latter part of next week – more details will follow.
Who?	The Joint Committee on Vaccines & Immunisations developed a priority list for COVID vaccination, and this has been used by the Scottish Government in putting together their programme. The first wave will concentrate on older adults living in care homes, care home staff, those aged over 80s, unpaid carers and health & social care staff. It is expected this wave will run until February 2021. After that, the over 65s, people under 65 who are otherwise at risk, people aged 50-64, and finally the general population will be offered the vaccine. It is expected the programme will run into Spring 2021
How?	Health boards are in charge of local delivery of the vaccine programme in Scotland. When we are ready to start offering immunisations, we will get in touch with the appropriate groups of people – that includes you as health & social care staff. Please do NOT contact your GP or any other healthcare provider to make an appointment.
Is it compulsory?	Absolutely not. In common with all immunisation programmes, the final decision rests with you. We aim to share as much information as we can, to help you make an informed choice.

There will obviously be much more to share on this in the coming days. Please check each day's brief for the latest information and please bear with us as we work out the fine detail of this immunisation programme.

**Risks – and how we assess them** Some views on risk to help inform your decision making, first from Dr Derek Cox, one of our consultants in Public Health:

"We are generally not very good at weighing up risks. Who would have thought, for example, that in American high schools more head injuries occur in cheerleaders than in football players? There is always publicity around air accidents, but in 2019 they accounted for 283 fatalities worldwide. Compare this with the 1752 deaths that happened on Britain's roads that year. Want to take more exercise? You could try hang gliding (death rate 0.86/100,000 population) or perhaps cycling at least once per week (death rate 3.5/100,000).

“So, whilst taking risks is a normal aspect of life, it is best to know what the risks are before taking personal decisions. Before the introduction of diphtheria immunisation in 1942 there were around 3,500 deaths per year from this condition in the UK. In the past 20 years there have been only 4 such deaths, so it’s an easy choice to have your children vaccinated. The risk of dying from COVID-19 depends on your age. During the first wave the over 90s had a 1 in 49 chance of dying of it whilst the figure for the 45-54 age-group was 1 in 6346. The other risk to take into account is the risk that, unvaccinated, you might pass it on to an elderly relative who dies as a result. It’s your decision.”

And secondly, from Dr Phil Hammond, NHS doctor and author & broadcaster on health matters:



**Dr Phil Hammond** @drphilhammond · 1h

In healthcare, there is no such thing as zero risk. There is no such thing as 100% effectiveness. Benefits, risks and unknowns all have to be considered. And all things considered, vaccines historically have delivered far more benefit than risk, and are likely to do so in future.

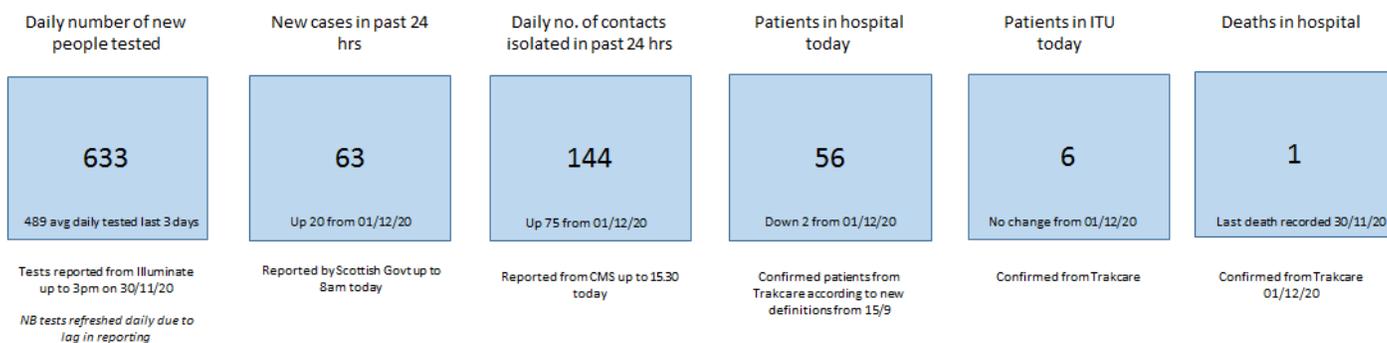
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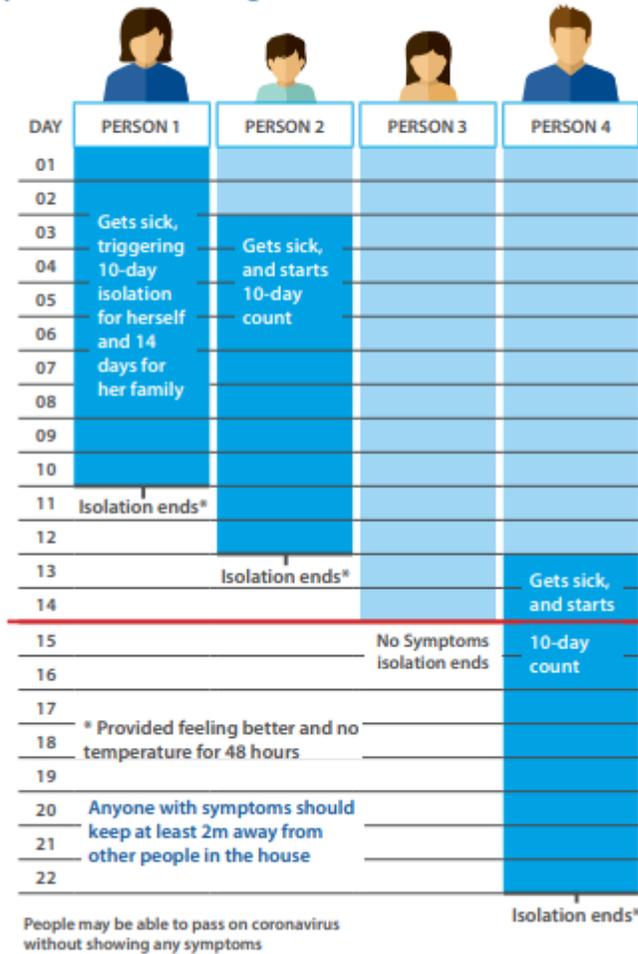
**Grampian figures** Today’s local figures are shown below. If you are interested in the situation elsewhere in Scotland, click [here](#) to see all the data published by Public Health Scotland.



**What changes – and what stays the same?** The ambition of the Scottish Government is to offer the vaccine to every adult (18+) in the country. That is well over 4 million people and it will take time. The rules and guidelines developed to stop COVID-19 in its tracks will still be with us for some time to come, so it’s useful to refresh our memories on what is involved. First up, self-isolation.

Self-isolation is what is advised for anyone with symptoms of COVID-19, with a detected test result, and for their household and other close contacts. It is quite distinct from physical distancing. If you are advised to self-isolate, you cannot leave your home under any circumstances. If you are self-isolating because you yourself have COVID-19, your isolation period is 10 days. If you are self-isolating as a household or close contact, your isolation period up is 14 days – this period is longer because we know it can take a few days for the symptoms of COVID-19 to develop. To understand more about what is involved, please click [here](#) for the Test & Protect FAQ. This helpful diagram (below, and also available [here](#)) shows how household isolation should work in practice:

## What happens if someone in your household gets sick



**Thought for the day- reasons to be cheerful** There may still be more questions than answers, but confirmation that a COVID-19 vaccine has been approved for use in the UK remains a cause for optimism and hope. A huge amount of work has gone in to getting us to this point. To everyone involved in a clinical trial – scientists, researchers, clinical staff, support staff, and the thousands of willing public volunteers – we cannot say ‘thank you’ enough. Your amazing efforts have brought us ever closer to the point where we are looking back on, rather than living through, all of this. We’re not there yet and nothing can undo the pain and sadness too many families have experienced, are still experiencing, this year. And yet. There is hope, something which has often seemed in short supply in recent months.

**Items for the brief?** If you have something you would like to be considered for inclusion in this brief, please send this to [gram.communications@nhs.scot](mailto:gram.communications@nhs.scot). Messages should be clearly marked as ‘Daily brief – for consideration’. Please be aware that space is limited, and items are prioritised based on subject matter and relevance to all staff groups.