



Update for key stakeholders

3 June 2021

COVID cases

We had 90 new cases in the seven days to May 30. The infection rate is 27.8/100,000 across the NHS Highland area: 14/100,000 in Argyll and Bute and 33.1/100,000 in North Highland.

We have no patients in hospital with COVID-19.

There have been 169 recorded deaths in the NHS Highland area since the start of the pandemic: 98 in Highland and 71 in Argyll and Bute. These are deaths within 28 days of a confirmed positive test and represent no change for eight weeks.

Vaccination

We have vaccinated 75.4% of over 16 year olds with their first dose, compared to a Scottish average of 73.8%. You can view progress on the national [vaccination programme online here](#).

The majority of people will be invited and vaccinated by their GP. This model works well with our large geography as well taking into account our dispersed, remote and rural population. Where GPs have opted out of the programme we have put in place Board run clinics - for these you will be invited by letter or drop-in clinics will be organised and advertised locally.

Our social media and website has regular updates on the programme and practices are also keeping their social media and websites up to date with the latest information.

The next group to be invited for their vaccine is the 30-39. They will receive this invitation in June.

Alongside this, we know that there are people who live in NHS Highland and have not been vaccinated due to them not being registered with a GP here - this includes those in the older age groups. We are running a separate clinic, alongside our GP and Board run clinics to vaccinate this group of people.

We are offering a number of drop-in clinics using our mobile vaccination unit for cohorts 11 (people aged 30-39) and 12 (people aged 18-29). These will be publicised in their area by the local GP practices, social media and posters. It is important that only people registered with the relevant GP practice and in these age groups attend.

Location	Date	Cohort
Brora	5th June	11 & 12
Ballachulish	7th June	11
Kinlochleven	8th June	11 & 12
Mallaig	9th June	11

Second doses continue to be scheduled at up to 12 weeks after the first, as set out in the leaflet patients receive at their first vaccination. Please ask constituents to be patient if they have not received an appointment for their second vaccination by 10 weeks. Only if they pass the 12 week point without receiving an invitation should they call their GP (if their first vaccination was with their GP practice) or the national helpline (if their first vaccination was at a Board-run clinic).

Fort William

We continue to closely monitor the outbreak in Fort William, where over 70 cases have been identified. Primary cases are linked to a hospitality venue, with some secondary cases amongst close contacts. It is vital that people identified as close contacts and advised by public health to self-isolate do continue to isolate, even if they have had a negative test result.

A&E attendances

As restrictions ease, we are seeing an increase in people attending A&E. For minor injuries and ailments it is always better to call NHS 24 on 111 first: this will direct people to the most appropriate care, which could include an out of hours GP appointment, speaking to a health professional on the phone, having a prescription sent straight to a local pharmacy, or other options. This can be quicker and more convenient for many people, and helps to ensure A&E departments can treat people who need urgent care promptly.

Testing for COVID-19

Testing for COVID is a vital part of our efforts to tackle the pandemic, but the different elements of testing are often not well understood. The aim of this briefing is to give more information about the nature and role of different testing methods and the circumstances in which they are used.

COVID tests can detect evidence of the virus itself or evidence that someone has developed antibodies against the virus. Antibody tests are not yet widely available and are more a research tool, so this briefing covers the two main tests for the virus itself, Polymerase Chain Reaction (PCR) tests and Lateral Flow Device (LFD) tests.

PCR tests are used to make a diagnosis and are the gold standard tests for COVID. PCR tests use swabs from the nose and throat and need to be analysed in a laboratory, so results are not available for several hours at least. No test will give a result with 100% accuracy, but with a PCR test there is a high degree of confidence that a positive result indicates infection and a negative result no infection. In some cases, the PCR test will remain positive for a long time after the infection.

PCR tests are used to establish a diagnosis of COVID infection and so if someone has symptoms then they need to get a PCR test. These tests are also used in areas where people are more vulnerable such as hospitals and care homes, to investigate and control outbreaks of COVID and to test where there is concern about new COVID variants.

PCR tests generally need to be booked and can be accessed through the UK testing facility at UHI, walk-in test centres in Inverness, Wick and Oban, by post through NHS Inform and can also be picked

up from many fire stations. In addition, mobile testing units run by the Scottish Ambulance Service enable testing to be carried out in a community where an outbreak has occurred. Some PCR samples are analysed at the laboratory in Raigmore, but most go to laboratories in Glasgow or elsewhere.

Lateral flow device tests are used to identify people who may have COVID but have no symptoms and they help identify COVID in the wider population. LFD tests are quick and easy to use and give a result in about 30 minutes. People can test themselves with no need for booking or for a laboratory. However, LFD tests are not as accurate as PCR tests. A positive LFD test means that the person should regard themselves as COVID positive, should self-isolate and should seek a confirmatory PCR test. A negative LFD test does not mean that a person is free from COVID infection.

Therefore, LFD tests are used to give wide population coverage of testing and to pick up people who would otherwise not know they were infected. They are used for regular NHS staff testing and testing in schools. Anyone can order LFD tests for use at home. The community LFD testing service, provided through the councils, enables large scale LFD testing to be available wherever it may be helpful. This will include areas where there is an increase in sporadic COVID cases, where wastewater monitoring indicates increasing presence of COVID or where there are concerns that there could be an increase in cases. LFD testing would not normally be used in the management of a COVID outbreak.

Feedback

If you have comments or queries please contact nhshighland.feedback@nhs.scot