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Lewis Macdonald MSP
Convener
Health & Sport Committee

By Email.

11th August 2020

Dear Lewis

Thank you for the opportunity to give evidence to the Committee on the 27th of May 2020 in relation to the provision of testing for the virus during the Covid-19 outbreak. Further to our discussions, I offered to provide further information and clarity in some areas.

Please see responses below.

Could you clarify this apparent inconsistency when on the one hand asymptomatic care home workers are being tested while contacts identified under contact tracing will not be offered a test?

Recommendations on testing asymptomatic staff reflect the fact that groups of staff are working and providing care to people in settings where they are at risk of greater exposure to the virus and those they are caring for are vulnerable to a serious impact of the virus if contracted. Testing people who do not have symptoms can in some circumstances provide useful information to help us reduce COVID-19 transmission, in particular as it can enable us to identify some of those who are asymptomatic or presymptomatic who could transmit the disease without being aware that they have it. This reduces the risk of transmission of the virus by identifying asymptomatic staff who otherwise would not be identified.

For care homes, I remain concerned about continued outbreaks in this context. Therefore, in addition to all the other safeguards in place in these high risk settings, I have introduced weekly testing of asymptomatic staff to reduce the risk of staff being an inadvertent source of transmission into care homes. By testing weekly, the intention is to identify staff who may be positive, but not have symptoms, so that they isolate at home instead of attending work.

From the 8th of July all patient facing NHS staff working in cancer wards and treatment areas, long stay care of the elderly, mental health and learning disabilities wards will be tested on a

weekly basis as part of a series of measures to reduce the risks of transmission of the virus in these settings.

In contrast, when we ask people to isolate as part of Test and Protect, this is because they are a close contact of a known case. The incubation period for COVID-19 is up to 14 days, and therefore a negative test result within the incubation period only provides a point in time assessment, it cannot rule out that someone could go on to develop the disease within the incubation period. Therefore at the current time we do not offer testing to close contacts, because it would not give us confidence that they could be released from isolation safely. Where a contact goes on to develop symptoms then of course they will be tested.

Can you indicate to what extent you are in dialogue with the UK Government to have the app's functionality improved to meet Scottish requirements and how such discussions are proceeding?

Up until the point that the UK Government announced a significant change in approach, the Scottish Government had been in almost daily contact with DHSC regarding their app, with discussions becoming progressively more constructive. However, following the UK's change in direction, which we were not consulted on, and following a thorough review, I announced on 31 July 2020 the Scottish Government's intention to introduce its own proximity tracing app. The decision to focus only on proximity tracing was influenced by international evidence on the benefits of using an app that is both as simple to use as possible, and which is easier to explain the purpose of. This will be fully incorporated into our Test & Protect programme, and is being developed based on the initial work in the Republic of Ireland and Northern Ireland and I am grateful for the assistance we have received from their respective Governments.

I can assure you that Scottish Government Officials continue to remain engaged with DHSC to understand the potential impact of the UK Government's emerging new app. This includes seeking to develop an approach that allows for the possibility of both apps working together, subject to stringent data protection safeguards, and alignment on public messaging.

In relation to self-testing, given the discomfort involved, are you monitoring whether there is any difference between the proportion of self-tests which are negative in comparison to those taken by staff at the testing centre?

Evaluation by the COVID-19 National Testing Programme Service has found there is no overall difference between self-administered and assisted swabbing for SARS-CoV-2 antigen tests.

You indicated you would provide the Committee with a copy of the memorandum of agreement with the UK government in relation to what quality assurance checks are put in place at testing centres and I look forward to receiving that.

The MOU is agreed and is expected to be signed off within the next week. However, quality assurance is featured in the MOU and a number of Standard Operating Procedures are in place for RTS and MTUs to cover:

- PPE
- Infection Prevention and Control (IPC)
- Cleaning and waste management

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A copy of the MOU will be provided to the Committee when it becomes available. Additionally, a clinical assurance group has been established in Scotland to oversee the UK Testing programme, they have been considering a number of issues around the UK testing centres and working closely with UKG clinical colleagues. The labs are UKAS accredited, demonstrating that Quality Management Systems are in place. When commissioning new analysers or pieces of equipment, a full validation and verification process is undertaken. Equally, labs are required to ensure that the whole process from sample collection, transportation etc. to results reporting has been assured and validated.

You noted a lack of knowledge around how COVID-19 will behave, comparing it to the flu which changes on an annual basis. This impacts on the utility and crucially the longevity of antibody tests. Will the time that antibodies remain in a person be equally critical to the potential utility of antibody testing? Can you also indicate if the Scottish Government has any plans to procure the Roche test and if so how in what areas will it will then be deployed?

We don't yet know the degree of protection conferred by the presence of antibodies, which antibodies are protective, the duration of any protection, and whether this prevents acquisition and/or transmission of virus. These are critical questions the international scientific community are looking to answer and will be key to considering the potential utility of antibody testing.

The Scottish Government continues to participate in the four nations approach to the procurement of tests and, subject to clinical recommendations, will draw-down an allocation of the UK procured tests for use in Scotland.

On travel into Scotland (column 18), you noted the Scottish Government does not have the power to control borders, can you indicate whether you have powers and any plans to test people arriving in the country by plane, ferry or train, including temperature testing?

Since I met with the Committee, the 4 nations of the UK have taken parallel action to introduce measures at our Borders in two sets of regulations:

- The Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 ("the International Travel Regulations"); and,
- The Health Protection (Coronavirus, Public Health Information for Passengers Travelling to Scotland) Regulations 2020 ("the Information Regulations").

As well as the new measures introduced at our Borders, we also have powers under:

- The Public Health etc. (Scotland) Act 2008

The following key legislative controls are in place in Scotland :

- Contact information: anyone travelling to Scotland (except those travelling within the UK and Common Travel Area, Ministry of Defence personnel, border security and diplomats) is required to complete a passenger locator form providing a range of information including their address within the UK;
- Self-isolation: individuals are required to self-isolate at their home or end point of their journey for 14 days. If an international traveler enters the Republic of Ireland and then

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travels to Scotland they must self-isolate for 14 days, minus time spent in Ireland, since they will have already been subject to a self-isolation requirement there.

- There are a limited range of exemptions and exceptions to the requirement to self-isolate. Further information can be found here;
<https://www.gov.scot/publications/coronavirus-covid-19-public-health-checks-at-borders/>

The Committee has asked whether we plan to test people arriving into the country. Arrangements such as this were considered. However, and as noted above, testing is not considered to be a sufficiently effective approach and so we do not routinely test asymptomatic people. It cannot identify people who are incubating the disease and may go on to become infectious and, when prevalence is low, there is a risk of a higher proportion of both false positives and false negatives. Some countries or airports advocate thermal screening but this is also known to be ineffective in the early stages of infection.

As the Committee will know, discussions continue with the UK Government and Devolved Administrations about the potential for exemptions for some countries from the self isolation requirement. We remain committed to seeking cross-UK solutions, provided we are given adequate timeous information by the UK Government, and provided this does not prejudice public health in Scotland.

I hope this is helpful.

JEANE FREEMAN