



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# COVID-19 Committee

**Wednesday 23 December 2020**

**Session 5**



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**COVID-19 COMMITTEE**  
**26<sup>th</sup> Meeting 2020, Session 5**

**CONVENER**

\*Donald Cameron (Highlands and Islands) (Con)

**DEPUTY CONVENER**

\*Monica Lennon (Central Scotland) (Lab)

**COMMITTEE MEMBERS**

\*Willie Coffey (Kilmarnock and Irvine Valley) (SNP)

\*Maurice Corry (West Scotland) (Con)

\*Annabelle Ewing (Cowdenbeath) (SNP)

\*John Mason (Glasgow Shettleston) (SNP)

\*Stuart McMillan (Greenock and Inverclyde) (SNP)

\*Mark Ruskell (Mid Scotland and Fife) (Green)

Beatrice Wishart (Shetland Islands) (LD)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Professor Jason Leitch (Scottish Government)

Liam McArthur (Orkney Islands) (LD) (Committee Substitute)

Michael Russell (Cabinet Secretary for the Constitution, Europe and External Affairs)

**CLERK TO THE COMMITTEE**

Sigrid Robinson

**LOCATION**

Virtual Meeting



# Scottish Parliament

## COVID-19 Committee

Wednesday 23 December 2020

*[The Convener opened the meeting at 09:30]*

### Subordinate Legislation

#### **Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 8) Regulations 2020 (SSI 2020/452)**

**The Convener (Donald Cameron):** Good morning, and welcome to the 26th meeting in 2020 of the COVID-19 Committee. We have received apologies from Beatrice Wishart MSP as she is attending another parliamentary committee. I welcome Liam McArthur to the meeting as her substitute.

This morning, the committee will take evidence from the Cabinet Secretary for the Constitution, Europe and External Affairs, Michael Russell MSP, and Professor Jason Leitch, the national clinical director in the Scottish Government.

The session gives members the opportunity to take evidence on this week's review of the levels of restriction. The committee will also consider the regulations arising from the statement that the First Minister made on Saturday 19 December—the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 8) Regulations 2020 (SSI 2020/452).

I welcome the cabinet secretary to the meeting and invite him to make a brief opening statement.

**The Cabinet Secretary for the Constitution, Europe and External Affairs (Michael Russell):** Thank you, convener, and thank you for the invitation to attend the committee again. Because of the seriousness of the situation that we are currently facing, the First Minister announced the need for further restrictions on Saturday 19 December, after a Cabinet meeting, and she gave further clarification in her statement to Parliament on 22 December. Those announcements were made in advance of and superseded the scheduled seventh review of the allocation of levels across Scotland under the strategic framework.

Although the situation in Scotland is not currently as severe as it is in other parts of the United Kingdom, we have seen the arrival of the new variant of the virus, which the evidence suggests spreads substantially more quickly than

the other strains that we have been dealing with so far. We know that the strain has already seeded and is circulating in Scotland, albeit at a lower level than in other parts of the UK. As such, the Cabinet agreed on the need to take firm and decisive action to prevent it from taking hold here.

As members will be aware, the First Minister announced a number of measures in response. First, Orkney, Shetland, the Western Isles and the other relatively remote islands within Highland and Argyll and Bute, all of which have seen restrictions relaxed in recent weeks, will move to level 3 from boxing day. The rest of Scotland will move to level 4. Those measures are justified, proportionate and necessary to mitigate the risk that we are facing, but the First Minister has confirmed that they will be reviewed after two weeks.

We will also classify essential retail more narrowly in the legislation in order to limit interactions, meaning that, for example, homeware stores and garden centres will be required to close. People in level 4 will also be encouraged to stay local and at home as much as possible. A strict travel ban between Scotland and the rest of the UK will now remain in place for the rest of the festive period, which is unfortunate but necessary.

We are also making a necessary reduction of the festive bubble period to extend only to Christmas day, and that has been brought into law, but our advice is still not to meet indoors if it can be avoided. Travel within Scotland for meeting a bubble will also be allowed only on Christmas day.

The First Minister also announced the difficult decision to delay the start of the new school term. Schools will now reopen from 5 January only for the children of key workers and for particularly vulnerable children. Similar arrangements will be made for children who use early learning and childcare services. For other pupils, the school term will start on 11 January but, for the first week at least, schooling will be online.

I turn to the regulations. On Monday, the Scottish Government provided the committee with a copy of the regulations that were made on Sunday. The regulations implement the changes that the First Minister announced on 19 December. We were required to make those regulations urgently as travel to Northern Ireland for the festive period would have been permitted from 22 December if no change had been made.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 9) Regulations 2020 are also up for discussion. On Tuesday the First Minister announced some changes to level 4 in respect of non-essential retail. We would usually provide the committee with draft regulations so

that they can be considered in advance of being made but, because of the changing timings this week, the regulations to make the change are still being finalised, so they have not been shared in advance; I am sorry about that.

We plan to make and lay the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 9) Regulations 2020 later today. Those regulations will further restrict what is considered essential retail at level 4, which will affect businesses such as homeware retailers, garden centres and travel agencies, although click and collect services will still be available. The regulations will also require some retail showrooms, such as kitchen, bathroom, furniture or glazing showrooms, to close in level 4, in response to feedback on enforcement difficulties.

Our intention is to also prohibit travel to the Republic of Ireland in the regulations, due to the change in circumstances that has seen a new national lockdown in Ireland announced on Tuesday. The regulations will be—[Inaudible.]—today.

I hope that the committee has found the brief outline helpful. Professor Leitch and I are happy to take questions.

**The Convener:** Thank you for that helpful statement.

Yesterday, the First Minister suggested that additional measures beyond level 4 may be necessary. Can either of you be more precise in terms of specific additional measures that may be taken in the near future, and which elements of any such measures might become the subject of regulation rather than simply guidance?

**Michael Russell:** Before I pass on to Professor Leitch—who will wish to give the reasons for the measures, because we should hear them at an early stage—the First Minister was clear yesterday that consideration has to be given to putting into regulations anything that will contribute to the reduction in the spread of the new variant. She was very clear, and Professor Leitch will no doubt amplify the message, that if there is a new variant that might add, say, 0.4 to the reproduction number, it will be absolutely crucial to take steps to mitigate that. During the previous lockdown, we managed to get the R number to 0.6, but anything that adds to the R number would be difficult.

During the previous lockdown, there were issues related to the distance that people could travel from their homes, which might be an issue. However, I do not think that we want to speculate on any firming up of level 4, except to say that we had better recognise how serious the situation is.

This week, I was struck by something that Professor Devi Sridhar said—in my view, she is always saying important things. She talked about the need to think about the actions that we have to take collectively as a society in order to do the job, and not just to think about how we can get exemptions. It is not about how we can work our way around the problem, but how we solve the problem. That is the context in which we will take matters forward. No doubt, Professor Leitch will want to amplify the reasons and some of the things that can be done to limit the spread of the virus.

**Professor Jason Leitch (Scottish Government):** Thank you for having me back again this morning. The six days since we last spoke feels like a long time in the pandemic.

It may be helpful if I refer to the minutes of the new and emerging respiratory virus threats advisory group. That may not be something that I would conventionally do, but NERVTAG is the new and emerging viral threat committee for the whole of the UK, and it is a committee that most of us did not know existed until 11 months ago. It met on Friday to consider the new variant, which is why Gregor Smith and I had conversations on Friday evening, and then gave advice to the First Minister and the Cabinet on Saturday morning at an emergency Cabinet meeting. We do not do such things lightly.

The minutes, which are now released and publicly available, say:

“Growth rate from genomic data ... suggest a growth rate of”

the variant—it has a code number—that is

“71% ... higher than other variants.”

It has a confidence interval of 67 to 75 per cent. The minutes go on to say:

“Studies of correlation between R-values and detection of the variant ... suggest an absolute increase in the R-value of”

between 0.39—so, 0.4—and 0.93, or 0.9. NERVTAG is suggesting, although we cannot be absolutely certain yet, because we have not had enough time, that the R number increases from 0.4 to 0.9. Probably the most important bullet point in the minutes, unfortunately, says that it was noted that the code-numbered variant

“has demonstrated exponential growth during a period when national lockdown measures were in place.”

That suggests that the November lockdown in the south-east of England was not sufficient to drive down the R number for that variant.

We do not know the absolute details of why that is or the absolute science behind why it is. We have ideas and theory, and we have some science

about how the spike protein attaches to cells and how it is more efficient at doing what it does, unfortunately.

That takes me to your question, which was about what else we might have to do. Yesterday, the First Minister made it clear that she wanted to consider two immediate things, one of which is done, which is redefining non-essential retail—Mr Russell has just outlined measures on that. The second thing that the First Minister said was under consideration is putting a stay-at-home message into guidance or regulation. We will have to keep everything on the table. We will monitor the variant over hours, days and weeks as time passes.

**The Convener:** My next question is about the new variant and is probably best directed to the national clinical director. Could you give us an update on how prevalent the new strain is in Scotland? Might it be sensible for the proportion of cases that contain the new variant to become an indicator or criterion that local authorities report on?

**Professor Leitch:** We believe that, as of yesterday, about 14 per cent of cases in the past week involved the variant. The figure, which has of course been increasing from zero some weeks ago, is lower than the 60-odd per cent that we are seeing in Kent and the east of England. The slightly tricky thing is that we cannot be sure until we do genomic sequencing. Scotland and the UK do more of that than any other country in the world so, in reality, the variant is probably in other countries, and some countries have already reported it a little. We do more genomics than anybody else, and we will get more genomic data today on a new set of samples from the weekend and late last week.

However, we have a proxy measure, which is a little technical. The PCR—polymerase chain reaction—testing looks for three genes, which are the S gene, the ORF gene and the N gene. If the test cannot find the S gene, that suggests that it is the variant. That is not definitive, but it is a high probability. That is how we have come up with the figure of 14 per cent. We call it S-gene dropout—it is a very technical thing about PCR testing.

The new variant is here, and particularly in Lanarkshire and greater Glasgow and Clyde, which makes sense because that is where the highest prevalence is. That is why we acted as quickly as we could to increase people's awareness and the communication to people.

Over time, we will publish as much as we can on where the variant is, what it is and what it is doing. That will be UK wide, and Public Health Scotland will make the decisions on publishing that information just as soon as we have it. If the variant does what it has done down south, that will

become a slightly moot point, because it will become the dominant strain. Inevitably, the one that transmits most becomes the dominant strain.

It is important to reassure anybody who is watching that we now think that the new strain does not give people more severe disease. People are more likely to catch it, but it is the same disease that people were catching before. Most people will recover and will have mild disease but, unfortunately, some—particularly the elderly—will not have mild disease.

**The Convener:** So you do not see the sense in prevalence of the new strain becoming an indicator?

**Professor Leitch:** It will become part of the puzzle, but it will not look like one of the five indicators that the committee has got used to looking at in the local authority list. It will of course become part of the decision making. However, to give an example, I do not think that, if in extremis Dumfries and Galloway had 40 per cent of the new variant and Orkney had none, we would therefore make different judgments about those areas. I do not think that it will be quite as specific as that.

**The Convener:** Thank you. I will now move to questions from other members. We have quite a strict time limit of about eight minutes per MSP. If any member has supplementary questions, we will take them at the end, if we have time. I turn first to the deputy convener, Monica Lennon.

09:45

**Monica Lennon (Central Scotland) (Lab):** I will stick with the issue of the levels of protection. If the evidence takes the advisers to a place where they have to say to ministers, "Look, we'll have to do more than level 4. We'll have to strengthen protections to keep people safe," what items would be at the top of the list to provide maximum protection? What measures would bring the R number down the most? Would they involve having more people working and learning from home? If so, what work will be happening between now and the new year in respect of learning not just for school-age children but for university and college students, to ensure that appropriate contingencies can be put in place?

**Michael Russell:** I will ask Jason Leitch to talk specifically about the scientific work that is being done, because that is the key issue. I make it clear that the Cabinet will consider very seriously, and is likely to accept, any and all recommendations with the objective—I go back to the idea of an objective—of driving the R number down in a way that means that the pandemic does not result in the overwhelming of our health services and more deaths.

Jason Leitch repeated what I said earlier, and what the First Minister has said, regarding the message to stay at home. During the previous period, that eventually became compulsory and was put in regulations. We are not there yet, but, as the First Minister indicated, that option has to be considered seriously.

There was reporting yesterday—I am sure that Jason Leitch will want to mention this—of the investigations that are taking place to see whether the new variant spreads more quickly among younger people, which would obviously have implications for education. Jason Leitch might want to talk about that and the other work that is being done.

The science is moving forward. It cannot go faster than the capability to do things—for example, a virus cannot be grown overnight; it does not take 10 minutes—but, whenever such information is available, it is discussed with the First Minister, the Cabinet Secretary for Health and Sport, the Deputy First Minister and the Cabinet, and the Cabinet will act. That is why we met as a Cabinet on Saturday, which we do not often do. We will meet as soon as we possibly can thereafter and will try to come to a decision.

Jason Leitch can talk about the science.

**Professor Leitch:** I will make a couple of points in response to Monica Lennon's question. The fundamental groupings are around human interactions: work, education and leisure. We can fit almost everything into those categories, and each of them will have to play a part, if that is what has to happen. They are already playing a significant part—none of those three categories is currently operating as normal.

If the R number increased even by 0.4, which is the lower end of the suggestion from NERVTAG, that would mean that we would have to get to an R number of 0.5 in old money—the new variant would take us to 0.9 in comparison with the old variant, which is really difficult. If we got to a point at which we needed more, that would mean everybody working from home if they possibly could, and we would be back to March rather than November.

That would also have implications for leisure, by which I mean places of worship, gyms, retail and all the other elements. It would also take us into a conversation about education, which would have to include those in universities and colleges. That work is on-going—the preparation for a variety of versions of university and college learning is already in train. The institutions already have a staggered return and blended learning ready to go. They do not have blended learning planned for everybody, but, if they had to, they would revert to that model and bring back only the practical

courses such as dentistry, motor mechanics or whatever else has to be back.

Schools also have to be in that equation. The First Minister and the Deputy First Minister have both made it clear in the chamber and in media interviews that we will have to keep the schools aspect under review. We have bought ourselves a little bit of time with the staggered return, which will help us. In addition, we have to pay attention, from a public health perspective, to the vulnerable children and the children of key workers, whom we will have to place in some kind of establishment that is safe and that looks after their wellbeing. All those things have to be on the table.

There are quite a lot of scare stories in the media about the new variant being more transmissible in children, but we simply do not know. If it is more transmissible in 70-year-olds, it is probably proportionately more transmissible at all ages; that would make sense. However, it is still very unlikely to transmit in three and four-year-olds. It may be that the percentage increases a bit in 16 and 17-year-olds, whose bodies are much more adult than those of small children. I would expect the new variant to be more transmissible in older children, as it will be in 30 and 40-year-olds.

**Monica Lennon:** Thank you. That is helpful.

I do not think that I will have time for all my questions, so I will move on to something else. Cabinet secretary, in your opening remarks, you mentioned enforcement difficulties. Perhaps you could expand on that subject briefly.

I also have a practical question for the days ahead—I want to get some clarity on this. You might have addressed this point elsewhere, but I have not heard it. Is there flexibility for key workers who will be working on Christmas day to be able to see their families or other households indoors outwith 25 December? At the moment, we are limited to that one day, but what about people who have to work on Christmas day?

**Michael Russell:** Let me address that point first, as it also applies in another set of circumstances with which I am very familiar as an MSP for islands that are not excluded from tier 4, to which there are no ferries on Christmas day. I am very sorry to say that, as the First Minister pointed out yesterday, when she was questioned on this very issue, there are no exemptions. The problem with exemptions is that, the moment that they start to apply, more and more people take them and the effect of what we are trying to achieve is watered down. The situation is incredibly serious.

I have received lots of emails from people who are concerned, angry and frustrated about this, but there are no exemptions. We have gone down from the four or five days in the original plan to just



one day. If we were to vary that any further, we would create not just more confusion but more opportunity for the virus and its new variant to spread. The answer, regrettably, is no. There is nothing that I can say that softens that; it is just the situation.

The issue around enforcement is that there have been problems with non-essential stores—stores that I think most people would accept as being non-essential—opening. It is the outcome that is really important—and I return to this point—such that movement and contact are reduced and severely curtailed, because that is how the virus spreads from human being to human being. We need to consider the outcome that we are trying to get, ensuring that we are doing the things that get us to that outcome, commensurate with the ability to buy essential supplies. Shopping therefore, regrettably, becomes a matter of necessity, not leisure, as some people find it. That is another reason why it is necessary to draw the restrictions more tightly. Some people have understandably been trying to get round that by saying that theirs is an essential food store or an essential store for something else. We have had to say, “No, sorry,” as the previous definition of “essential” appeared to be too wide and needed to be drawn more closely.

**Mark Ruskell (Mid Scotland and Fife) (Green):** I wish to go back to some comments that you made about the new variant. When do you think we will have better knowledge about its transmissibility, particularly among children? Professor Leitch, you were speculating about whether it is more transmissible among older children than among younger children. When do you think we will have data on that? I gather that Public Health England might be producing a report next week.

**Professor Leitch:** We get as much data as we can get daily. Public Health England will tend to publish on a bi-weekly or weekly basis if we get definitive news, but if it gets something that happens to emerge today, it will publish today. Everybody is in as big a hurry as everybody else. The nature of the virus is that we have to wait almost until it transmits before we know whether it has gone, for instance, from a 13-year-old to an adult. That requires quite a lot of work with contact tracing to establish who got it, where and how. It is not instant.

We can examine the actual virus microscopically. We can work out what the spike protein looks like, and we can then work out why it might be more transmissible. How it actually behaves in the wild, if you will forgive the shorthand, will take us a bit more time. Public Health England and Public Health Scotland together will, of course, publish that information as

soon as they get it. That may be in the next few days or into next week. NERVTAG will meet over Christmas—nobody will take any time off—and, if it gets more information, it will publish its minutes again. I expect it to meet later this week.

**Mark Ruskell:** Thanks for that. You answered the convener’s question about whether the data on the prevalence of the new variant forms part of the framework. Will that data be available, and will we be able to see where it is appearing by council area, as the new variant starts to spread, and how it is infecting people?

**Professor Leitch:** It is not available yet, but Public Health Scotland is working on precisely that. I am afraid that it will pretty quickly turn the country all one colour. There might be different versions—it will, of course, be bigger in one area than in another—but we expect it to become the dominant strain, as it is everywhere else. If it is more transmissible, that is inevitably what will happen. Even now, I expect that most of it will be in Glasgow, Lanarkshire and Lothian and that it will gradually spread through the urban areas. That is why the travel restrictions are crucial. We need people to restrict their travel, and Christmas is a risk for that. We will publish the information as soon as we have data enough to be able to do so.

I go back to something that I said earlier, which is that finding the variant definitively is quite tricky, scientifically. We have to do the genomics, to be sure, but the S-gene dropout gives us a proxy measure for where we think the variant is. However, there are other reasons for the S gene to drop away, not just the single variant, so we have to be cautious and not scare the horses too much by starting to publish that data.

**Mark Ruskell:** Okay. I understand that one of the features of the new variant is that people remain infectious for longer. I presume that that might have an impact on the length of time that people should self-isolate for and on how they will need to be supported when they are in self-isolation. What thinking are you doing about that and the impact of it?

**Professor Leitch:** We do not know that. We think that the disease is the same. However, we think that there might be a viral load issue, which might be one of the ways in which the variant transmits a bit more. It might be that people need less of the virus to get infected. One of the ways in which a virus becomes more transmissible is that it gets into people’s cells more easily and divides more quickly; therefore, they get the disease.

Remember that self-isolation is always for 10 days, or longer if you still have symptoms. Sometimes that is not said quite as much as it should be in all the communication from me and others. If you still have symptoms, you should not

leave your self-isolation, particularly if you still have a fever. Some of that is incorporated into the instructions, and, if people are unwell, they will know that they are and will not leave self-isolation. Presently, on 23 December—I have got into the habit of saying the date when I say “presently”—we do not expect to change the self-isolation rules as a result of the variant.

**Mark Ruskell:** Okay. Let us go back to education and our preparedness to deal with whatever changes we will have to make to keep the virus under control. You mentioned the universities and colleges being prepared for different eventualities. Would it not be more cautious to issue guidance right now to the universities, in particular, that all teaching will be online, instead of having the staggered approach that we have? There is a new variant coming that we know will have an impact, and students will be looking now at whether to take accommodation contracts for the next year. Would it not be safer just to say, “That’s it—all teaching online is now the default”?

**Michael Russell:** Regrettably, an equal and opposite reaction is that we have to accept that there are some people for whom that will not be suitable or practical. Jason Leitch has indicated how that applies to certain types of courses.

I assure Mr Ruskell that there is active consideration of what should take place. That has to happen between the universities and colleges and the Scottish Government. There is no intention to delay any guidance or suggestion, but the Government is trying to make sure that everything is understood and that we have enough information to say that the decision that we are making is the right one—and that it cannot be challenged. There are always people who will be prepared to challenge such decisions; therefore, the legal basis of the decision has to be very clear.

I hear what you are saying, but nobody is holding back, unable to make a decision. They are trying to get the right decision communicated in the right way, when it is agreed to, and that is what will happen.

10:00

**Mark Ruskell:** Okay. I will turn finally to schools. The position now is that there will be closure of schools in the new year, apart from for the most vulnerable children and for the children of essential key workers. Are the plans that were developed in the summer for online and blended learning still applicable to the situation in which the new variant virus is moving around? Are they ready to go? Are teachers and school staff ready to go on to a much wider plan, if that is needed, for

the extension of online learning into the new year and, potentially, into February?

**Michael Russell:** I am absolutely sure that John Swinney would be in a better position to answer that question. I know that the work was extensive, that no such work is ever wasted and that contingency plans will therefore exist for those circumstances. However, the detail of how that will work, of what each local authority has done and of how it is being done at the level of each school has to be for Mr Swinney. I am happy to ensure that he informs the committee about that at the earliest possible date. There are, of course, opportunities to question him as well.

**Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** My initial question is for Professor Leitch, and it is about numbers. Yesterday, the number of new positive cases was reported as being 1,316. Only four days before that, it was 744. It has nearly doubled in about four days. Is there any data about why that is happening? Is it attributable to the new strain of the virus, or is it just the case that more infection is occurring in the wider population?

**Professor Leitch:** We should be slightly cautious about comparing one day with another, but Willie Coffey is right that the numbers are increasing again.

We think that the figure of 700 was an underestimate and that 1,300 was an overestimate. It is about the date of sample rather than the date of report. We try to publish what we know on the day that we know it. However, the data gets better over time, because the date of sample is a much more reliable measure than the date of report.

That figure of 700 was a little low. When it came through, I was suspicious. The figure of 1,300 was a little high. If we look at the date of sample, that figure was catching up with some of the 700 positive cases. That explains the difference of 600.

However, in general, the numbers are going upwards. We saw that before we knew that the new variant was doing what we now think it is doing. That appears to suggest that the new variant may be playing a role. In the south-east of England, for example, within 18 days, London went from 150 positive cases per 100,000 to more than 400. The figure nearly trebled in two and a bit weeks, so something had happened there. That is why the scientists began to look—they realised that lockdown, as described there, was not doing what we had thought it would do.

In Scotland, Greater Glasgow and Clyde and Lanarkshire, in particular, have, so far, responded to level 4 measures and their numbers have gone down. Unfortunately, the numbers in Lothian and in some other places are rising again, as can be

seen. We therefore think that the new variant is probably interwoven in there somewhere, but not yet exponentially, which is why we are giving our advice and taking our measures on boxing day.

**Willie Coffey:** You said that the new strain transmits more easily and faster. Is there any further advice that the public could embrace in order to protect themselves even more? Is the guidance basically the same as before?

**Professor Leitch:** That is a very important question. The scientific advisory group for emergencies is looking at precisely that. NERVTAG is a sub-committee of SAGE. SAGE is the big scientific advisory group that advises us all on how we should do things—Scottish people are members. The best scientists in the country are working on this. The position, as at 23 December, is that the present non-pharmaceutical interventions are the right things to do.

A cough is still a cough; a sneeze is still a sneeze—the new variant does not make the virus go further. People must continue to stay away from someone who is coughing or sneezing and to stay away from surfaces. The way not to get the virus is to take the same measures: cut down your interactions; stay at home as much as you can; and, if you go out, follow FACTS: wear face coverings, avoid crowded places and all the rest.

SAGE might eventually say, for example—I am not suggesting that we will do this—that the places that have been given an exemption to the 2m rule should now rethink that. That might apply to the 1m-plus rule in England, or to the 1m rule that we have in Scotland. The transmission of the old virus is two to 10 times higher at a 1m distance, so that might be a problem with the new variant.

However, we are not in that position now. SAGE will continue to look at the data as it comes out, and we will adjust the non-pharmaceutical interventions—that is, the public behaviours—as time passes, if we have to do that.

**Michael Russell:** I would like to come in as I have something to add in response to the first question. I think that Jason Leitch and I have made it clear at previous meetings—I will make it clear again now—that no one is saying that we should abandon the levels approach. We are not saying that. I think that that question was raised in the chamber yesterday, and the First Minister was clear about that. Equally, we are saying, as we were before last week, that the levels approach should be kept under constant review and that it would need fine tuning. Therefore, there are issues of fine tuning that will have nothing to do with the new variant, and we will need to keep on developing the approach.

However, that also illustrates another truism of this pandemic—I suppose that it is true of any

pandemic, except that I have not seen one at close quarters before. We must constantly keep learning about not only how the virus changes, but how the levels operate, how they need to change, why the level 3 restrictions seem to take the figures down to a plateau but no further, which is an issue that we have been talking about for some time, and whether that is down to the new variant or something else, such as issues related to alcohol. We do not know the answer to that. There will be a continued process of learning every moment of every day while we try to do the job that we are setting out to do.

I am sorry to interrupt, but I thought that it was important to say that.

**Willie Coffey:** Not at all—I appreciate that.

My next query is probably for Mike Russell. The most frequent complaint that I hear from constituents is about their experience in their local supermarket or retail store. They tell me that there does not appear to be proper or much management of customers when they are in such buildings. Is there anything that we can possibly do to tighten up the approach, to try to make people feel a bit more assured when they are inside a building with a lot of other people?

**Michael Russell:** I will make two points. First, people are nervous, so they will be hypersensitive to what is going on around them. We are all nervous; we are all worried, so perhaps an element of nervousness comes into this. It is an extraordinary thing—none of us ever thought that we would be in that position but we are.

Secondly, yes, if there is evidence of supermarkets not operating the strictest set of policies, we and others need to know about that, including councils, which need to know for environmental health enforcement. There must be a recognition that we must, as a society and as communities collectively, say that that is not good enough, that we need to do this properly and to help each other observe the measures.

We should not be censorious of each other if we can avoid that. The four Es—engage, explain, encourage, enforce—is a good rule for policing. It is also a good rule for us. If the situation escalates, we should start off by explaining to people why we feel uncomfortable, what we need to do, why we need that to change and try to encourage people to change.

I will quote Burns, and not only because you are an Ayrshire MSP. He said:

“gently scan your brother man,  
Still gentler sister woman”.

That does not seem to me to be a bad bit of guidance at Christmas time or at any other time of the year. Let that happen, but if there is persistent

offending and there is deliberate laxness and carelessness that must be stopped, and, of course, we—[*Inaudible.*]

**Willie Coffey:** Finally, is the security of the vaccine supply still okay, given the problems that are facing UK flights coming and going?

**Michael Russell:** The health secretary will give an update on that later on today. The vaccine programme is continuing as planned and going well. Clearly, the addition of another vaccine will help, and we hope that that is not too far off. We intend to follow that programme as quickly and promptly as possible. Something very ludicrous was asked in one of the questions yesterday about increasing the vaccine programme roll-out at a certain rate. We will do everything that we possibly can to ensure that the programme is delivered. It is being delivered, and if it could be delivered any quicker—[*Inaudible.*]*—it would be, because we are focused on it. There is no evidence that there is any disruption to that, and there are plans in place to ensure that that is prioritised above all else.*

**The Convener:** Our next question is from Liam McArthur. Liam, please declare any relevant interests before asking your question.

**Liam McArthur (Orkney Islands) (LD):** Thanks, convener. I refer members to my entry in the register of members' interests, but I am not aware of any interests that would be directly relevant to the work of the committee. I will start by thanking Jason Leitch for his impromptu appearance at the Crossroads Orkney Christmas Zoom party, which went down exceptionally well.

Cabinet secretary, we briefly discussed testing after the briefing earlier this week and you referred to the commitment to the levels system. Orkney, Shetland and the Western Isles have found themselves moving from level 1 to level 3 in a oner. Although there might be an understanding of the rationale for that, which is that it is being done on a precautionary basis, there is still a desire to see a return to level 1, if not level 0, as quickly as possible. One of the options that has been voiced locally is inbound and outbound testing at airports and ferry ports. That would not necessarily do away with the restrictions on movement, but it might allow a degree of flexibility in movement and activity within the islands. Will there be a commitment from the Scottish Government to look at that option with its advisers in the run up to 18 January? The First Minister seemed to be at least seeding the notion that these restrictions will be in place longer than that. There is a real desire to explore any and all options that might allow a bit of additional leeway in areas where, as you will be aware, there are still no cases and very low levels of risk, notwithstanding the concerns in relation to the new strain of the virus.

**Michael Russell:** I would like Jason Leitch to answer the questions on the efficacy and science of testing. I simply say that I fully understand the concerns. Representations are made to me—as you know, because you and I have discussed it—from island groups who have similar concerns. I am mindful that the Faroes were completely free of the virus until there was an infection from a person or persons on an incoming boat—I think that it was a fishing boat, but certainly a commercial boat—who were not rigorously tested. Regrettably, there are always holes in whatever human system is put in place.

I want to avoid doing two things: first, I do not want to give hope that the restrictions will be lifted in some easy way, because that is not true; and, secondly and equally, we should never be unreasonable about thinking about solutions to the problems that people face. I am sorry to give you an equivocal answer, Liam, but the response will arise out of the science of testing. It will also arise out of the progress that we make as a nation in doing the task that we have set ourselves, which is the desperately needed task of ensuring that our health services are not overwhelmed. That is where the balance will lie.

What you are saying will be taken away and thought about, just as the proposals from other Scottish islands were. It took some time to get to that point, but I do not want people to think that that is going to happen quickly. Equally, I do not want people to think that we would not think about possibilities. We are always thinking about possibilities. The response will be based on science, and Jason Leitch should speak about the science.

**Professor Leitch:** Mr McArthur, on my engagement with Crossroads in Orkney, you are very welcome. I look forward to a day when we can perhaps travel again to Orkney.

It is important that the islands are relatively virus free. If they remain virus free following the Christmas relaxation, I will be more relaxed. The Christmas relaxation and potential travel to those island communities from areas that have the virus is what really worries us. If that is kept to a minimum and the islands remain relatively virus free following that period, there will be an argument for looking again at what the levels and restrictions should be in the island communities. That makes perfect, scientific sense.

10:15

Your second point was, in effect, about testing in order to do something. We are under huge pressure from pretty much every sector that you can imagine to allow them to test people so that people can do things such as go to a football

match, travel, go to an island or go to a pub. Unfortunately, present testing is not reliable enough to allow us often to say yes to that.

In the past 48 hours we have seen what will happen with the Dover-Calais strait; testing to travel will be used there for what is really the first time, and it will be very important that we monitor and learn from that science, particularly if individuals travelling are coming from high or low prevalence areas. We will follow that up with data from Scottish and UK drivers.

The present position is that only by exception are we allowing testing to permit activities, such as more visits to care homes. Eventually, I think that that will become much more common, because the testing will improve. We will get more reliable testing over time; lateral flow tests will get better, quicker and will be more reliable. For now, testing is not reliable enough because it only finds the virus if you are shedding it, it does not find it in everybody and it does not find incubating virus. We are not quite in a position to give people a test to give them permission to do things that others are not allowed to do.

**Liam McArthur:** I appreciate that response. As has been acknowledged, we have seen some of that at the moment in response to what is happening in Kent. Various airlines—including Delta airlines—already deploy a similar approach. I appreciate that it is not a guarantee and that there are risks, but I make the plea that the time between now and mid-January be used, in part, to explore that further.

I want to briefly follow up on a couple of business-related issues. Cabinet secretary, you will be aware that the islands remain at level 3, whereas the rest of the country is at level 4. The support that is available, particularly to tourism businesses, as a result of that may differ and I urge you to look with your cabinet colleagues at applying similar eligibility criteria for bed and breakfast, self-catering and tourism businesses that will be affected in the islands as badly as those in level 4 areas, although they remain in level 3.

The other point that I urge you to look at, in a pre-emptive way, is supply chains. There has been much debate about that, but the islands obviously remain at the end of most, if not all, supply chains. We are desperately keen to avoid a repeat of some of the issues that we saw earlier in the pandemic, should there be a squeeze on any particular items. I seek assurance that that is being considered pre-emptively rather than waiting until we see problems emerge.

**Michael Russell:** I fully understand what you are saying about both of those issues, which I have experienced in my area.

It is quite clear that a number of businesses that were not forced to close as a result of the restrictions have in fact lost all their business, because all their business relied on people coming from areas that had a higher prevalence of the virus. That is true of those in level 1 and 2 areas also. That is already being addressed by the Cabinet Secretary for Rural Economy and Tourism and by local authorities.

Discretionary funds are one issue and they need to move as quickly as possible. I heard the Cabinet Secretary for Finance talk about that yesterday. We need to get that money out to people and make it clear that we understand that problem and that there needs to be compensation for it.

There is a wider issue of tourism recovery, which Fergus Ewing addressed. New funding for that was announced the week before last, I think. That money is in the process of getting into the system. It needs to do that quickly and it needs to be applied to the businesses—in your area, my area and other areas—that are not operating, not because they are shut but because there is no business for them. The point is taken.

On supply chains, what we have seen in the past 48 hours has focused minds yet again on the vulnerability of us all to the short straits crossings. For example, the vast majority of fresh fruit and vegetables that come in at this time of year from the Mediterranean—from Spain and north Africa—come via the short straits. Any interruption to the short straits crossings will have an effect quickly. We will see in the next week or so what takes place. I do not think that there will be major shortages now that the problem is easing, although it has not been solved. There are major implications for people who export, and particularly those who export shellfish and fish. The situation is utterly disastrous for those exporters, and the UK Government has been utterly wilful in ignoring it.

We have focused on the supply chains. We know the problems; we have been through them during two episodes of preparing for no deal. We have an assurance from suppliers at every level that there will be equity of supply, which means that it will not simply be the case, when we get to the end of a supply chain, that there is nothing left.

During the initial lockdown, we saw problems in that regard. They were comparatively minor, albeit that they were serious in the areas in which they arose. There was also a lack of understanding on the part of some retailers about the increase in demand that would arise when people could not shop elsewhere. I fully appreciate that that is an issue in the islands; people very often go to the mainland to shop, and if they cannot do that there is a need to increase supply and not put supplies

at risk. All those things are understood and are part of the planning that we are doing on concurrent and consecutive risk. We will keep those matters under review. We are very aware that the vast majority of supply chains end in the north of Scotland, the west of Scotland or Northern Ireland.

**Liam McArthur:** Thank you for that. You mentioned—

**The Convener:** I apologise to you, Liam, but given the time constraints, I must ask you to hold on to your supplementary question and ask it later, if there is time. We must move on.

**Annabelle Ewing (Cowdenbeath) (SNP):** Liam McArthur talked about the impact on supply across the piece. The NHS Confederation wrote yesterday to UK Prime Minister Boris Johnson to call for an emergency Brexit extension of a month. The confederation said that such an extension will take the NHS

“out of the immediate danger zone, and it will enable the NHS to continue to focus on fighting the pandemic without having to contend with disruptive changes brought about by a No-Deal outcome.”

What are your thoughts on that call, cabinet secretary?

**Michael Russell:** I echo that call. Two days ago, the First Minister and I were urging the UK Government to recognise that it was always foolish to pursue Brexit during a pandemic. That foolishness has been exacerbated by the inability to come to a conclusion and the fact that we are now eight days away and there is still no resolution. A mechanism should be found—human ingenuity can always find a mechanism—at least to provide a period of grace for the non-implementation of any changes at this very serious time, particularly given how the pandemic has worsened in recent days.

In any rational democracy, writing to the Prime Minister should be an action that is respected and paid attention to, particularly when the letter comes from the NHS Confederation—or any of the myriad of organisations who said the same thing last week. However, one tends to feel that people might as well put their letter in a bottle and throw it in the sea, because no attention will be paid to it and they just get nonsense back from the Prime Minister’s spokespeople and others, who take a disdainful view of such opinions. That is par for the course, but it is utterly shocking. We will continue to argue for that type of pause, which is absolutely essential. If the NHS is asking for it—as well as reams of others—then, in the name of God, listen.

**Annabelle Ewing:** Obviously, the situation is dispiriting. What can you say about a Prime Minister who gives a briefing at which he says that there are—what was it?—167 lorries queueing

when, in fact, there are something like 2,000 to 3,000?

We need to live our lives. People need to feel that there is no risk to the NHS or to the vaccine supply. I know that the First Minister, yesterday, and you, this morning, have reiterated your belief that there is not going to be a shortage of vaccines, even though the Pfizer-BioNTech one is coming from another country. However, when we look at pictures of Kent, how can you give us the assurance?

**Michael Russell:** I want to be rigorous in telling the truth to people and I want to be clear about what the risks are. At the beginning of the first preparations for the first possibility of there being no deal three years ago—which now seems a very long time ago indeed—we said that we would do everything that we could but that we could not do everything that needed to be done. One of the areas in which enormous work has been done across the four countries has been on the provision of the vaccine. That has been a positive thing. We all work hard to ensure that that is not a risk. Equally, we work hard on the issues of biomedicine and medical devices, and we will continue to do so.

However, we have seen the vulnerability of the system graphically demonstrated in the past 48 hours, and it adds insult to injury when the Prime Minister stands up and says, against all the evidence, that we will “prosper mightily” as a result of a no-deal Brexit. We have just heard concerns about Orkney and we know about concerns about those who are excluded and vulnerable. I think that the Prime Minister said that there were 174 lorries in a queue even though, at that stage, there were more than 1,000 and, now, there are thousands. We saw that apocalyptic view of lorries driving in to park on an airfield, and meanwhile there is a man standing there saying that we are going to “prosper mightily”. It does not compute.

**Annabelle Ewing:** Indeed, it does not.

I have a question for Professor Leitch, sticking to the issue of the vaccine. I think that I heard on the radio this morning that former UK Labour Prime Minister Tony Blair is reported to have called for us to abandon the protocol that accompanies the roll-out of the Pfizer-BioNTech vaccine, which is that a second shot is needed within three weeks. According to the report, he says that people should not be given the second shot but that other individuals should be given their first shot when somebody else’s second shot would have been being administered. How does that align with the medical protocol for the vaccine?

**Professor Leitch:** I have not looked at the detail of what Mr Blair has said. Some of the

reporting that I have seen is quite sensible. Basically, it is that we should go as fast as we can and as deep as we can, which is what we all want to do.

I would have to look at what Tony Blair actually said and see who his advisers are and so on, but one of the things that he is saying appears to be that we should not hold back the second doses so that we can give more first doses. In principle, that is correct, if we can guarantee that the second doses are going to arrive. If we get, for example, 60,000 doses of the vaccine, that allows us to inject 60,000 people once or 30,000 people twice. Because we cannot guarantee that the Pfizer doses will come within three weeks, Pfizer and the Medicines and Healthcare products Regulatory Agency—our regulator, from which we cannot depart—say that we should hold the other 30,000 to make sure that we can vaccinate the first 30,000 people fully.

Immunity happens in two bumps. You get a small bump from the first dose and a big bump from the second one. If we give people only one injection, they will not be sufficiently protected from the disease. Until we know more about the vaccine supply, we will have to do that.

I think that the situation will resolve itself relatively soon. As we get more vaccines approved, we will get more supply, and this problem will become not be a problem any more. However, for now, the MHRA is insisting that we hold back the second dose, and we have to do what it says, because it is our drug regulator.

**Annabelle Ewing:** Thank you for that clarification. I have one last brief question. I understand that India is hoping to approve the AstraZeneca vaccine next week. Where do you think we are with the MHRA? I hope that the vaccine is approved, but what is the plan to proceed with a quick roll-out from the moment that the vaccine is approved?

10:30

**Professor Leitch:** We hope for approval this side of Christmas—which is now—or just after Christmas. After approval from the MHRA, we will need Joint Committee on Vaccination and Immunisation advice about how we should manage that vaccine, but we do not expect that to be very different from the Pfizer one apart from the storage issues, which do not apply to the AstraZeneca one. It needs to submit its data, finish its phase 3 trials and tell us that the vaccine is safe and effective, and we are ready. Remember, we will not get 100 million doses on 1 January; we will get some tens of thousands of doses and we are ready for that. We have plans to ramp that up pretty quickly and lots of people are being

trained—for instance, hundreds of dentists have signed up for vaccination training, which will give us a new army of vaccinators around the country.

We are ready for whatever supply we get, but we have made some presumptions about that based on conversations with UK procurement and the companies, which have been published in the Scottish Parliament information centre. If the supply comes quicker, we will be ready; we can go quicker, and the quicker we can go, the quicker we will protect the population. We are entirely dependent on the factories that are making the vaccine, but they are of course limited. We talked about the ethics of vaccination at committee last week—we should not have all the world's vaccine in Scotland. The vaccine has to be distributed to other parts of the world, including India, which you mention, and other parts of the world that will not be able to afford what we can.

**Maurice Corry (West Scotland) (Con):** I have a couple of questions. My first question is for the cabinet secretary. Obviously, level 4 in Scotland means lockdown, but what are the Scottish Government's plans for beefing up communications to emphasise protection rather than lockdown—in other words, to make people comply with what requires to be done? Are there any new ideas from your communications team?

**Michael Russell:** [*Inaudible.*—ideas from communications teams—that is what they are there for. Yes, we continue to promote that message vigorously as the change takes place. We also look to community leaders, such as you, Mr Corry, and others to be out there telling people what the situation is in their area, and therefore it is important that every MSP is familiar with the information that is on the website. There are also some interesting and simple-to-understand graphical demonstrations on the website of what the levels mean. We should be distributing those as much as we can and we will go on doing so. Communication is very important.

The strength of the message is that it is simple. The whole of Scotland with the exception of the island authorities and a small group of Argyll islands—and they know which they are—are at level 4, so everybody will be doing the same thing. The message also stresses, and I stressed in my opening remarks, that we are tightening level 4. Again, it is about the outcome—I make that point very strongly, Mr Corry. If we understand that suppressing the virus is the number 1 priority and that we have to do everything we can to suppress it and that the virus spreads from one human being to another, the outcome that we are looking for is to avoid that potential for transmission. We all know how important that is.

**Maurice Corry:** That is very clear, thank you. My next question is for Professor Leitch. What

extra measures would schoolteachers and classroom support staff need to take from January should we be faced with the new strain of the virus appearing in this nation?

**Professor Leitch:** That is a tricky question to answer with the knowledge that we presently have. I am relatively comfortable that we have a bit of a gap to get as much science as we can.

As we said earlier, it appears that the present non-pharmaceutical interventions, such as distancing and hand washing, work as well for the new variant as they do for the standard virus, so those will stay in place. If SAGE, NERVTAG or our advisory group in Scotland suggest that we do anything else about distancing or that areas such as secondary schools need more than face coverings for older kids and distancing for adults, that advice might have to get more robust. If it does, we will not hesitate to give that advice to the Deputy First Minister.

Our education advisory group will now convene and look at its advice in relation to what we know about the new variant. That will not be advice for a single point in time; it will have to change over time, but I am confident that we have the mechanisms in place to get the best advice that we can at each point. I cannot predict what that will look like on 5 January or 18 January, but I am hopeful that we will get that advice in place on time.

**Maurice Corry:** To follow on, I have a final quick question for Professor Leitch. Would you consider the adoption of regular testing of pupils and staff, in order to combat the situation?

**Professor Leitch:** We have to consider testing in the round as part of all the mechanisms that we will use for schools and universities. My reticence—I was going to say my scepticism, but it is not scepticism—about relying on testing remains, because it can only be one of the building blocks. It cannot replace some of those other elements, and I do not see a world in which we regularly test children. There could be a coherent argument, which has been made by unions, for regular testing of staff and adults and, if that is appropriate and we have capacity, we will recommend it. In the past few days, lateral flow testing has come under a lot of pressure with regard to its reliability, sensitivity and what it can and cannot do. We come back to Liam McArthur's question about whether people can have a test that allows them to do more than if they had not had the test. That is sometimes a balanced judgment, and it would be a balanced judgment about schools and transport.

**Maurice Corry:** Thank you, professor.

**John Mason (Glasgow Shettleston) (SNP):** I have a couple of questions for Jason Leitch. Last

night, the BBC suggested that, if we can get 67 per cent of people vaccinated by July, we would have herd immunity. Is that slightly optimistic?

**Professor Leitch:** I imagine that that was the opinion of one scientist. The range of numbers that I hear from the virologists is somewhere between 65 and 85 per cent. The new variant might suggest that the number needs to be higher because, if we have more transmission, we need more immunity.

We have not mentioned this, but it is an important point. Immunity still seems to be conferred and to deal with the new variant, although we need to check that for absolute certainty. In most cases, it is better to get more people vaccinated, so our target is 80 or 85 per cent of the adult population. We hope to get there, and we are heading that way.

So far, Covid vaccination is very popular. Those who have been offered it are turning up. I anticipate that that will continue and I hope that all the things that we are doing, such as advertising and education, will encourage people to get vaccinated. The new variant probably does no harm by adding a little urgency to people seeking the vaccine, when we finally get enough supply.

**John Mason:** Okay. Thank you.

My second question is on a different issue. There was an article in *The Herald* yesterday on treating Covid—it talked about interferon and so on, and went way over my head. However, you have said that there is no real treatment for Covid. Can you say anything more about that?

**Professor Leitch:** The biggest Covid treatment trial in the world is happening in and led by the UK, partly in Edinburgh and partly in English universities. Called the recovery trial, it allocates people who have severe Covid to certain treatment arms. That is how we discovered that dexamethasone helps in severe disease, remdesivir probably does not and hydroxychloroquine definitely does not. Everything is in that trial, including interferon and blood transfusion, and new drugs go into it as they are suggested. For now, we have some treatments for serious, high-end disease; dexamethasone definitely reduces mortality and severe disease.

We do not have drugs that stop people progressing to severe disease. That is what we are looking for: rather than see people who still have a cough and a fever on day 10 of Covid go into hospital and intensive care, we are looking for something that will help them turn a corner. Otherwise, unfortunately, many individuals who progress in that way will die. That is why we want those drugs.



The recovery trial is on-going. It includes antibodies, interferon and all the other things. It is working fast, but it can only work at a certain speed. For now, dexamethasone is our principal treatment for severe disease.

**John Mason:** My final question is for the cabinet secretary and follows on from what Willie Coffey said about enforcement. I take the point that we want engaging, encouraging and explaining to come before enforcing. However, fans turned up in their hundreds at the football cup final on Sunday, and two were charged with having flares. The first 3 Es are clearly not working. Are we saying that football fans can behave in any way that they want to?

**Michael Russell:** Absolutely not, but you cannot say that the four Es are not working. There is a very high level of compliance, which shows that the approach is working. If people who have been engaged with, have heard the explanation and have been encouraged still will not comply, the rules will be enforced. That is the situation. I cannot comment on particular instances, but I see evidence in my own constituency of that approach being used as it should be.

The four Es are working. We should persist with them as citizens and as community leaders, as I said to Maurice Corry. We must explain to people why that approach is important. We must make sure that we engage with people about the issues. If we are in the supermarket and people there are concerned, we can tell them the facts. We must encourage people. If we see people who are not observing the rules, we should say, "This is the issue; this is why it is important."

The four Es are working. There is a high level of compliance, and we want that to persist and increase. We all have a role to play in that.

**John Mason:** I am not disagreeing with you. I take your point on board, but I will have a final shot. I understand that the idea is for the police to encourage people—we all want to do that—but not many people have been charged or faced firmer enforcement after incidents such as repeated house parties or what happened at the football.

**Michael Russell:** If you are aware of repeated house parties, you should tell the police about them and ask why they are not following that up. I know that people tell MSPs about others who breach the law. Those people must be engaged with. There is no point sitting at home, tutting and saying, "Isn't that terrible?" They must be engaged with. I encourage that engagement and I encourage debate.

We must ensure that we explain. Explanation, encouragement and engagement prevent the difficulty of enforcement, but enforcement is still

there when it is necessary, and it should happen when necessary.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** Professor Leitch, can you tell us how many vaccines are scheduled to arrive in Scotland by the end of January?

**Professor Leitch:** I do not have exact numbers—I do not think that we know exact numbers. I will check and get back to you, but I think that the supply presumptions were in the information about the planning that we gave to the Scottish Parliament information centre. I will check that and let you know.

I should add that the numbers are not reliable, for the reasons that have just been described. The AstraZeneca vaccine has not yet been approved. As things stand, there may be no AstraZeneca vaccine. I do not expect that to be the case; I expect it to be approved, but we cannot assume that that will happen because the regulators still have to do their job.

We are expecting doses on an on-going basis—Christmas and new year will not interfere with that in any meaningful way—and then there will be more in January, but I cannot give you exact round numbers; I do not think that anybody can. However, we will do so as soon as we can.

10:45

**Stuart McMillan:** Thank you. Will the events down in Kent over the past few days have an impact on the vaccines coming into Scotland?

**Professor Leitch:** We do not believe so. The interim chief pharmaceutical officer, Alison Strath, has led all the planning and mitigations for Brexit on our behalf for months now around vaccination, essential drugs and—very importantly, and Mr Russell has had to learn this as well—radioisotopes, which are all made in Europe for the whole of Europe, and then have to travel to Scotland for radiotherapy patients. This version of events has happened a little bit earlier than what we were planning for on Brexit, but all those supply lines are intact. We have a number of mitigations in place in order to get us those things. The vaccines and radioisotopes are coming by air; the AstraZeneca vaccine is made in the UK so getting it out would be more of a problem than getting it to us. However, as far as we know, for now, the short straits issue is not affecting our supply.

We also have Brexit-ready supplies. We already knew that we would need more. We are having to use them now because some drugs have not been able to get through, so we are already into our Brexit supply.

**Michael Russell:** With regard to the work that is being done on concurrent risks, we discuss those issues virtually every day. The assurance that I have given about the vaccine is an assurance right across Government. What we have seen at the short straits is definitely a problem. It has been a bigger problem for goods going out than it has been for goods coming in, but of course some lorries go out and then come back and that is an issue in terms of consequent supply. However, the work on concurrent risks has alerted us to that. There are some things that we cannot do, but we are confident about the vaccine—and, as Jason Leitch has said in relation to medical supplies and consumables, we have done an awful lot of planning over the past few years, so the stockpile is there. We are eating into it, but we are also replenishing it.

**Stuart McMillan:** Around 40 countries have banned incoming flights from the UK, and there is now this other strain, which is 70 per cent more transmissible. Notwithstanding the fact that many of the powers do not lie with the Scottish Parliament—they are still reserved to Westminster—is there now a stronger argument for having a stronger testing set-up at airports for when people arrive or, potentially, to stop more flights from leaving UK airports to go elsewhere and vice versa, to protect the population of Scotland?

**Michael Russell:** I will let Jason Leitch respond on the airport testing issue, but the default advice remains stronger than ever—do not travel. That is the advice. There are of course circumstances in which people have to travel—either because of urgent work or for compassionate reasons. As constituency MSPs, we have all dealt with such examples. However, the firm advice is not to travel. Therefore, we are trying to make sure that people are not coming in or going out by air or any other means; movement within these islands is now also severely restricted, and rightly so. Of course, Ireland—as I indicated in my opening statement—has gone up to its level 5, so we do not have internal travel within these islands and there should not be travel in or out of these islands at present.

**Professor Leitch:** Mr Russell has outlined the position very well. The public health advice here is pretty straightforward, although of course it is very hard to implement. It is based on the genomic study, which, three weeks ago, reinforced what we already knew about high prevalence to low prevalence.

If we get the virus down to single figures, as we did in June, the only way that it can get back in is if it travels in—that is its only route. It travels with human beings, who do not know that they have it. I know that I keep saying it, but everybody is

surprised when they get a positive diagnosis. People incubate the virus and, if they travel somewhere, whether that is to Scotland or Nigeria, they take the virus with them. If we get the prevalence down, to stop the virus coming back we have to restrict travel until enough people in the world are vaccinated, so that we can begin to return to what was normal.

Testing at ports of entry, whether that is airports or Dover, can be part of the mechanism by which we make travel safer, but it is not a replacement for quarantine or—[Inaudible.]—people, particularly those from high-prevalence areas in Scotland or across any borders. Testing may well be part of the mechanism, but we must return to the conversation about whether it is legitimate to test to do something. For leisure travel, it is certainly not legitimate. In the future, it may well become part of the armamentarium for leisure travel, as may vaccines. All those elements will come in time, but, for now, Mr Russell is correct that there should be no overseas travel unless it is absolutely essential.

**Stuart McMillan:** Is there an argument for strengthening the quarantine measures in Scotland and around the UK for people who fly in, whether or not they have to travel?

**Professor Leitch:** That is kept under constant review at UK level with our input; we then make our choices. Humza Yousaf gets advice every Wednesday night from Gregor Smith and I about different countries. The general position is kept under review, and the higher-level advice about what the quarantine period should be—14 days or 10 days, for example—and whether it should be spent in quarantine hotels is kept under separate review.

We have not felt the need to change that advice, but the new variant puts everything back on the table. The more we learn, the more we worry about travel—it is as simple as that. A number of times over the past few weeks at this committee, members have heard me say that, particularly if lockdown works for us over the next few weeks, we will have to think very carefully about travel restrictions, because travel will be the only way that the virus can get back in. Liam McArthur's question about Orkney is exactly the same, but with a different set of borders. If Orkney's numbers stay low after Christmas, the only way to keep them low is to not let the virus back in.

**Stuart McMillan:** The new strain of the virus was first reported on 15 December and, on 19 December, more information came out and there was the announcement regarding the change of levels in Scotland, with the mainland moving to level 4. Was there a reason why there was a gap of three days or so before the decision was taken? Was it to build up more information and

understanding about the virus, or was there another reason?

**Michael Russell:** Jason Leitch will have to answer that question, as I am unaware of the answer.

**Professor Leitch:** It is to do with the science and NERVTAG—we waited for NERVTAG to meet on Friday. The genetic code for this variant of the virus existed before 15 December. There are 300 variants and, over time, this variant became the dominant one in London. Lockdown did not appear to be working, so everybody started to pay attention and to look at the dominant variant among all the other variants in our genomic classification.

We in Scotland started to pay attention, with Gregor Smith and I receiving information earlier last week, on Monday. What day is it today? It is Wednesday. We received the information on Monday, we told the First Minister on Monday night, the Cabinet discussed it for the first time on Tuesday and the First Minister told the country on Tuesday that the new variant exists and is a worry, and that we have X number of cases of it in Scotland.

As the week went on, we got more cases. NERVTAG—we have Scottish people in the group—met on Friday, and then reported to Gregor and me. We told the First Minister on Friday night and there was an emergency cabinet meeting on Saturday. In science terms, that is pretty quick, which is one reason why we do not have all the answers to all the questions that we are being asked. I hope that, by doing that, we have acted preventatively.

This viral strain existed previously, in small numbers, with no indication that it was any different from or worse than others. Gradually, it became apparent that something different was happening. NERVTAG met and we acted.

**Stuart McMillan:** That is helpful—thank you.

**The Convener:** We have time for Liam McArthur to ask a quick supplementary. I ask for the question and the answer to be as brief as possible.

**Liam McArthur:** I thank the convener for squeezing me in.

I will follow up on the cabinet secretary's comment about the impact—particularly on the seafood sector—of what was happening at the narrow straits. I hope that the situation is easing, but what discussions have taken place with the UK Government about compensating those who have undoubtedly been affected by loss of product?

**Michael Russell:** The First Minister raised the issue of compensation at COBR two days ago,

when it was brushed off. The Secretary of State for Transport said something about insurance, although that is not an option as far as we are concerned. We are looking urgently at our ability to support the companies that are most at risk and we will pursue that. I think that Fergus Ewing was tasked on Monday—I, too, have difficulty with the days now—with producing something to help as quickly as he could. I notice, for example, that a lead producer in my constituency was out in a lorry at 2 o'clock this morning to deliver to UK customers and get more product into the domestic market. That is hard, but people are doing a lot of work.

**The Convener:** Agenda item 2 is consideration of a motion on the regulations that we have just taken evidence on. Would the cabinet secretary like to make further remarks?

**Michael Russell:** No.

*Motion moved,*

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 8) Regulations 2020 (SSI 2020/452) be approved.—  
[Michael Russell]

**The Convener:** If any member wishes to speak to the motion, please indicate that by typing R in the chat bar.

No member wishes to speak.

The question is, that motion S5M-23775 be agreed to. Does any member disagree? If so, please type N in the chat bar.

No member has typed N, so the motion is agreed to.

*Motion agreed to.*

**The Convener:** The committee will publish later today a report to the Parliament that sets out our decision on the regulations.

That concludes our time with the cabinet secretary and the national clinical director. I thank them both for their attendance.

*Meeting closed at 10:58.*



This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

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