The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment Regulations 2022 and The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 2) Regulations 2022

Equality Impact Assessment

February 2022

Scottish Government
Riaghaltas na h-Alba
gov.scot

Title of Proposal:

The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment Regulations 2022 and The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 2) Regulations 2022.

Legislative Background

The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment Regulations 2022 and The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 2) Regulations 2022 (the 'Regulations') are made under powers to make provision for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection, conferred on the Scottish Ministers by schedule 19 of the Coronavirus Act 2020. These Regulations, which bring into force and amend The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment Regulations 2021 ("the principal Regulations"), will come in to force on Monday 17th January and Monday 24th January 2022, respectively.

Introduction

The aim of this Equality Impact Assessment (EQIA) is to analyse the potential impacts for each protected characteristic under the Equality Act 2010, both positive and negative, of amending the definition of fully vaccinated to include the requirement for a booster vaccination if a person's primary course of MHRA vaccine was more than 120 days ago and amend the definition of late night venue. The scheme will continue to accept a record of a negative test (either lateral flow device (LFD) or polymerase chain reaction (PCR)) as an alternative to proof of vaccination in order to access those settings.

Where there are potential negative impacts, mitigating actions have been identified. The use of Covid Status Certification for international travel is beyond the scope of this impact assessment. A separate EQIA on this policy has been published. An Assessment of the core vaccination and testing policies have been undertaken and a separate EQIA.

The Scottish Government is mindful of the three aims of the Public Sector Equality Duty (PSED):

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- and foster good relations between people who share a protected characteristic and those who do not.[1]

We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. We have therefore sought to promote equality through both the policy itself and supporting guidance.

While it is the view of the Scottish Government that any negative impacts of Covid Status Certification are currently justified and are a proportionate means of helping to achieve the goals set out by the Policy Objectives, we also recognise that these measures are only required to respond to the current set of circumstances, and are only necessary as long as the potential public health benefits can justify any negative impacts caused.

International evidence suggests that crises responses often inadvertently discriminate. The Equality and Human Rights Commission, the Scottish Human Rights Commission and the Children's Commissioner

for Scotland stated in April 2020 they had already found increasing evidence that some groups are experiencing disproportionately negative impacts from the virus and some of the responses to it.[2]

The Scottish Government is committed to ensuring that human rights, children's rights and equality are embedded in everything we do, and are central to our response to the pandemic. The Scottish Government's Framework for Decision Making recognises that harms caused by the pandemic do not impact everyone equally, and that we must work to advance equality and protect human rights.

Background

Mandatory Covid Status Certification came into force on 1 October 2021. This required certain premises and settings to ensure that there is a reasonable system in operation for establishing that all people in the premises can demonstrate that they are fully vaccinated or can present a record of a negative test in the last 24 hours or that they are exempt, and to refuse access to or remove any one who is not fully vaccinated. To be considered fully vaccinated, you must have completed a course of an authorised vaccine with the final dose having been received at least 2 weeks previously. If 120 days have passed since the primary course was completed you must have had a booster dose plus 10 days (this is to ensure that the vaccine has taken effect). A negative test result means that a person has received a negative Lateral Flow Device test (LFD) or Polymerase Chain Reaction (PCR) test in the last 24 hours.

The settings covered in the original scheme on 1 October include:

- late night premises with music, which serve alcohol after midnight and have a dancefloor or space where dancing by customers take place
- indoor events (unseated) planned for 500 or more people at any one time
- outdoor events (unseated) planned for 4,000 or more people at any one time
- any event planned for 10,000 or more people at any one time

Based on evidence and a balance of the four harms[1] of the virus, the regulations were subsequently amended on 6th December to include a negative test result (either a lateral flow device (LFD) or polymerase chain reaction (PCR) from within the last 24 hours, as an alternative to proof of vaccination to gain entry to the settings in scope. Initially, the scheme – introduced on 1st October - did not include a negative test result as an alternative to proof of vaccination as we did not consider that it would be appropriate and believed it could undermine one of the policy aims of the scheme: to increase vaccine uptake. This new provision came into effect on 6 December.

This change makes it possible for more people to make use of the scheme, such as those who are not yet fully vaccinated. It also means that individuals who received a vaccine not recognised by the MHRA, or who have experienced difficulty accessing their vaccination record, will be able to attend venues covered by the scheme. We hope that the inclusion of testing will encourage the greater use of regular testing and will still support us to achieve our policy objective of reducing the risk of transmission of Coronavirus.

Ministers have been clear that the Covid Status Certification will not be a requirement for public services or other settings that many people have no option but to attend, such as public transport, health services and education.

[1] Coronavirus (COVID-19): framework for decision making - assessing the four harms - gov.scot (www.gov.scot)

The following people are exempt:

- under 18s
- people who for medical reasons cannot be fully vaccinated **and** cannot undertake a qualifying COVID-19 test
- people taking part (or who have taken part) in vaccine trials
- the person responsible for the premises
- workers and volunteers at the premises or event
- emergency services responders and regulators carrying out their work.

The regulations require the persons responsible for a setting to ensure there is a reasonable system in operation for checking that people seeking to enter the premises are either fully vaccinated or can provide record of a negative test result (either LFD or PCR), or are exempt, and to have in place a compliance plan for the system.

Legislative amendments

Since these regulations were amended in early December, the new Omicron variant of Covid-19 has emerged and is now dominant in Scotland. There is evidence to indicate Omicron is more transmissible than other variants and partially escapes immunity from vaccines as well as previous infections [3]. The modelling in Scotland up to 3 January 2022 estimates a doubling time of 3.88-3.95 days[4]. Omicron became the dominant variant in Scotland on 17 December 2021.[5]

Covid Status Certification has been amended so that the definition of "fully vaccinated" includes the requirement for a booster vaccination if a person's primary course of an MHRA vaccine was more than 120 days ago. These amendments come into force on 17 January 2022. The amendments to the definition of late night venue come into force on 24th January 2022.

Ministers must review The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment Regulations 2021 (which makes provision for Covid Status Certification) at least every 3 weeks to assess whether any requirement in the regulations is still necessary to prevent, protect against or provide a public health response to the incidence or spread of infection in Scotland.

We will continue to assess whether any less intrusive measures could be introduced to achieve the same combination of policy objectives in respect of the higher risk sectors concerned; if so, the requirements will be immediately reviewed.

Sectorial Guidance is published on the Scottish Government website. Guidance for the wider public is published on the Scottish Government website.

Policy Objectives

In line with our strategic intent to 'suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future', the policy objectives of Covid Status Certification remain to:

- **Reduce the risk of** transmission of Coronavirus, by ensuring that specified public spaces where transmission risks are higher are used only by those who are fully vaccinated including a booster when required, can provide a record of a negative test within the previous 24 hours, or are exempt. Vaccination or a negative test within the previous 24 hours reduces (but does not

eliminate) the risk of being infected, the risk of serious illness and death if they are infected and the risk of infecting others;

- **Reduce the risk of serious illness and death** thereby alleviating current and future pressure on the National Health Service, by reducing transmission in specified settings where transmission risks are higher;
- **Reduce the risk of settings specified in the scheme being required to operate under more restrictive protections, or to close,** by ensuring that the risk of transmission in these settings is reduced; and
- **Increase the protection enjoyed by those using settings covered by the scheme and their contacts,** by incentivising those using the settings to get vaccinated and to test regularly and self-isolate if positive.

An evidence paper summarising the range of evidence available on certification schemes was published. Consistent with our approach throughout the pandemic, the paper adopts a four harms approach covering the direct health harms of Covid-19, the indirect health harms, the social and the economic harms. Evidence is drawn from clinical and scientific literature, from public opinion and from international experience. A follow-up evidence paper which sets out the evidence on certification schemes since the original paper was published is available. An evidence paper on the Omicron variant was published on 10 December 2021. This impact assessment should also be considered alongside the latest State of the Epidemic report.

Public health rationale

The COVID-19 epidemic continues to pose considerable challenges. After decreasing in November 2021, new case rates rose sharply from the end of December and peaked in early January 2022. The 7 day positive PCR case rates per 100,000 are currently averaging around under a 1,000 per day (based on PCR tests only). However, it should be noted that on 5 January 2022, the Scottish Government announced that people who do not have symptoms of Covid-19 will no longer be asked to take a polymerase chain reaction (PCR) test to confirm a positive Lateral Flow Device (LFD) result. Instead, anyone with a positive LFD, who does not have symptoms, should report the result online as soon as the test is done. This means that those without symptoms who previously would have taken a confirmatory PCR test, will no longer do so. As a result, these positive cases are not directly comparable with previously reported number of cases. Weekly hospital admissions with confirmed COVID-19 have started to decrease over the last week. Case rates and age standardised hospital admissions are considerably lower in vaccinated versus unvaccinated individuals. Modelling indicates uncertainty over hospital occupancy and intensive care in the next four weeks. Hospitals are currently at, or very close to, capacity and have been in this position for many weeks now with several Health Boards operating within an environment of unprecedented pressure and heightened risk, plus a requirement for military support. This is likely to be driven by Covid-19 cases and delayed discharges but also may reflect that patients with higher acuity are now requiring admission.

Omicron is now the dominant variant across the UK[6]. Risk assessments on Omicron (B.1.1.529) have been published by the UK Health Security Agency (UKHSA).[7] The growth advantage has been designated as red, with a high confidence, indicating that Omicron has a significant growth advantage over Delta, with greater household transmission risk and secondary attack rate being seen. [8] [9] There is high confidence that immune evasion is a substantial contributor to the growth advantage but it is also biologically plausible that increased transmissibility of the omicron variant is also contributing.

Therefore, the transmissibility of Omicron has been designated as amber with a low confidence by the UKHSA indicating that that Omicron is at least as transmissible as Delta but further analysis is required.[10] There is also evidence of widespread community transmission of Omicron.[11] [12]

Immune evasion to both natural and vaccine derived immunity has been designated as red with a high confidence by the UKHSA indicating that there is evidence of frequent infection in humans with known prior infection or vaccination[13]. Neutralisation data, real world vaccine effectiveness against symptomatic disease, and reinfection rate all confirm substantial immune evasion properties[14] [15].

Infection severity has been designated as green with high confidence by the UKHSA meaning there is evidence to support a moderate reduction in the relative risk of hospitalisation compared to Delta, ranging from 15 to 80%[16] [17]. The data published by UKHSA indicate that the risk of attending hospital or emergency care is around half that of Delta and the risk of being admitted from emergency care around is around one third of Delta[18]. SAGE 102 minutes identify a potential reduction of 35-65% for the risk of hospitalisation compared to Delta[19]. The reduction in infection severity is likely to be partly due to the nature of the variant and partly due to protection from prior infection; however, the relative contributions of the two factors has not been quantified[20]. Early data from COVID-19 Clinical Information Network (CO-CIN) considered by SAGE on 7 January 2022 indicate that the severity of disease being observed in hospital over the last three weeks is lower than observed in early phases of previous waves, with less need for oxygen, less admission to intensive care, better outcomes, and shorter stays[21]. From the SAGE 101 meeting on 23 December 2021, UKHSA data suggests a doubling time of 4 to 5 days for hospitalisations[22].

Infection severity in children has been designated as amber with a low confidence as, although there has been an increase in hospital admissions, further analysis is required to compare the risk of hospitalisation between Omicron and Delta, and to assess the clinical nature of the illness in children [23]

The Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O) concluded that "If omicron in the UK combines increased transmissibility and immune escape, irrespective of severity, it is highly likely that very stringent measures would be required to control growth and keep R below 1"[24].

Our primary and secondary health and social care services are facing arguably the most significant and increasing pressures and demands in the history of the NHS. The winter period is also posing significant challenges of increased transmission and related pressure on the National Health Service. We remain of the view that action is therefore needed across all sectors to ensure adherence to baseline measures. Drawing on the evidence so far available, we consider that Covid Status Certification has an important role to play as one such measure including as a precautionary measure in light of the new Omicron variant.

Vaccination

While no vaccine is 100% effective at preventing infection, disease and transmission, and they do not completely break the link between a high volume of positive cases and serious pressure on healthcare services, they are our best route out of the pandemic. Vaccines help prevent transmission of the virus as vaccinated people are less likely to become infected and ill than unvaccinated people (and only infected people can transmit the virus). The UK Vaccine Effectiveness Expert Panel (VEEP) is a group of scientific and analytical specialists from academia and government in the UK who provide a consensus view on vaccine effectiveness, split by variant, vaccine and dose. They have published estimates for vaccine effectiveness based on an assessment of the evidence at the time of writing and as new

evidence or data emerges, SAGE will update its advice. The most recent Vaccine effectiveness summary was published on 24th September 2021.

Vaccine effectiveness against symptomatic disease with the Omicron variant is lower compared to the Delta variant and wanes rapidly. However, boosting returns it to a comparable level[25]. Vaccine effectiveness 2 to 4 weeks after a booster dose ranged from around 65 to 75% for Omicron compared to >90% for Delta. Vaccine effectiveness against symptomatic disease drops to 55 to 70% at 5 to 9 weeks after a booster and a further drop to 40 to 50% from 10+ weeks after the booster for Omicron, whereas vaccine effectiveness for Delta remains over 80% at 10 weeks[26 27].

Protection against hospitalisation from vaccination is much greater than that against symptomatic disease, in particular after a booster dose[28]. Vaccine effectiveness against hospitalisations 4 weeks after dose 1 is at 58%, between 2-24 weeks after dose 2 at 64% and for 25+ weeks after dose 2 at 44%. Data released by UKHSA suggest that 2 to 4 weeks after a booster, vaccine effectiveness increases to 92%, after 5-9 weeks drops to 88% and that at 10+ weeks after booster, vaccine effective against hospitalisation remains at 83%[29]

Early data considered by SAGE suggest that the probability of needing admission to ICU is very much higher in the unvaccinated population for the Omicron variant[30]. There is currently insufficient data to make an assessment of vaccine effectiveness against severe disease for Omicron compared to Delta[31]. However, though waning has been seen in vaccine effectiveness, it is thought that vaccine effectiveness against severe disease is more likely to be sustained, especially after a booster dose [32] . More analysis can be found in a number of large studies including EAVE-II (Early Pandemic Evaluation and Enhanced Surveillance of Covid-19) in Scotland[33], Real-time Assessment of Community Transmission (REACT-1) in England[34] and the Office for National Statistics (ONS) Covid-19 Infection Survey ONS study.[35] Therefore, we have strong evidence that vaccines are effective at preventing disease, hospitalisations and deaths.

As of 18 January 2022, 85.5% of the eligible population (12+) received two doses of the vaccine and 67.2% (12+) received a booster or third dose. In the week 1 to 7 January 14.2% of positive cases were in unvaccinated individuals. In the week 1 - 7 January in an age-standardised population, individuals were 4 times more likely to be in hospital with COVID-19 if they were unvaccinated compared to individuals that had received a booster or third dose of vaccine[36].

Vaccine uptake has progressed extremely well in the Scottish adult population with approximately 80.5% of 18 to 29 year olds and 81.8% of 16 to 17 year olds having received the first dose of the vaccine as of 18 January. At least 95% of people aged 50 and over have received two doses, but uptake of a second dose remains lower in people in their 30s (79.8%) and the 18-29 age group (72.2%) as of 18 January. Vaccine uptake has slightly increased since the scheme was announced, although it is not possible to directly attribute rises to the introduction of the Covid Status Certification. The proportion of those aged 12+ with a first dose rose to 91.8%, second dose rose to 85.5%, and a third dose or booster rose to 67.2% up to 18 January 2022[37].

Protection due to previous infection

There is limited evidence for Omicron on the duration of natural immunity due to the high levels of vaccination within the population. However, high levels of immune escape have been seen as well as a marked increase in overall reinfection rates[38 39 40].

Data published on 17 November, pre Omicron, showed that those who have had a COVID-19 infection previously continue to be less likely to test positive than those who had not, with estimated likelihood of

testing positive similar to those who received three doses of COVID-19 vaccine more than 14 days ago and those who received two doses of Pfizer/BioNTech vaccine between 15 to 90 days ago. Those who had previous infection were 1/5th less likely to test positive for Covid compared to those who had not.[41]

Data from numerous studies pre-Omicron indicate that neutralising antibodies last from 5-7 months[42] for up to a year[43] after SARS-CoV-2 infection. Individuals with severe illness produce more antibodies[44] and vaccination of individuals who have already been infected induces higher levels of protection than following infection alone.[45] [46] Young people tend to have a stronger antibody based on immunity to SAR-CoV-2 that lasts longer. A UK based study focusing on prevalence of antibody positivity to SARS-CoV-2 after first peak of infections showed that the highest prevalence and smallest overall decline in positivity was in the youngest age group (18-24 years), and lowest prevalence and largest decline in the oldest group (>74 years).[47]

In summary it is difficult to say definitively how long natural (post-infection) immunity will last. A NERVTAG paper (New and Emerging Respiratory Virus Threats Advisory Group) presented to Scientific Advisory Group for Emergencies (SAGE) on 27 May discussed that protection from re-infection with SARS-CoV-2 can last at least 7 months and in some studies up to one year.[48]

Testing

Two main testing methods exist for detection of SARS-CoV-2: LFDs or PCR. PCR is the recommended testing method if you have COVID-19 symptoms while LFDs are recommended only for people who do not have symptoms.[49] PCR is a highly sensitive and specific technique to detect SARS-CoV-2 and is a recommended diagnostic testing method by the World Health Organisation (the WHO)[50]. Specificity and sensitivity levels of >95% have been reported by SAGE for PCR testing[51].

LFD testing is effective at identifying people with the virus when they are at their most infectious and have high viral loads.[52] A peer-reviewed study on sensitivity of the LFDs carried out by University College London found that LFDs are more than 80% effective at detecting any level of COVID-19 infection and, therefore, can be an effective tool in reducing transmission.[53] Another study showed that LFDs are 95% effective and 89.1% specific at detecting COVID-19 when used at the onset of symptoms.[54] A review on the diagnostic accuracy of point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection concluded that LFDs which pass the criteria for use (e.g. WHO's priority target product profiles for COVID-19 diagnostics) can be considered as a replacement for PCR.

Data from the Assessment of Transmission and Contagiousness of COVID-19 in Contacts (ATTACCC) study show that false negative LFD test results mostly occurred 1 to 2 days prior to peak viral load and became negative at approximately the same time as viral culture became negative[55]. This indicates that LFDs are effective at detecting infectious cases. All the LFDs in use in the National Testing System have been shown by the British Government's Science Park, Porton Down, and University of Oxford SARS-CoV-2 lateral flow antigen test validation cell to be effective in detecting the Omicron Variant of Concern[56].

SAGE endorsed the benefits that rapid antigen testing (such as LFD testing) could have on reducing transmission when discussing the UK Government Plan B options: "Other measures are available which, if introduced, could also make Plan B (or more stringent measures) less likely (and could potentially offer better efficiency or effectiveness) for example encouraging wider use of rapid antigen testing in workplaces and the community, and ensuring self-isolation of those who test positive by providing sufficient support".[57]

The Scottish Government recommends to take regular lateral flow tests - especially before mixing with other people or visiting a hospital or care home, regardless of vaccine status or recent periods of infection. This will almost always identify Covid during early stages of infection and thus significantly reduce disease transmission[58]. The optimal testing strategy in order to gain access to a high risk setting would be to take the test as close as practically possible to the time of entry. LFDs are less sensitive than PCR but have the advantage of providing rapid results, and SAGE has endorsed the benefits that rapid antigen testing (such as LFDs) could have on reducing transmission.

Customers can display an SMS (text), email or a paper printed copy showing they have registered a record of a negative test. There is no QR code within SMS or emails and so they do not need to be scanned by the NHS Scotland Covid Check App. Venues will instead perform a visual check and no data will be retained. Individuals can get an SMS or email by registering the result of their negative LFD test on the GOV.UK website, and opting in to receive notification of their result. If individuals undertake a PCR test they will automatically receive an SMS or email with the results.

The testing option requires people to have access to a standard mobile phone, mobile device or computer with an email address and access to a printer. This does not need to be a 'smart phone' and can be any mobile phone or tablet that can receive text messages or has access to email. Test results can be displayed on a mobile phone, tablet or other device, or a paper copy can be printed using a home printer or using a service which provides printing facilities, such as a public library.

For those unable to test themselves, self-test LFD kits can be administered by others (such as a family member, friend, or carer) who can also register the result on behalf of the person they tested if they are also unable to do so. For those unable to display their test results (such as people who do not have a mobile phone) when registering their result they could have it sent to another person's phone, who could then show the result on their behalf.

Settings

Higher-risk settings tend to have the following characteristics: close proximity with people from other households; settings where individuals stay for prolonged periods of time; high frequency of contacts; confined shared environments, and poor ventilation.[59] [60] These settings are considered higher risk due to the way COVID-19 spreads. COVID-19 spreads in small liquid particles when an infected individual coughs, sneezes, speaks, or breathes.[61] These droplets are able to remain suspended in the air. When people are close together or in a confined, unventilated space, it is more likely these droplets will enter another person, either through inhalation, the droplets coming into contact with their eyes, nose or mouth, or by touching an infected surface and then touching their eyes, nose or mouth. [62] When people meet who do not regularly see each other or have a high frequency of contacts, it is more likely one of the individuals is asymptomatically infected through their separate social groups as the total number of extended contacts is greater. Examples of settings identified by SPI-B as high risk include public transport; places of worship, shops, malls and markets; parties; cinemas; theatres; planes; large family gatherings; cultural, sporting and political events; crowds; pubs and clubs; restaurants and cafes; hotels, cruise ships, hospitals and care homes.[63]

The Virus Watch Community Cohort Study found that during a period of no restrictions (September – November 2021), hospitality was associated with an increased risk indoors but not outdoors. Participating in sports indoors or outdoors was also associated with increased risk (although it was noted that this may relate to associated social activities). It was found that there was no good evidence of increased risk from attending cinemas, theatres, concerts, indoor sports events or for beauty services[64]. Evidence from Germany has found that regular cinema ventilation is sufficient to minimise the risk of

COVID-19 infection[65]. However, studies have shown that intoxication has the potential to increase the risk of transmission of COVID-19 due to a decrease in compliance with increasing levels of intoxication, notably a reduction in physical distancing, lack of face masks when not seated and mixing with groups at other tables[66]. In addition, modelled research by the Tony Blair Institute for Global Change reported that, if the NHS COVID pass had been made mandatory for crowded indoor and mass attendance settings (including sports matches, large outdoor events, indoor performances and nightclubs) in England after the lifting of restrictions on 19 July 2021, cases and deaths over the subsequent weeks could have been reduced by as much as 30%[67].

By restricting access to customers who are fully vaccinated and/or who can provide a record of a negative test, it is less likely that infection will take place in these settings, and it is less likely that infections within them will lead to illness. Additionally, vaccination, boosters and regular testing will continue to be incentivised.

Consequently, we can reduce the risk of transmission of the virus and help reduce pressure on health services, while also allowing settings to operate as an alternative to closure or more restrictive measures. As such, we consider the Covid Status Certification scheme, as part of a package of measures such as improved ventilation, to be a necessary and proportionate public health measure.

NHS Scotland Covid App and Paper Certificate

On 30 September we launched the NHS Scotland Covid Status App (the "App") for international use. This contains two unique QR codes, one for each dose of the vaccine and since 13 January has included booster doses. This product has been designed for use for international travel and domestic use. To meet international travel requirements it is necessary to include full name, date of birth and details of vaccination to meet EU standards. This version of the App can be used to demonstrate vaccine status in the settings in scope.

On 20 October, the NHS Scotland Covid Check App, which is used by venues to check QR codes, was updated so that when an international QR code is scanned for domestic purposes only a green tick or 'Certificate not valid' is displayed, rather than a person's name, date of birth and vaccination details.

In order to further minimise data display, on 21 October, the Covid Status App was updated to include a domestic page. This option simply shows the person's name and a QR code. When the QR code is scanned by the NHS Scotland Covid Check App it shows either a green tick or 'Certificate not valid' representing someone's vaccination status. The domestic App has functionality to hide or display a person's name. The Privacy Notice can be found on NHS Inform: Personal information we process, How we use your data, Your Rights.

On 13 January the NHS Scotland Covid Status App was updated to reflect the Scottish Government's new definition of fully vaccinated. This means that anyone who has not received the booster dose within 120 days (four months) of completing their primary course will no longer be deemed to be fully vaccinated.

Many countries accept proof of a negative PCR test (valid for 72 hours in line with EU specifications) or recovery status (that you have tested positive for Covid within the past 180 days) as an alternative to vaccination and some countries request a third vaccine (booster) as proof of vaccination for international travel purposes. On 9 December the Covid Status App was updated to include recovery status**,** third dose of the vaccine and boosters. The paper and PDF certificates were updated to include evidence of an individual's last 2 doses of the vaccine on 13th December. Boosters were added to the app for

domestic use on 13th January, boosters will show on the domestic page 10 days after received. Further development work will be required to update further information such as LFD negative test status in a future release of the App. In the meantime, customers can display an SMS (text) or email which records they have received a negative test. There is no QR code within SMS or emails and so they do not need to be scanned by the NHS Scotland Covid Check App. Venues will instead perform a visual check and no data will be retained. Individuals can get an SMS or email by registering the result of their LFD test test on the GOV.UK website.

The latest PHS report[68], published on Wednesday 19 January showed that, as of midnight 15 January 2022, the NHS Covid Status App has been downloaded 2,431,409 times. It is important to note a single user may choose to download the App on multiple devices, so this figure does not represent unique individuals. Between 03 September 2021 (introduction of QR codes) and midnight 15 January 2022, 715,974 paper copies of COVID-19 Status have been requested. This may not represent unique users if an individual requests a second copy (for example if they have lost their paper copy or needed to order a new one to refresh the QR codes after these have been updated). 1,736,949 PDF versions of COVID-19 Status have been downloaded. This provides a measure of the total number of times a new QR code has been generated via PDF. An individual can generate more than one successful QR code so the figure does not represent unique users. We continue to monitor user activity closely.

For those who do not have digital access or would prefer a paper copy, a record of vaccination can still be requested by phoning the Covid-19 Status Helpline on 0808 196 8565. The paper record of vaccination will then be posted to the address that is on the individual's GP records and held on the National Vaccination Service System (NVSS).

When registering an account on the App the user needs to verify their identity. This is for privacy protection as health data is special category data and protected by General Data Protection Regulations (GDPR) and human rights legislation (Article 8 right to respect for private and family life) and so additional safeguards and security measures are required to verify a person's identity before they are given access to their health records. This means users are asked to scan a photo of their passport or driving licence and then to take a live photo of themselves. The software then uses their live photo to compare likeness with the photo in their ID and confirm their identity. There is manual verification for the small number of cases which fail the automatic process. For the limited number of cases where a person's identity cannot be verified in the App, individuals can call the Covid-19 Status Helpline, or use NHS Inform to request a paper Certificate, which will be posted to them.

We continue to keep the ID Verification process under review. This includes consideration of alternative forms of ID that can be uploaded, such as PASS-accredited cards such as Young Scot and UKG issued immigration and asylum cards as an accepted form of ID. Broader use of National Entitlement Cards have been ruled out due to lack of relevant security features on the cards themselves.

Identity verification (IDV) is an important safeguard for people using the App to ensure that only the person themselves is able to access their vaccination record, which is part of their medical record. We carried out an options appraisal which concluded that facial recognition was the option that provided the highest degree of security. IDV information is only used to identify the person and ensure the requester of the Certificate is actually the person holding the device/phone. This data is not retained. Due to the need to develop the NHS Scotland Covid Status App quickly for international travel purposes and against a backdrop of rising cases and pending winter pressures on the NHS in Scotland, which meant the introduction of a domestic Covid Status Certification was likely, it was not possible to develop more than one IDV route for the App's introduction. Work is underway to put in place alternative IDV routes.

In addition the paper and PDF versions of the Certificate were already available for people to use, either if they are unable or unwilling to use the IDV route, so people are not excluded from accessing their medical data. The user pathway for these products is different for these routes, including using information in relation to the person's vaccination that it would not have been easily possible to replicate for the App. In addition paper Certificates are sent to the address the person is registered with at their GP.

Customers can display an SMS (text) or email showing they have registered a negative test. There is no QR code within SMS or emails and so they do not need to be scanned by the NHS Scotland Covid Check App. Venues will instead perform a visual check and no data will be retained. Individuals can get an SMS or email by registering the result of their negative LFD test on the GOV.UK website. If individuals undertake a PCR test they will automatically receive an SMS or email with the results.

The testing option requires people to have access to a standard mobile phone, mobile device or computer with an email address and access to a printer. This does not need to be a 'smart phone' and can be any mobile phone or tablet that can receive text messages or has access to email is sufficient. Test results can be displayed on a mobile phone, tablet or other device, or a paper copy can be printed using a home printer or using a service which provides printing facilities, such as a public library by the individual. In Scotland, it is estimated that 88% of households had internet access in 2019, however this varied by household net income and deprivation. The proportion of internet users reporting that they access the internet using a smartphone increased from 81 per cent in 2018 to 86 per cent in 2019 [69]

For those unable to test themselves, self-test LFD kits can be administered by others (such as a family member, friend, or carer) who can also register the result on behalf of the person they tested if they are also unable to do so. For those unable to display their test results (such as people who do not have a mobile phone) when registering their result they could have it sent to another person's phone, who could then show the result on their behalf.

Exemptions

There are medical exemptions for domestic Covid Status Certification for the very limited number of people who for medical reasons cannot be safely vaccinated or tested. In the vast majority of cases, a successful route to safe vaccination or testing can be found. Local vaccination centres can help to answer questions about the vaccine and can advise what arrangements may be put in place to enable safe vaccination. In the rare cases where that support does not lead to vaccination, an exemption is offered to the individual which can be used for international use. If the individual cannot be tested, they will be advised to obtain proof of evidence from their primary or secondary care clinician in the form of a letter. This evidence will then be assessed by a Scottish Government clinician who will work with the Resolver Group to provide the necessary support on a case-by-case basis to determine whether the individual is exempt from testing.

For more information on exemptions see the NHS Inform website, call the Covid-19 Status Helpline on 0808 196 8565 or visit your local vaccination centre. Medically exempt individuals are provided with paper Certificates which have enhanced security features. Medical exemptions cannot be displayed on the international section of the App due to EU specifications. They are under consideration for a future release of the domestic section of the App. We continue to engage across the four nations to ensure that work around exemptions is taken forward collectively.

All clinical trial participants have received a letter from their Principal Investigator which can be used for proof of their trial status. Clinical trials participants are encouraged to undertake testing and provide a record of a negative test, as they may have received a placebo dose.

While children are exempt from the requirement to provide Covid Status Certification for domestic purposes, 12- 17 year olds who have been vaccinated may choose to download a PDF of their vaccine record via NHS Inform, or they may choose to request a paper Certificate by calling the Covid-19 Status Helpline. 12 – 17 year olds may also choose to provide a record of their negative test. This can be done using the same routes as adults for paper copies.

The paper vaccine Certificates are in English. Information about what information the Certificates contain can be requested in other languages and alternative formats including Easy Read, audio and Braille. Information can be found on NHS Inform, or when people request their Certificate. Information about PCR home testing is also available in a variety of languages and formats.

For more information on the Covid Status Certificate see the Scottish Government website.

Policy Objectives

In line with our strategic intent to 'suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future', the policy objectives of Covid Status Certification are to:

- Reduce the risk of transmission of Coronavirus, by ensuring that specified public spaces where transmission risks are higher are used only by those who are fully vaccinated, including a booster or have tested negative in the previous 24 hours
- Reduce the risk of serious illness and death thereby alleviating current and future pressure on the NHS, by reducing transmission in higher risk settings. Vaccination reduces (but does not entirely eliminate) the risk of being infected, the risk of serious illness and death if infected, and the risk of infecting others
- Reduce the risk of settings specified in the scheme being required to operate under more restrictive protections, or to close, by ensuring that the risk of transmission in these settings is reduced, reducing overall cases of Covid
- Increase the protection enjoyed by those using settings covered by the scheme and their contacts, by incentivising those using the settings to get vaccinated and to test regularly and self-isolate if positive

Age: Young people (18-39)

Background

A full Children's Rights and Wellbeing Impact Assessment (CRWIA) on the domestic use of Covid Status Certification has been carried out. The CRWIA considers the impact of the Covid Status Certification on children – all those under 18 – and so this age group will not be considered in the EQIA.

Young people in the age cohort 18-39 have taken up vaccination at lower rates than the rest of the population. As of 18 January 2021, 80.5% of young adults aged 18-29 had received one dose, with 72.2% having received their second and 40.0% having received a third dose or booster; 85.8% of adults aged 30-39 had received one dose, 79.8% had received their second and 52.3% had received a third dose or booster.[70] UK-wide research suggests that, while general willingness to get vaccinated is high, vaccine hesitancy (the "reluctance or refusal to vaccinate despite the availability of vaccines"[71]) is

inversely related to age, as 16–24 year olds are 1.48 more likely to be vaccine hesitant than those aged 45–54 years.[72]

Recent UK-wide analysis also shows that vaccine hesitancy has decreased slightly among younger age groups. The latest Opinions and Lifestyle Survey (ONS)[73] conducted in June-July 2021 found vaccine hesitancy was:

- 11% among those aged 16 to 17 years (14% previously in the ONS survey conducted January-February 2021),
- 5% among those aged 18 to 21 years (9% previously)
- 9% among those aged 22 to 25 years (10% previously).

Data from the UCL Social Study (an online UK based study of over 70, 000 people) found, from the week ending 28/11/21 that although attitudes to Covid-19 booster vaccine intentions were mostly favourable, 5% were hesitant about receiving a booster vaccine (scores of 3-4 on a scale from 1 [very unlikely]–6 [very likely]), and 7% said they were unwilling (scores of 1-2). Booster unwillingness (scores of 1-2 on a scale 1-6) was reported amongst 12% of young adults compared to 8% of adults aged 30-59 and 3% of adults aged 60+. Booster hesitancy (scores of 3-4 on a scale 1-6) was more common amongst young adults (10% vs 5% ages 30-59 and 2% ages 60+)[74].

Connected with this lower vaccination uptake among younger cohorts, Public Health Scotland data shows that, in the four weeks up to 30 August 2021, 40.1% of Covid-19 related acute hospital admissions were unvaccinated individuals, of which 56.2% were in the under-40s age group.[75]

Even before the pandemic, young people already reported higher levels of loneliness than the general population. The Scottish Household Survey of 2018 showed that 21% of the general population reported feeling lonely “some, most, almost all or all of the time” in the last week, but this percentage rose to 24% for people aged 16-24.[76]

Evidence collected through the longitudinal Scottish COVID-19 Mental Health Tracker Study run during the pandemic further suggests higher levels of loneliness among young people. The most recent analysis (on data collected in February and March 2021) found those aged 18-29 reported more loneliness than older age groups.[77]

The Tracker Survey has also shown young people have experienced mental health issues disproportionately. [78] [79] [80] In particular:

- 18-29 year olds were more likely to report depressive symptoms (35.8%) than those aged 30-59 years (25.3%) and 60+ years (11.9%).
- 18-29 year olds (28.8%) were more likely to report anxiety symptoms than 30-59 year olds (15.5%), and 60+ year olds (8.2%).
- 18-29 year olds (28.8%) were more likely to report anxiety symptoms than 30- 59 year olds (15.5%), and 60+ year olds (8.2%).

Half of 18-29 year olds (50.2%) reported psychological distress compared to 31.4% of 30-59 year olds and 20.5% of 60+ year olds.

During the pandemic, evidence suggests that young people’s mental health has suffered disproportionately from restrictions. In the first wave, 18-29 year-olds reported 1.7 times more

depression, 1.6 times more anxiety, and almost twice as many suicidal thoughts than the overall sample.[81] In the second wave, levels of anxiety for that age group increased further.[82]

A meta-study on the mental health of children and young people during the pandemic by the British Medical Journal found that while many children and young people remain resilient to disasters such as the pandemic and may recover over time, the experience of multiple sustained stressors (such as illness, grief, isolation, closed borders, and home confinement) can result in both short and long term effects on their mental health and wellbeing.[83]

Differential impacts

Positive Impacts

For adults (18+), the 18-39 age cohort have the lowest level of vaccination.

All 16 and 17 year olds were invited to come forward for vaccination from 6 August.[84] All 16 and 17 year olds will be offered a second dose from 12 weeks or more after their first dose and those who are at increased risk from COVID-19 due to underlying health conditions, those who live with someone who is immunosuppressed, those who are an unpaid carer, a frontline health or social care worker, or those who are within three months of their 18th birthday, will be offered the second dose eight weeks after their first dose.[85] As of the 18 January 2022 2021, 81.8% of 16-17 year olds have had one dose, 51.7% have had 2 doses of the vaccine and 8.8% have a had a third dose or booster[86].

For those young people who have just turned 18 years old and have not had the opportunity to be doubled vaccinated, plus two weeks—for example if they have recently tested positive for Covid and have had to wait 4 weeks before getting their vaccination—they will be able to show record of a negative test as an alternative to vaccination.

A study comparing six countries has found that Covid Status Certification increased vaccinations 20 days prior to implementation, with a lasting effect up to 40 days after. The uptake was higher for those under 20 and 20-29 year olds when restricted to settings such as nightclubs and events. When expanded to a greater range, a high uptake was also seen in 30-49 age groups. A greater change was seen in countries with lower starting levels of vaccination. It is important to note these schemes were not vaccine only, like the Scottish scheme originally was, and had a different scope.[87] [88]

If vaccine and testing uptake increases among this age group, this would positively impact them as increased vaccination will reduce the direct health harms from Covid-19 and increased testing will enable us to identify the virus and reduce transmission.

There are some young people, such as some care experienced people, who may find it more challenging to access and maintain Covid Status Certification due to their life experiences and circumstances. For example, a care experienced person may change their address frequently, and may not have their current address registered at their GP. Including testing as an alternative to vaccination could have positive impacts for these younger people, as this may avoid difficulties with changing addresses and maintaining paper documents. However, we know that digital exclusion affects care experienced young people, and so they may not have a phone to receive or display SMS and email test results. Socialisation is key in supporting and maintaining relationships, mental health and wellbeing. Evidence shows that the mental health of this age group declined during lockdowns, and then gradually increased as settings re-opened.[89] [90] The settings in scope are often frequented by young people and play an important role in facilitating socialisation. Therefore, if the policy objective is achieved and the

risk of transmission is reduced, which in turn allows higher risk settings to continue to operate as an alternative to closure or more restrictive measures, the policy could positively impact young people as it facilitates their ability to socialise.

Negative Impacts

Stakeholders noted that there was a reduction in mass vaccination centres and that some remaining sites could be more difficult, expensive, or time-consuming to access. This, coupled with the later offer of the vaccine to younger people, may make vaccination less accessible for this age group. The introduction of testing as an alternative to vaccination would mean that those who are not yet fully vaccinated would be able to access the regulated spaces.

Feedback from the Children and Young People's Commissioner Scotland (CYPCS) on how the scheme is impacting young people highlighted the narrative in the media - in Scotland and the rest of the UK- that young people have been more reluctant to take up the vaccine than other age groups, despite being the last to be offered the vaccine. This has negative impacts on how young people feel they are perceived by society. The CYPCS also commented on the closure of vaccination centres, which makes vaccination less accessible.

We want visitors coming to Scotland to be able to access events and venues. For domestic Covid Status Certification purposes, only MHRA-authorised vaccines are accepted and this does not include the World Health Organisation (WHO) list vaccines, such as the Chinese vaccines Sinopharm and Sinovac and the Indian vaccine Covaxin.[91] While students can be any age, they are far more likely to be younger and in the 20 and under and 21-24 age group.[92] Many students travel internationally to attend Scottish universities and of these many have received a vaccine which is not authorised by the MHRA. Stakeholders have informed us that an estimated 23,000 international students could have received an alternative vaccine. In 2016/2017 Chinese students made up 16% of the percentage of non-UK students total and Indian students made up 3%.[93] Both of these countries administer vaccines which are not approved by the MHRA. This could impact international students' ability to socialise with other students, such as going to nightclubs or sporting events. For those whose vaccine is not recognised by the MHRA, testing is an alternative option and would mitigate against the negative impacts.

Negative test results are only valid for 24 hours and so for those who are not fully vaccinated do not have a MHRA vaccine, testing could have an impact on their ability to spontaneously attend events in scope if their result has expired, or if they did not anticipate attending an event in scope and so did not test before leaving home. LFD tests can be ordered online, or picked up from a local pharmacy or test site and, dependant on the test used, take approximately 15 minutes to process a result. Registering the results of the LFD test on the GOV.UK website takes a short period of time and the SMS and email confirmation are generally issued very quickly.

We are however encouraging everyone to test before attending social events even if they are not within the scope of certification.

There is a possibility that Covid Status Certification could be used beyond the intended purposes, and that employers could require proof of vaccination as a condition of employment. Employees within the regulated settings are generally younger. Evidence from the Institute for Fiscal Studies showed that young people (under 25s) in the UK were 2.5 times as likely to work in a sector that has been 'shut down' during the pandemic, such as leisure and entertainment.[94] Therefore, if employers use Covid Status Certification beyond the terms of Covid Status Certification, it is more likely to impact on younger people. This age group has been already impacted financially by the pandemic, so if people are not able

to maintain or gain employment due to their Covid Status Certification status this may exacerbate pre-existing impacts. Businesses not covered by the Covid Status Certification Scheme and operating certification voluntarily should consider asking for a record of a negative test as an alternative to a record of vaccination. However, as LFD test results are only valid for 24 hours, some may find daily testing inconvenient and burdensome.

Age: Older People

Background

Older people have been particularly impacted by the health harms of the virus. As seen in Figure 1, death rates calculated with data throughout the pandemic increase exponentially with age.

Covid-19 related death rates
(deaths per 100,000 people)

Age	Number of Deaths
Under 1 Year	1
1-4	0
5-9	1
10-14	1
15-19	4
20-24	4
25-29	8
30-34	18
35-39	41
40-44	63
45-49	139
50-54	251
55-59	379
60-64	620
65-69	778
70-74	1349
75-79	1675
80-84	2217
85-89	2407
90+	2254

Figure 1. Death rates where COVID-19 was the underlying cause (per 100,000 people) Mar 2020 - Nov 2021. Source: Archive | National Records of Scotland (nrscotland.gov.uk) (Deaths involving coronavirus (COVID-19) in Scotland - Week 49 - Table 5).[95]

There is a higher ratio of women to men in older age groups, reflecting women's longer life expectancy. For example, women make up 64% of people aged 85+ in Scotland.[96] Measures that may help limit the spread of coronavirus are designed to positively affect the entire population, but may particularly benefit older individuals.

Social isolation and loneliness has been exacerbated by Covid restrictions and a key group affected are those aged over 75. A report from Age UK from 6 months into the pandemic suggests that the pandemic

has had a damaging effect on older people's mental health: 34% of those surveyed agreed that their anxiety was worse or much worse than before the start of the pandemic. Of those surveyed aged over 70, 31% reported feeling unsafe or very unsafe, and 45% uncomfortable or very uncomfortable when outside of their home due to the pandemic.[97]

More recent Scottish polling conducted in October 2021 also found 68% of respondents aged 75 or over felt 'worried about the Coronavirus situation' compared to 53% of all respondents (although small base size is noted for the over 75 group).[98]

In February 2021 Age UK conducted a survey on those aged 60+ showing that: 36% feel more anxious since the start of the pandemic and 43% feel less motivated do the things they enjoy since the start of the pandemic. Older people have reported losing confidence in their ability to take part in activities which were previously routine before the pandemic.[99] In addition the prolonged periods of isolation, reduced social contact, and limited mental stimulation has led to 22% of older people finding it harder to remember things since the start of the pandemic.

There have been significant wider impacts on older people. In March 2020, about 180,000 individuals (3% of the Scottish population) who were clinically extremely vulnerable (CEV) were asked to shield. CEV individuals are more likely to be female, older, and live in more deprived areas of Scotland than the population at large.[100] A study on the experience of those shielding found that 87% reported a negative impact to their quality of life, 85% a negative impact on physical activity and 72% a negative impact on their mental health.[101] A further Scottish survey conducted on the impacts of the second lockdown on those aged over 50 found 48% of respondents who had shielded 'felt more anxious' as they entered lockdown in January 2021, compared to 39% of all respondents.[102]

Differential impacts

Positive impacts

If the policy objective to reduce the risk of transmission are achieved this would positively impact older people, as any reduction in transmission of the virus will positively impact this group who are at a far higher risk of poorer health outcomes if they contract the virus.

Age Scotland suggested that Covid Status Certification could play a positive role in supporting older people to feel safer and more confident in society if they know that those around them are vaccinated or tested. This is particularly the case for those older people who are clinically extremely vulnerable. Age Scotland also felt that the introduction of testing was a positive addition to the Scheme.

Lockdowns and restrictions have negatively impacted older people's mental health and wellbeing. If the policy objective is achieved and higher risk settings continue to operate as an alternative to closure or more restrictive measures, this could positively impact older people if, for example, they are still able to attend the settings in scope with family, friends and support groups and services.

Negative impacts

During engagement with stakeholders earlier in the pandemic, it was thought that some older people and disabled people could find it difficult to understand instructions and administer a home test correctly. An increased proportion of older people may also experience fine motor difficulties—for example, following a stroke or for those living with Parkinson's disease—which may impact on their ability to utilise home testing kits effectively.[103]

Home test results being sent to mobile phones or an email address may also exclude some older people. Digital access reduces with age. As of 2019, 20% of over-55s in the UK do not own a smartphone[104] and only 47% of adults aged 75+ use a smartphone to access the internet, compared to 98% of 16-24 year olds.[105] 36% of households where all adults are over 65 do not have home internet access, with only 57% of those with access using it regularly. 60% of households where all adults are over 80 do not have internet access, with 72% not using it regularly. Only 29% of adults aged 75 and over use a smartphone to access the internet.[106]

The proportion of households in Scotland with internet access was at a record high of 88 per cent in 2019, broadly in line with the prior year (87 per cent).[107] Household internet access increased with net annual household income. Home internet access for households with a net annual income of £10,000 or less was 65 per cent in 2019, compared with almost all households (99 per cent) with a net annual income of over £40,000. Access differed by area of deprivation: 82 per cent of households in the 20% most deprived areas in Scotland had internet access at home compared with 96 per cent of households in the 20% least deprived areas. The percentage of adults who do not use the internet was higher for those living in the 20% most deprived areas than for those in the 20% least deprived areas in Scotland. Internet use also increased with income. Internet access also varied by tenure: 79 per cent of those in social rented housing had internet access compared with 91 per cent of households who owned their home.

Seventy-one per cent of adults who have some form of limiting long-term physical or mental health condition or illness reported using the internet, lower than for those who have some form of non-limiting condition or illness (90 per cent) and those who have none (94 per cent).[108]

Almost all (97 per cent) adults who use the internet access it at home, followed by 58 per cent who access the internet on the move using a mobile phone or tablet. The proportion of internet users reporting that they access the internet using a smartphone increased from 81 per cent in 2018 to 86 per cent in 2019. The proportion of internet users using a smartphone to go online was greater than the proportion who accessed the internet using a PC or laptop (72 per cent). Younger internet users were more likely to access the internet using a smartphone than older users, with 98 per cent of 16-24 year olds using smartphones compared with 47 per cent of adults aged 75+ (an increase from 29 per cent in 2018). Older internet users were more likely than younger users to use a tablet to access the internet. Of those who do not use the internet, the most common reason that could convince people to go online was keeping in touch with family and friends at no extra cost, however this was only reported by eight per cent of this group[109].

Covid Status Certification is available both digitally (via an App) and as a paper document. Stakeholders have highlighted that although paper Covid Status Certification would mitigate against digital exclusion, it may still present challenges depending on how easy it is to update (for instance if data is incorrect or out of date, such as QR codes expiring) and on what happens when a Certificate is lost, stolen or destroyed. Age Scotland noted that not all smart phones or camera phones can host the App. They also encouraged continued communications with business to ensure that the sector are aware of and accept paper Certificates.

However, people do not need to have a smart phone or tablet to display their negative test result, as any mobile phone that can receive text messages or access emails is sufficient. If they do not have access to a mobile phone or tablet, individuals will be able to print off their test results at home, or have someone display their test result for them using a mobile phone.

However, this may not be suitable for a variety of reasons, as many of those without a mobile phone may also not have a home computer or a printer available. Those without a printer could use public printing facilities such as libraries or print shops, but using these every time a test result is needed could be time consuming and costly, especially if a result is needed quickly outside of opening hours. This may also be problematic in rural areas which may have limited access to such facilities. Allowing another person to display a result on their behalf may then be a more suitable mitigation, but could also reduce older people's ability to access spaces in scope independently. However, as a very high percentage of older people are fully vaccinated, there may be only a small number of people who this affects.

If someone had no internet access but does have a standard (non-smart) mobile phone they can call 119 who will log their result through the portal for them and the text message will be received in the normal way.

For those unable to test themselves, self-test LFD kits can be administered by others (such as a family member, friend, or carer) who can also register the result on behalf of the person they tested if they are also unable to do so. For those unable to display their test results (such as people who do not have a mobile phone) when registering their result they could have it sent to another person's phone, who could then show the result on their behalf.

When registering on the App for the first time, the user needs to verify their identity before they can access their health records. This will done using biometric identity verification: a facial recognition software which will compare the photo in a person's ID document with a live photo or video. Stakeholders raised this as a potential issue, as some older people have never had ID, or it has expired and not been renewed. Stakeholders cited research commissioned by the Cabinet Office for the introduction of mandatory photo ID at polling stations, which suggests that 2% of people aged over 70 in Great Britain do not have any form of ID.[110]

However, those who cannot verify their identity on the App can call the free national helpline and request a paper copy of their Certification, or use the Covid Vaccination and Scheduling Portal. The Covid-19 Status Helpline is free and open every day from 10:00-18:00. A Resolver Group has also been established to resolve any reported inaccuracies in vaccination records and wider issues relating to acquiring Covid Vaccination Certification.

Stakeholders have also raised that clear, accessible communications are required as some older people may not be aware that a venue or event requires Certification, which may result in them being denied entry. Documents explaining what is shown on your Certificate have been translated into 19 different languages, and is also available in audio format, Easy Read, and Braille.

As Covid Status Certification is required to access some settings, it could potentially be used as a method of coercive control, for example if an abuser takes a phone or paper Certificate from the victim. Although older people have historically been a 'hidden' group in domestic abuse statistics, UK research from 2016 suggests that victims aged 61+ are much more likely to experience abuse from a family member, much more likely to suffer abuse from a current intimate partner and more likely to keep living with the perpetrator after getting support.[111]

Lastly, some older people rely on carers and others, including family members, for everyday living. If someone who cares for an older person does not have Certification, this could negatively impact on the older person if they are not able to access the setting in scope due to not having support from their

carer. The inclusion of testing will act as a mitigation against this. However, the carer may also choose not to be tested.

Disability

Background

According to the 2019 Scottish Health Survey, 32% of men and 37% of women in Scotland reported living with a limiting long-term condition. For people aged 75 and over, 58% had a limiting long-term condition.[112] 1 in 5 Scots identify as disabled, and more than a quarter of working age people have an acquired impairment.[113]

Covid has had a disproportionate impact on the health of disabled people: 93% of people who died from Covid-19 up until April 2021 had at least one pre-existing condition.[114] Research by National Records of Scotland with deaths data until January 2021 found that, after adjusting for age, disabled people were between 1.8 to 3.2 (women) and 1.8 to 3 (men) times more likely to die with Covid-19 than non-disabled people, depending on the extent to which disability limited their daily activities.[115] Similarly, research in England which analysed data from up to February 2021 estimated that, after adjusting for age, sex, ethnicity, and geographical location, adults on the learning disability register were 5.3 times more likely to be hospitalised in relation to Covid-19, and 8.2 times more likely to die due to Covid-19.[116]

Covid-19 restrictions have impacted disabled people particularly hard. Evidence has highlighted how, for wheelchair users, their main option to meet others was indoors, whilst others with dementia or learning disabilities struggled to understand the rapidly changing restrictions.[117] Other evidence suggests that people with pre-existing mental or physical conditions feel negatively affected by the fact that others seem to now be living more normally than they do, and those with physical health conditions are among the sub-groups with the highest level of concern about the occurrence of another wave of Covid-19.[82]

A report produced by the Scottish Government[118] on wellbeing issues over the duration of the pandemic, amongst different groups, noted that in March 2021, disabled respondents reported higher levels of anxiety and loneliness, were more likely to need help with mental health, shopping or getting medicines and manage less financially. The same report also noted that disabled people were more likely to feel cut off from friends and family and were more likely to be sleeping badly.

There have also been wider mental health impacts from the Covid-19 pandemic, with NHS data showing a 75% increase in the number of people referred to mental health services for their first suspected episode of psychosis between April 2019 and April 2021.[119]

Differential impacts

Positive impacts

If the policy objectives to reduce the risk of transmission is achieved, this would positively impact those disabled people who are at a far higher risk of poorer health outcomes if they contract the virus.

Some disabled people who are clinically extremely vulnerable were asked to shield at the start of the pandemic. Anecdotal evidence suggests that while shielding officially ended on 26 April 2021, concerns about contracting the virus have remained, and many individuals have continued to behave as if they are still shielding, leading to an adverse impact on their lives and quality of life.

Stakeholders have suggested that Covid restrictions and protective measures can support disabled people to feel safer when in public and participating in society. A recent poll conducted by Disability Equality Scotland found that 82% of respondents had no concern about Covid Status Certification. Views on the Covid Status Certification were mixed however, as some respondents perceived it as reassuring and a way to improve participation in society for those at risk, but some respondents would like to see Covid Status Certification extended to more settings.[120] Inclusion Scotland also noted anecdotal evidence that some carers would like to see Covid Status Certification extended to more settings as they felt the risk of attending settings where Covid Status Certification is not in place is too high and as a result the people they care for have been acting as if still shielding. Covid Status Certification could therefore provide reassurance for these people and support them to feel safer and more confident in society.

As 26.6% of the accommodation and food services sector workforce are disabled[121], extending Covid Status Certification to the food sectors could then reduce their chance of catching Covid (which they may have worse health outcomes from) at work.

Disability Equality Scotland reiterated that clear communications are necessary to help disabled people understand what restrictions are in place and why. They said that restrictions and the added security they give can give some disabled people reassurance, but also then that lower compliance with measures like wearing face coverings can then reduce these feelings of safety, and so clear communications are vital not just on new restrictions, but on those which are still in place.

Additionally, if the policy objective to allow higher risk settings to continue to operate as an alternative to closure or more restrictive measures is achieved, Covid Status Certification could benefit disabled people as socialisation plays a key role in disabled people's wellbeing. Therefore, if Covid Status Certification supports settings to remain open and facilitates socialisation, such as the ability to attending the settings in scope with family, friends and support groups and services, this would have positive impacts on disabled people.

Negative impacts

As with age, digital exclusion is a key consideration for disabled people. Glasgow Disability Alliance reports that 60% of their members feel digitally excluded[122] and that, while disabled people may have a smartphone, it may be too old to support certain apps.[123] [124] Some disabled people may use an older model of a mobile phone as it meets their accessibility needs, and so may not want to upgrade their phone to a new model which can support the NHS Scotland Covid Status App. A paper vaccine certificate can be requested by phoning the free Covid-19 Status Helpline which is open every day from 10:00-18:00. Additionally, people do not need to have a 'smartphone or tablet to display their negative test result any mobile phone that can receive text messages or access emails is sufficient.

If disabled people do have a smartphone which is compatible with the App, they may experience other barriers to access. For example, people who have motor or musculoskeletal problems which may mean they find it difficult to hold a camera steady for the time required to complete the biometric face scan. Stakeholders raised that for blind people or people with visual impairments it is difficult to complete the biometric face scan, as though the App is compatible with screen readers, people do not know whether their face is within the very specific space required to complete the scan, and the App does not provide enough prompts to support someone to move the camera to the right place. While a carer, friend, or family member may be able to help in such instances, this still impacts on a disabled person's ability to live independently. In response to a recent poll conducted by Disability Equality Scotland, respondents

suggested that the NHS Scotland Covid App was not accessible as it requires an email address and a driving license or passport to register and verify the user's identity.

This is an issue which the Scottish Government has raised with the contractor, Jumio, and which we will continue to raise in order to seek a satisfactory solution, noting we are reliant on a global solution which cannot be tailored for Scottish use only. Work is underway to identify options for an individual's identity to be confirmed in person as an alternative to the existing biometric verification process, such as at a trusted local office. It would require technical developments to the App to record the in person verification in the App so an individual can use the App if their identity has been verified in person. We are also considering whether a person's identity can be verified over a secure video call.

As with older people, disabled people who cannot show test results via a mobile phone may also struggle to access these via home or public printing services, especially if these services do not meet their accessibility needs. This could create an issue for disabled people who cannot be vaccinated but are not given an exemption as they could complete a negative test, but who would then have difficulty displaying the record of test result. Also as with older people, relying on another person to display their test status for them may impact disabled people's ability to live independently.

The EQIA on the core testing strategy[125] found that, for some people, there was concern that the process of testing may feel intrusive and could trigger difficult reactions. It was felt that increasing awareness of the potential intrusiveness of the testing process among frontline delivery staff might mitigate this risk. The Mental Welfare Commission has received a number of calls through their advice line from people about testing. Sensitivity to home testing kits can also be difficult for disabled people either to be undertaken themselves or by a carer, particularly when they do not understand why.

Stakeholders also felt that clearer communications were needed on Covid Status Certification and other baseline measures. They also felt that, while the inclusion of LFD testing was generally positive, there is the possibility that people could fraudulently use the system, which may increase the risk of infection in spaces in scope and potentially reduce disabled people's trust in the measures.

As with many other products which are part of everyday life such as bus passes, there may be limited circumstances where a disabled person finds it challenging to maintain either a digital or paper Certificate. According to the latest statistics, in 2019 there were 23,584 adults in the autistic spectrum or with learning disabilities known to local authorities in Scotland.[126] Some of these people may find it more challenging to maintain Certification, which could lead to negative impacts if it results in them not being able to access a setting in scope. They may also find the experience of being turned away confusing and distressing. In these circumstances, the individual can call the Covid-19 Status Helpline and request a paper copy of Certification. A carer or relevant adult can also call the helpline and request a paper copy of Covid Status Certification on behalf of the person they are caring for. If the individual is time limited and cannot wait for a paper Certificate to arrive, they can take an LFD test and register the result on the GOV.UK website. They can then use the SMS or email confirmation of a negative test to enter a regulated setting.

There are exemptions in the regulations for the very small percentage of the population who cannot be vaccinated and tested for medical reasons. Some people who are exempt from vaccination and testing may have a condition which would constitute a disability under the Equality Act.[127] While the details of a person's exemption will not be displayed on their exemption Certificate – it will simply say 'Exempt' – stakeholders have nonetheless raised concerns about data protection, as health data is special category data and protected under human rights legislation (Article 8 right to respect for private and family life). Stakeholders have also raised concerns that, for the very small proportion of disabled people who are

exempt, some may be denied access to the regulated settings, even though they have an exemption, as has been experienced with face covering exemptions. Medical exemptions cannot be displayed on the international section of the App due to EU specifications. Their integration into the app is under consideration. We continue to engage across the four nations to ensure that work around exemptions is taken forward collectively.

As with younger people and other groups (such as those living in poverty), disabled people may also have difficulty accessing the vaccine if they are unable to access vaccination sites. Disabled people may have less access to transport than non-disabled people if public transport is inaccessible or not suitable for them, and if other forms of transport (such as taxis) are prohibitively expensive. While we are committed to an inclusive vaccination programme, record of a negative test can be used as an alternative to access the regulated spaces until people have been fully vaccinated. This NHS Inform page also contains information about how to contact local health boards for assistance in attending vaccination appointments.

Stakeholders also highlighted that disabled people are more at risk of becoming victims of a variety of scams, and this is substantiated by an information briefing from Citizens Advice in June 2018.[128] Covid Status Certification may then provide "phishing" opportunities for scammers, which may impact disabled people more than non-disabled people.

Covid Status Certification may negatively impact disabled people if their carer has a different status to themselves. Data from England shows that 91% of carers known to local authorities care for someone with a physical disability or a long-standing illness[129] and 31.3% of Scottish adults with a learning disability live with a family carer.

As with older people, there is the potential for a Covid Status Certificate to be used as a tool to exert coercive control. A report from Public Health England in 2015 indicated that disabled people experience higher rates of domestic abuse and suffer it for longer periods of time, more severely and more frequently.[130] Data from Glasgow over 2018-20 shows that 12% and 22% of Adult Support and Protection investigations involved someone with a physical or a learning disability, respectively.[131]

Gender Re-assignment

Background

As of May 2018, around 0.5% of the population of Scotland (24,000 people) were estimated to be transgender.[132]

Tran's people suffer disproportionately from mental health conditions. A systematic review concluded that they were twice as likely as the general population to take their own lives, and that a lack of access to health care places particular pressure on trans communities.[133] A 2020 review of literature on trans people and loneliness found that trans people often report higher levels of loneliness than the general population. It also found that belonging to communities of people who face similar challenges has a positive psychological impact on trans people's wellbeing.[134]

Differential impacts

Positive impacts

Socialisation is important for many trans people and is essential in maintaining their mental health and wellbeing. Therefore, if the policy objective is achieved and the risk of transmission is reduced, which in turn allows higher risk settings to continue to operate as an alternative to closure or more restrictive measures, Covid Status Certification could positively impact trans people as it supports their ability to socialise.

Negative impacts

Many trans people may be known by different names, pronouns, and genders by different people, institutions, and databases at various points in their lives. If these changes have not carried across all data sets, people may have different names and genders on different healthcare databases, which stakeholders have advised can cause data flow and interoperability issues. Stakeholders have also informed us that in a few instances entire health care records have been deleted and a new profile created when an individual has asked for their name or gender to be changed on NHS records.

When registering on the App for the first time, the user needs to verify their identity before they can access their health records. This is done using biometric identity verification in the form of facial recognition software which compares the photo in a person's ID with a live photo or video.

This could present a number of problems for trans people. We know that LGBT people (and especially trans people) are less likely to have valid ID and may therefore find it more difficult to verify their identity on the App. A joint survey of LGBTQ+ people run by Stonewall and LGBT Foundation found that nearly a quarter of trans people (24%) did not have access to usable ID, and 96% had experienced at least one barrier to obtaining appropriate ID ('usable' = where the photo looks like them and the personal data matches their name and gender. Out of date ID is still 'usable' for the purposes of the survey). On types of ID specifically, the survey found that only 54% of trans respondents had a useable passport, and only 53% had a usable driving licence.[135]

For those who have no ID and are therefore unable to register with the App, they will still have access to the paper alternative, as this can be posted to the address held on health databases. In addition, ID is not required to register a negative test result and so record of a negative test – either an SMS or email – could also be used.

If they do have ID, trans people may then encounter other issues relating to the verification process. The biometric identification software will compare the photo on the ID with a real time photo or video of the individual. For some trans people their photo could look different to their current appearance for a number of reasons, including that they are wearing make-up, they have taken hormones or undergone facial surgery. This may mean that the software is not able to automatically verify the person's identify. Gender and racial biases within facial recognition software are known in the technology industry and stakeholders highlighted that minority ethnic (ME) communities and trans people often have lower rates of automatic verification with this type of software, and stated that this could be particularly true for trans ME people.[136] Jumio, the company providing the software, works to minimise demographic bias in their AI algorithms by using large and representative data sets and training its AI on real-word production data

After the biometric verification check, a last barrier for trans people is that if the individual's details on their ID differs from those on their medical records, they might not be able to register their account. Stakeholders have informed us that trans people often have turbulent interactions and relationships with health care services, so if Covid Status Certification creates the need for increased interactions then it could potentially cause additional anxiety and distress.

Once an account has been created, stakeholders have highlighted the risk that Covid Status Certification could lead to discrimination and distress if a user's name is displayed on the App or Certificate. For example, if someone's name on their medical records – and therefore their Certificate – is different to the name that they use with their friends, family and others, this could lead to their transgender identity being unintentionally disclosed.

If a trans person cannot verify their identity on the App, requests a paper Certificate, and the document is posted to their family home, this could unintentionally reveal their trans status to family members. LGBT young people are already fearful of disclosing their identity – 'coming out' – and 77% of young people believed their sexual/gender identity was a causal factor in their rejection from home.[137]

The UK Government Equalities Office LGBT Survey 2017 found that 24% of all respondents were not open about identifying as LGBTQIA+ with any family members that they lived with (excluding partners).[138] For some people, it is likely that concerns around levels of anonymity in the contact tracing system may discourage them from either engaging with the system at all or, if they do, declaring certain close contacts. In line with data protection rules and the Caldecott principles[2], the contact tracing system is entirely confidential and individuals are reassured that their personal information will not be shared with close contacts, employers or others without prior consent, helping built trust with individuals concerned about disclosing personal contacts generally.

The domestic App has functionality to hide and display a person's name. Individuals can create separate profiles for international and domestic use using different email addresses. If an individual wishes to use a different name domestically, and has photo ID in that name, they can create one account for international travel, which aligns with the details on their passport, and one account for domestic use, which aligns with their preferred name. The App can only host one account at a time so the individual will have to log in and out to use the different accounts.

The inclusion of testing as an alternative to vaccination reduces the risk that a person's transgender identity is unintentionally disclosed as any name can be registered with the testing portal and there is no verification of name or identity. So an individual can use their chosen name even if they are not registered with their GP under that name or do not have corresponding ID.

Marriage & Civil Partnership[3]

Background

During the pandemic there has been a reduction in the number of new marriages and civil partnerships: there were 5,545 marriages registered in Scotland between 1 April and 30 June 2021, 30% lower than the average number on a second quarter over the five years 2015-19, but a large increase on the number of marriages in the same period in 2020 following the easing of Covid-19 restrictions.[139] This was mainly as Registration Offices were closed from mid-March and most marriages scheduled after the closure could not take place. From June 2020 onwards marriages and civil partnerships were resumed but with very strict limits on the number of attendees.

[2] The Caldicott Principles - GOV.UK (www.gov.uk)

[3] For this protected characteristic, only the first limb of the Public Sector Equality Duty applies (the need to eliminate discrimination), and only to policies/practices that relate to work/employment. However, an assessment has been made for completeness.

In 2020, over 264,000 weddings were postponed in the UK.[140] UK polling data gives us further indications of the extent to which couples who wanted to get married or registered as a civil partnership have been impacted by the pandemic. A poll of more than 400 couples with weddings planned between September 2020 and January 2021 revealed that, while 95% are not planning to cancel their wedding, 71% were choosing to postpone to later in the year or into 2022.[141] This is corroborated by a survey of 1,449 people who had planned to marry during the first lockdown in summer 2020 in England and Wales: 625 (43%) of respondents had been unable to marry on their intended wedding date, with the majority of them having to postpone their plans.[142]

YouGov polling data from June 2021, which covered more than 3,200 adults in Great Britain, reveals that 91% of respondents have not attended a wedding in the last year or so, under Covid-19 restrictions. Of the very small number of respondents who have (6%), half of them (3%) said that the experience had not been as good as it could have been without Covid-19 restrictions.[143]

Differential impacts

Positive impacts

There is an exception for funerals, marriage ceremonies or civil partnerships and related post ceremony gatherings from the requirement in Covid Status Certification.

Negative impacts

If partners or spouses have differing Covid Status Certification status then this could potentially have negative impacts if one person is not able to enter a setting in scope while the other is. The inclusion of testing will act as a mitigation against this. A partner or spouse may also choose not to be tested, although this is unlikely.

Pregnancy and Maternity

Background

Current evidence, focusing on the delta variant, suggests that pregnant women are no more likely to get Covid-19 than adults without health conditions, but that they may be at increased risk of becoming severely unwell compared to women who are not pregnant, particularly in the third trimester.[144] [145] [146] [147]

Though evidence surrounding whether COVID during pregnancy increases the risk of still birth is conflicting, recent evidence suggests an increased risk.[148] [149] A study from the American Journal of Obstetrics and Gynaecology that studied more than 340,000 births in England up to January 2021 found that women who tested positive for Covid-19 around the time of birth were twice as likely to have a stillbirth, and were more likely to have an emergency caesarean birth compared with those who didn't have Covid-19 when giving birth. Another global study of 2,100 pregnant women across 18 countries found that women who contracted Covid-19 during pregnancy were over 50% more likely to experience pregnancy complications, and that their risk of dying during pregnancy and in the postnatal period was 22 times higher than in the non-infected pregnant women.[150] Babies born to mothers who have Covid are also more likely to be born pre term.[151] [152] Although there was less evidence earlier in the pandemic, pregnant women had been included in the list of people at moderate risk if they contracted the virus as a precaution, and a small number were asked to shield during the pandemic if they had congenital or acquired heart disease.[153]

The Royal College of Obstetricians and Gynaecologist have said that vaccination in pregnancy against COVID-19 is strongly recommended and should be offered at the same time as the rest of the population based on age and clinical risk.[154] JCVI and the NHS also recommend pregnant women are offered the vaccine as well as encouraging them to get the second dose while pregnant, if not pregnant at the time of their first dose.[155] [156]

The virus has also impacted pregnant women's wellbeing and economic prospects. A survey of almost 20,000 mothers and pregnant women, conducted after the first wave by Pregnant Then Screwed, showed that 15% of mothers surveyed were either made redundant or expected to be made redundant. 72% of mothers reported needing to work fewer hours because of childcare issues, and 65% of mothers who were furloughed said a lack of childcare was the reason.[157]

Differential impacts

Positive impacts

Public insights polling has found that 53% of those surveyed agreed that the high level of people with two doses of the vaccine in Scotland gives them more confidence to go out and about[158] and 62% of respondents agreed that, it they wanted to go to premises or an event, having Covid Status Certification in place would make them feel more comfortable doing this.[159] This was particularly true of women, who were 7 percentage points more likely to agree that it would make them feel more comfortable (women 65% vs men 58%).

Therefore Covid Status Certification could add a layer of reassurance to pregnant women and support them to feel safer and more confident participating in society. More recent polling of 9,000 pregnant women by Pregnant Then Screwed showed that three quarters of respondents said they feel anxious about the easing of Covid-19 restrictions.[160]

If the policy objectives to reduce the risk of transmission is achieved, Covid Status Certification could benefit pregnant women as they are at a higher risk of poorer health outcomes if they contract the virus.

Stakeholders highlighted that, if the policy objective to allow higher risk settings continue to operate as an alternative to closure or more restrictive measures is achieved, Covid Status Certification would be welcomed by many pregnant women as they have been negatively and sharply impacted by the economic burden of restrictions and lockdowns.

Negative impacts

We know that vaccine hesitancy is higher in women, particularly younger women, in part due to fears related to fertility.[161] Stakeholders have highlighted anecdotal evidence that women who conceived through IVF are particularly vaccine hesitant. Whilst direct comparisons are not currently available, the data on Covid-19 vaccination in pregnancy shows that, to date, vaccination rates have been lower in pregnant women compared to non-pregnant women in the same age groups. Public Health Scotland data shows that 30% of women aged 35-39 who delivered their baby in July 2021 had received a Covid-19 vaccination by the time of delivery. By contrast, data available for the general population shows that by the end of July 2021, 81% of adults aged 30-39 years in the general population had received at least one dose vaccine.[162] Data from NHS England also found that 98% of pregnant women admitted to hospital in England with Covid-19 had not been vaccinated.[163]

Pregnant women could then be impacted by Covid Status Certification if they are not vaccinated and are denied access to the settings in scope. However, adding testing to Covid Status Certification would mitigate against this as pregnant women or those breastfeeding who choose not to be vaccinated can provide a record of a negative test in order to access a regulated setting.

There are very few circumstances where pregnant women are advised against vaccination due to pregnancy related complications. In these circumstances record of a negative test can be provided as an alternative to proof of vaccination.

Data from the Office for National Statistics from February to March 2021 shows that not being able to find childcare was a key reason why some people were unable to attend their vaccination appointments.[164] This is a particular issue for women, who are more likely to have caring responsibilities, and also more likely to be reliant on public transport.[165] If people with childcare responsibilities are then unable to access vaccination, this could impact their ability to access venues in scope. While testing is available as an alternative, this may be less convenient than being vaccinated, especially for those who may not have much free time to self-test.

If Covid Status Certification exceeds the policy intention and is used by private businesses or third parties as a condition or employment, then this could negatively impact on pregnant women if they have not been vaccinated. A negative test could be used as an alternative to proof of vaccination, however as a LFD test result is only valid for 24 hours, testing every day could be burdensome. Businesses which are not covered by the Government's scheme are required to meet their obligations under all relevant law including data protection, the Equality Act and Human rights. For more information see the Equality and Human Rights Commission Guidance for Employers..

Race

Background

Minority ethnic (ME) people in Scotland experience significant health inequalities. Prevalence of some health conditions are higher for some ethnic groups, such as Type 2 diabetes and coronary heart/cardiovascular disease among people of South Asian and African descent. In 2011, despite having a much younger age profile, 37% of Gypsy/Travellers reported having long-term health conditions compared to 30% of the population as a whole.[166]

Gypsy/Travellers in Scotland, compared to the population as a whole, are more likely to report a long-term health problem or disability and were more likely to report bad or very bad general health.[167] Reducing the spread of coronavirus should therefore have a positive impact on protecting these communities from health harms.

Inequalities are also socioeconomic. Relative poverty, which affected 23% of households in Scotland in 2019, rose to 38% and 39% in Black and Asian households respectively.[168] The gap in employment rates for working age minority ethnic people, relative to the white population, was 22% for women and 9.5% in men, and Pakistani and Bangladeshi workers had the lowest median hourly pay and were also the least likely to work from home in the UK.[169]

Estimates show that low earners were 7 times more likely than high earners to have worked in a sector that has shut down as a result of the lockdown, and those with customer facing roles are likely to have seen reductions in earnings or face job losses as they are less able to work from home.[170]

The pandemic has exacerbated existing health and wider inequalities. Analysis of hospitalisations and more severe outcomes due to COVID-19 up to 30 September 2021 point to continued evidence of increased risks in most ethnic minority groups relative to the White group. Rates of hospitalisation or death were estimated to be around 4-fold higher in Pakistani and Mixed groups, and around 2-fold higher in Indian, Other Asian, Caribbean or Black, and African groups. Deaths amongst people in the South Asian ethnic group during wave 1 were almost twice as likely to involve COVID-19 as deaths in the White ethnic group, after accounting for age group, sex, area-level deprivation and urban rural classifications. This increased to 3.78 times and 3.55 times more likely for wave 2 and wave 3 respectively. A similar pattern was seen for the Black/Caribbean/African group compared to the white group with an increased risk of 1.47 times, 2.03 times and 3.33 times more likely to die of COVID-19 for wave 1, 2 and 3 respectively.[171]

Differential impacts

Positive impacts
If the policy objective to reduce the risk of transmission is achieved, Covid Status Certification could benefit minority ethnic communities, as they are at a higher risk of poorer health outcomes if they contract the virus.

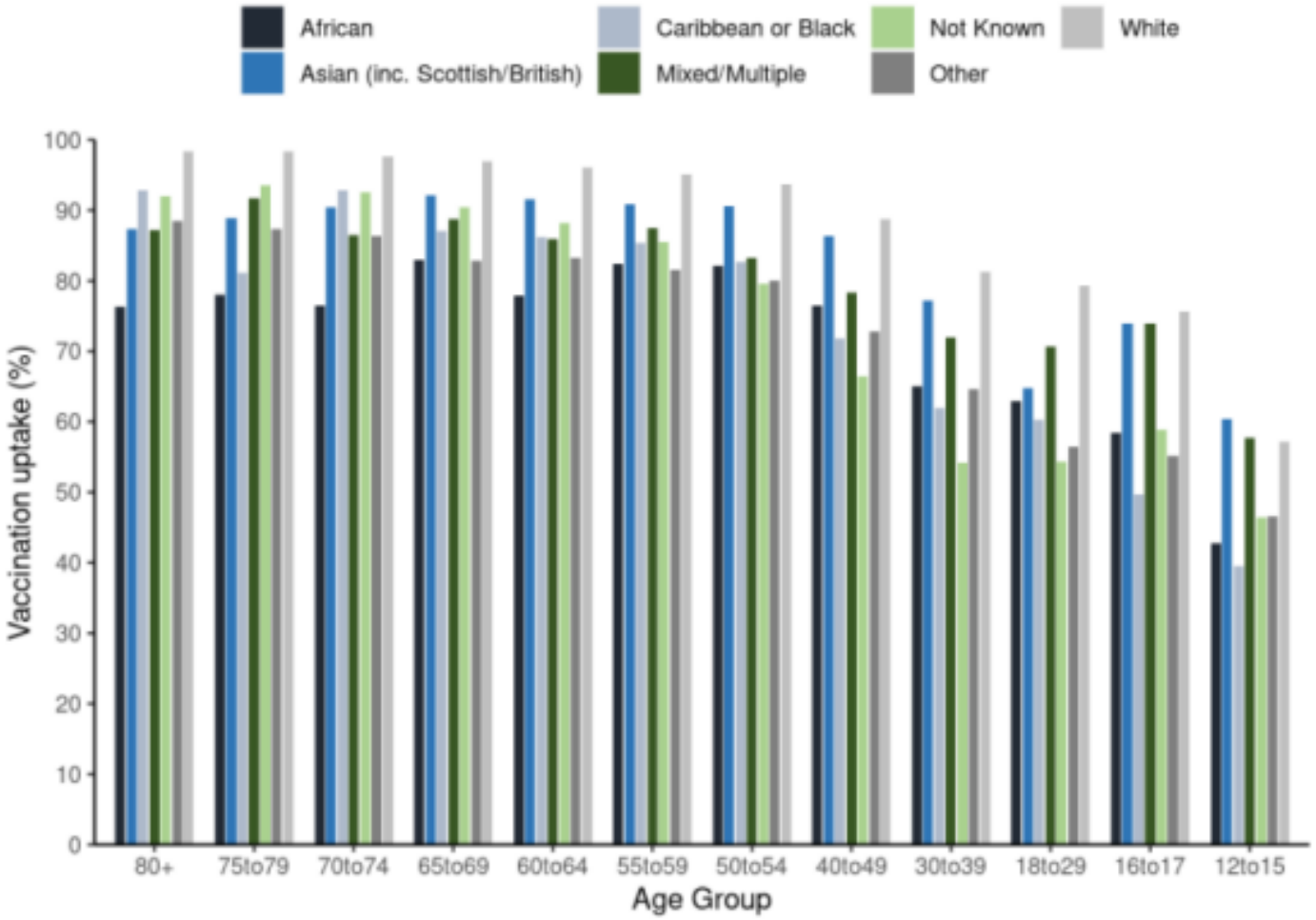
A panel study with more than 70,000 participants across the UK undertaken by University College London suggests that minority ethnic people describe higher levels of loneliness than their White counterparts.[172] Therefore, if the policy objective to allow higher risk settings to continue to operate as an alternative to closure or more restrictive measures is achieved, Covid Status Certification could benefit minority ethnic groups by facilitating socialisation.

People from certain ethnicities, for many different complex and nuanced reasons, are less likely to take up the vaccine. Testing will act as a mitigation and will allow those who have not been fully vaccinated to access the regulated settings.

Negative impacts

Lower vaccine uptake among ME communities is a result of a combination of factors including misinformation, mistrust, socioeconomic barriers, and delivery that does not meet accessibility needs. For example, some Gypsy/Travellers are often not in an area long enough to engage with health services to be fully vaccinated. In this circumstance testing could act as a mitigation for Gypsy/Travellers, who are more likely to have an address on their GP records (where paper vaccine Certification is sent to) different to the one where they currently reside. A test result could be registered on the GOV.UK website and the SMS or email used to access a regulated setting.

Looking at ethnicity, the uptake of the first dose by most ethnic groups is lower than the White group for all age cohorts.



% uptake of first dose of Covid-19 vaccination as at 23 November 2021, by age group and ethnic group. (Source: Public Health Scotland).

Survey data from UK-wide research suggests that, in comparison to White British and White Irish participants, Black African and Mixed Black African health and social care workers were less likely to have been offered a vaccine, and much more likely to have declined vaccination if offered. Reasons for doing so among Black African participants included distrust in Covid-19 vaccinations, healthcare providers and policymakers.[173] Uptake by the White Polish community is also comparatively much lower.[174] Therefore Covid Status Certification could negatively impact ME communities if they are denied access to the regulated settings due as they have not been vaccinated.

As at 28 September 2021, in those aged 18 and over, dose 1 vaccine uptake is highest in White ethnic groups (89%) and lowest in the Caribbean or Black ethnic groups (68%). For dose 2 this is 84% and 60% respectively. For dose 2 the lowest uptake is in African ethnic groups (59%).[175]

SAGE have reported, with high confidence, that Black African and Black Caribbean groups are less likely to be vaccinated (50%) compared to White groups (70%). Survey data from the UK Household Longitudinal study shows overall high levels of willingness (82%) to take up the COVID-19 vaccine. However, marked differences existed by ethnicity, with Black ethnic groups the most likely to be COVID-19 vaccine hesitant followed by the Pakistani/Bangladeshi group. Other White ethnic groups (which

includes Eastern European communities) also had higher levels of COVID-19 vaccine hesitancy than White UK/White Irish ethnicity.[176]

Stakeholders raised concerns that the introduction of Covid Status Certification could exacerbate vaccine hesitancy and thus undermine one of our initial policy objectives. They felt that Covid Status Certification is unlikely to incentivise asylum seekers, refugees or migrants to take up the vaccine as they do not often frequent the settings in scope. Stakeholders also felt that as parents and guardians are influential figures in children's lives, children may hold the same sentiments as their parents, and may also become less likely to take up the vaccine.

Engagement with external stakeholders suggests that there is potentially perceived stigma attached to being tested depending on a person's cultural background. Early feedback suggested that with the online booking system being the primary route to testing, it was felt that this excludes people who do not fully understand written English and/or who do not have internet access. Feedback also suggests that the information provided as part of this portal is complex and people have to read through a lot of guidance and click through a number of links before they can book a test. This could create a barrier to those with lower literacy levels.

However, research shows that those from Gypsy / Traveller communities may have lower levels of literacy which could create a barrier to understanding advice and information on access to testing.[177]

Covid Status Certification could also impact migrants. Research suggests that the majority of documented migrants that are recent entrants to the UK do not register with a GP, despite relatively easy access to primary healthcare.[178] Undocumented migrants, refugees and asylum seekers are even less likely to register in primary care services.[179] Stakeholders identified that a reason for this is fear that their data will be shared with the Home Office, which could impact on their migration status. This is based on prior experience of health data being shared by the NHS with the Home Office.[180] [181]

We know people from lower socio-economic backgrounds are more likely to be digitally excluded. For example, 82% of households in the 20% most deprived areas in Scotland had internet access at home compared with 96% of households in the 20% least deprived areas.[182] We also know that relative poverty impacts ME people far more than White people and so minority ethnic communities are more likely to be digitally excluded. Paper certificates are available as an alternative, together with support and guidance. Whilst this is a sound option, it may still present some challenges. For example, as a security measure, the paper Certificate is posted to the address held by the GP. This could impact some groups, such as some Gypsy/Travellers, who may not have a fixed address.

Those in Scotland who have been vaccinated abroad with a vaccine that has not been approved by the MHRA may be negatively impacted by the scheme if they are unable to access spaces were Covid Status Certification is required. This may include those visiting Scotland, or residents, such as international students. Stakeholders have informed us that an estimated 23,000 international students, including 13,000 Chinese students, could have had a non-MHRA vaccine. This could impact on people's ability to participate in society. For those whose vaccine is not recognised by the MHRA, testing would be an alternative option which would allow them to access the regulated settings.

In terms of the App, as previously explained under the Gender Reassignment section, facial recognition software has been found to contain racial and gender biases. This may mean that a higher number of minority ethnic people, especially women, registering for the App could encounter more difficulties verifying their identity than white people.[183] Stakeholders also highlighted that migrants, asylum seekers

and refugees, are less likely to have ID, and as such may be unable to use the App. ID is not needed to register a test result and so an SMS or email confirmation could be used to access the regulated setting.

There is also the possibility that Covid Status Certification could be used beyond the intended purposes and employers could require proof of vaccination as a condition of employment. People from ethnic minorities are disproportionately represented in industries where working from home is not feasible, and may therefore be more impacted if employers enforce this requirement.[184] The businesses not covered by Covid Status Certification and operating certification voluntarily should consider asking for a record of a negative test as an alternative to a record of vaccination. However as a LFD test result is only valid for 24 hours, testing every day could be burdensome. Businesses which are not covered by the Government's scheme are required to meet their obligations under all relevant law including data protection, the Equality Act and Human rights. For more information see the Equality and Human Rights Commission Guidance for Employers.

As with anything where documentation affords access to certain spaces, services or products, there is the potential that unconscious bias could cause enforcement of Covid Status Certificate to be administered in a discriminatory manner. There are more subtle ways that unconscious bias could be enacted, as for example while taking all reasonable measures to enforce Certification, employees may spot check people from minority ethnic groups far more than white people. While people may still ultimately gain access to the setting if they have Certification, the experience of feeling singled out could still cause distress, a loss of time, distrust in the scheme, and anxiety about future use.

Concerns regarding discrimination are apparent in public polling: minority ethnic people report 18% more concern than White respondents that they would be discriminated against through vaccine passports, and 54% of all surveyed people think it is likely that vaccine passports would lead to discrimination against marginalised groups.[185] There is also anecdotal evidence that this has occurred and that ME attendees have been asked for Covid Status Certification more frequently than White attendees.

Religion or belief

Background

Attending a place of worship is for many an important role in promoting their spiritual wellbeing and mental health, as well as contributing to a reduction in social isolation and loneliness.
Limitations on attending places of worship (including closure of in person worship) has impacted on people's ability to practice certain aspects of their faith, such as to congregate for worship in line with their Article 9 (freedom of thought, belief and religion) rights under human rights legislation.

Differential impacts

Positive impacts

There is an exception within the regulation for certain purposes, including communal religious worship. Covid Status Certification would therefore not impact on freedom of religion (Article 9).

Negative impacts

People of certain religions may choose not to be vaccinated because it goes (or is perceived to go) against their beliefs. Examples include Muslim or Jewish people if a vaccine contains, or is believed to contain, pork cells, or Orthodox people if a vaccine contains, or is perceived to contain, embryonic cells.

An interfaith statement, which urged people to come forward for vaccination, was issued by faith leaders.[186] The Muslim Council also issued a statement encouraging people to be vaccinated[187] and ran a vaccination campaign.[188]

There are also other beliefs and convictions, such as veganism[189], which may result in a person choosing not to be vaccinated, as it has been tested on animals.

While we encourage everyone to come forward for vaccination, in these circumstances, testing can be used as an alternative to vaccination and mitigates against people being denied access to the regulated spaces.

Sex

Background

As can be seen in Figure 5 (p43), more women tested positive than men during lockdown periods (March-June 2020, December-March 2020-21). This is partly due to the fact that women are more likely to work as a key workers and in people-facing roles that carry greater risk of infection.

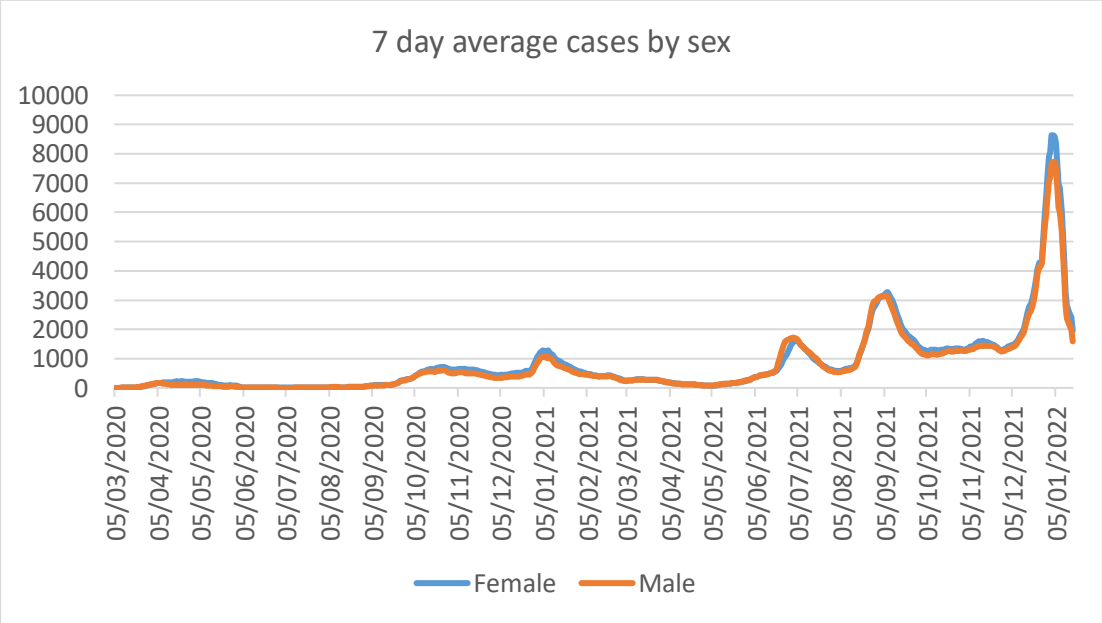


Figure 5. Source: Public Health Scotland (PHS), data up to and including 17 January 2022

Despite women testing positive more often than men, data from up to September 2020 showed that, after adjusting for age, men were 1.4 times more likely to die from Covid than women.[190] However, there is emerging evidence that women may be more affected by long Covid.[191]

Scottish research into mental health impacts during the first wave of the pandemic shows that women reported higher levels of psychological distress than men across all ages, as well as symptoms of depression and anxiety.[81] . Women reported higher levels of anxiety than men. Loneliness was slightly higher in women than men. Women were most worried about friends and family members becoming seriously ill. Women were more likely to find the restrictions (in March 2021) on socialising difficult to cope with[192]. This is consistent with UK-wide research on the mental health gender gap which, looking at data from the first wave, found that having a larger social network before the pandemic was strongly associated with larger declines in well-being after the onset of the pandemic: women reported more

close friends before the pandemic than men, and higher loneliness than men after the pandemic started.[193]

Women reported higher levels of anxiety than men. Loneliness was slightly higher in women than men. Women were most worried about friends and family members becoming seriously ill. Women were more likely to find the restrictions (in March 2021) on socialising difficult to cope with. A worldwide study on Covid and mental health also found that women have been disproportionately affected by Covid, as women are more likely to take on additional caring and household duties due school closure and family illness, and are also more likely to have lower salaries, less savings, and more precarious employment leading to greater financial instability.[194]

The pandemic has increased socio-economic inequalities for women as they are overly represented in many 'shut down' sectors, such as retail, accommodation and food and beverage service activities.[195]

Domestic abuse is highly gendered: in the period 2018/20 16.5% of adults had experienced at least one incident of partner abuse since the age of 16; higher in women (21.2%) than men (11.2%).[196] Out of the 60,641 incidents police recorded in 2018-19, four of every five incidents where gender had been recorded had a female victim and a male accused.[197] Throughout the pandemic rates of domestic abuse have increased: the domestic abuse and forced marriage helpline received 95% more calls in the period April-June 2020 than in the same period the previous year, and a 27% increase for the 2020-2021 year overall compared to the previous.

Differential impacts

Positive impacts

If the policy objective to reduce the risk of transmission is achieved, Covid Status Certification could positively impact men, as they are at a slightly higher risk of poorer health outcomes if they contract the virus.

British data from 2015 suggests that, although men spend on average more time than women on leisure activities in general, women spend on average more time socialising.[198] Therefore if the policy objective of allowing higher risk settings to continue to operate as an alternative to closure or more restrictive measures is achieved, Covid Status Certification could benefit women as it facilitates their ability to socialise.

As previously stated, public insights polling found that women were 7 percentage points more likely than men (women 65% vs men 58%) to agree that, it they wanted to go to premises or an event, having a Covid Status Certification scheme in place would make them feel more comfortable doing this.[199] Covid Status Certification could add a layer of reassurance to women and support them to feel safer and more confident participating in society.

Additionally, stakeholders stated that any measure that avoids future restrictions or closure would be welcomed by women in abusive relationships, who have suffered disproportionately during lockdowns, and by women more generally, who are more likely to be working in the sectors that Covid Status Certification may allow to remain open.

Negative Impacts

A study that uses the UK Household Longitudinal Study, a nationally representative panel, found 21% of surveyed women indicated vaccine hesitancy compared to 14.7% of men, with women estimated to be around 1.55 times more likely to be vaccine hesitant than men. The study also highlights that women were more likely than men to state that their main reason for vaccine hesitancy was concern about side effects, and that they do not trust vaccines.[200] A negative test could be used as an alternative to proof of vaccination, however as a LFD test result is only valid for 24 hours, testing every day could be burdensome.

Studies have found that facial recognition software has gendered and racial bias and "generally work best on middle-aged white men's faces, and not so well for people of colour, women, children, or the elderly".[201] Therefore when registering for the App it is possible that a slightly higher proportion of women may not be able to have their identity automatically verified.

Stakeholders informed us that women are more likely to share their phones with family members, such as their children. As the App can only log into one person's profile at time, women may be more likely to apply for a paper Covid Status Certification for themselves or family members.

Digital access may also be an issue for women in particular, who comprise around 58% of internet non-users in the UK, and who are more likely to be less confident using digital technology and to have insufficient resources to access digital equipment.[202] The paper record of vaccination may mitigate this to some extent, as those without digital access can request it via the helpline, but this would then prevent digitally excluded women from demonstrating their test status, which is displayed via email or text.

There is the possibility that Covid Status Certification could be used beyond the intended purposes by private businesses and third parties as a condition of employment. As women are more likely to be vaccine hesitant than men this could impact women more than men. The pandemic has already exacerbated socio-economic and workplace inequalities for women, so if the policy intention was exceeded there is the possibility this could be aggravated. A negative test could be used as an alternative to proof of vaccination, however as a LFD test result is only valid for 24 hours, testing every day could be burdensome. Businesses which are not covered by the Government's Covid Status Certification are required to meet their obligations under all relevant law including data protection, the Equality Act and Human rights. For more information see the Equality and Human Rights Commission Guidance for Employers.

Finally, as with older or disabled people, there is the risk that Covid Status Certification could be used as a tool to enact coercive control. This would likely impact women far more than men as evidence shows domestic abuse is highly gendered.

Sexual Orientation

Background

In 2018, 2% of people in Scotland identified as lesbian, gay, or bisexual (LGB).[203]

During the pandemic, loneliness and isolation has strongly impacted LGB people of all ages. A survey of 2,934 secondary school pupils (1,140 of whom identified as LGBT+) by Just Like Us found that LGBT+ young people are twice as likely as their non-LGBT peers (52% vs 27%) to have felt lonely and separated from the people they are closest to on a daily basis during lockdown. 68% of LGBT+ young people survey also reported their mental health has worsened since the pandemic began, compared

with half (49%) of non-LGBT+ young people.[204] Age UK also reported that older LGBT people are especially at risk of loneliness, as they are more likely to be single, live alone, and have less contact with relatives.[205]

While data from 2019 suggests that only 0.3% more men in the UK contracted HIV through sex with other men than with women,[206] HIV still has a strong historical and cultural connection with the LGB community. A study from England in December 2020 showed that the risk of dying from Covid-19 for people with HIV was more than double that of the rest of the population, even after adjusting for factors such as deprivation, ethnicity, smoking and obesity.[207] In comparison, a systematic review found those living with well-controlled HIV were are no greater risk of poorer COVID-19 disease outcomes than the general population[208]. A note in the Lancet stated that, while clinicians should treat the findings as important, conclusions should be taken with caution until we have more specific controlled data to assess the effects of HIV on Covid-19 outcomes.[209]

Differential impacts

Positive impacts

If the policy objective to reduce the risk of transmission is achieved, Covid Status Certification could positively impact people living with HIV, as they are at a higher risk of poorer health outcomes if they contract the virus. It may also support them to feel safer and more confident participating in society if they know that those around them have been vaccinated.

If the policy objective of allowing higher risk settings to continue to operate as an alternative to closure or more restrictive measures is achieved, Covid Status Certification could positively impact LGB people as it facilitates their ability to socialise. This is particularly important for older people within the gay community who report higher rates of loneliness.[210]

Negative impacts

Despite their higher risk of death from Covid-19, stakeholders have informed us that some HIV positive people feel hesitant about the vaccine due to fears about side effects and that it may interact poorly with their HIV medication.[211] [212]

Therefore, if HIV positive people are less likely to be vaccinated, Covid Status Certification could have a negative impact if they are denied access to the settings in scope. This will be mitigated by the addition of testing as a negative test results can be used as an alternative to proof of vaccination.

As detailed in the Gender Reassignment section, LGBT people are less likely to have ID than the general population, and so they may be slightly more likely to face difficulties registering for the App and more likely to use the paper Certificate.

Mitigating actions

The Scottish Government considers that, subject to the below mitigations being implemented, where Covid Status Certification does engage rights, it does so in a proportionate way in order to protect public health.

Recognising that some people face barriers to taking up the offer of vaccination

Embedding inclusion and equalities in vaccination programmes: our aim is to deliver our vaccinations in a way that ensures no-one is excluded, in particular those most at risk from COVID-19. The offer of COVID-19 vaccination will remain open to those newly eligible, or those who have not yet taken up the offer of a vaccine for the initial programme and the booster programme. The Inclusive Vaccine Programme includes targeted outreach and tailored communications e.g. Public Health Scotland and third sector partners have ensured the provision of a range of translated materials, British Sign Language (BSL) and other resources, such as the Covid-19 vaccine NHS Scotland explainer video, to ensure that everyone is able to access this information. Engagement with stakeholders is ongoing, including through individual meetings, to ensure opportunities to raise issues of concern. More information on the inclusive Vaccination Programme can be found in Scotland's autumn and winter vaccination strategy: progress report and accelerated delivery plans - December 2021 - gov.scot (www.gov.scot) .

Inclusive testing programme: we know that some people cannot be vaccinated for legitimate reasons or have not yet taken up the vaccine. Initially, the Covid Status Certification scheme did not include a negative test result as an alternative to proof of vaccination as we considered that it would not be appropriate and could undermine one of the initial policy aims of the scheme: to increase vaccine uptake. Based on the latest evidence, and a balance of harms, the Covid Status Certification scheme will include the option of providing a record of a negative test, with test results valid for 24 hours, as an alternative to proof of vaccination.

Since April 2021, LFD home testing kits have been available to everyone in Scotland via pharmacies, testing sites, online, and 119 (a dedicated NHS Covid-19 helpline). The opportunity to collect test kits from pharmacies has been available since June to provide a testing route for those without digital access, with this route also expanding to GPs to improve the service's accessibility in rural areas. 84% of Scotland is within a 20 minute walk of a participating pharmacy, and 98.6% within a 20 minute drive. Research shows that pharmacies are trusted by a wide range of underrepresented groups[213], and LFDs are also available in some other public places, such as shopping centres and sports grounds. We have produced accessible communications regarding testing, and easy-read leaflets and guidance to ensure that communications are provided in a format that is most likely to be understood by a wide range of people.

Exemptions: there are limited circumstances where a person may not yet have been vaccinated or may be unable to be both vaccinated and tested for legitimate reasons. For this reason, there are exemptions in the regulations for under 18s, those who cannot be both vaccinated and tested, and those participating in vaccine trials. Incorporating exemptions into the domestic App so that they appear as a green tick is under consideration for a future release.

Increasing accessibility

Paper vaccine certificate: in order to ensure Covid Status Certification is accessible to all and to mitigate against digital exclusion, which is higher among older people, disabled people and some minority ethnic groups. We have translated documents that explain what is shown on your Certificate into different languages and formats, including Easy Read, audio and Braille.

The Covid-19 Status Helpline: to ensure that those who do not have digital access have a route to request their vaccination record. The helpline is also be available for people who cannot verify their

identity on the App. The Covid-19 Status Helpline is free and open every day from 10:00-18:00 on 0808 196 8565.

A Resolver Group: has been established by NHS National Services Scotland to resolve any reported inaccuracies in vaccination records and wider issues relating to acquiring Covid Vaccine Certificate. Any requests for support can be escalated through the Covid-19 Status Helpline.

Communications and marketing: the implementation of Covid Status Certification is being supported by a range of communications and marketing resources and activity to help people understand where the scheme has been introduced, for what purpose and how to gain certification. This will provide information about identifying and avoiding scams and phishing attempts, and will take the opportunity to reinforce messaging that vaccination data will not be shared with the Home Office or impact on immigration status, unless shared by the data subject themselves (e.g. when they go on holiday) or in exceptional circumstances when required by law. It will also provide information on and raise awareness of schemes like the Proof of Age Standards Scheme (PASS) and the Young Scot National Entitlement card.

We are building on learning across other materials, such as the Covid-19 Vaccine Explainer animations, and are currently developing a Covid Status Certification Summary Information Sheet which will include key messages and guidance on how to access translated information about Covid Status Certification. This Summary Sheet takes into account conversations with minority ethnic and seldom heard audiences and will address their specific concerns, such as data collection, usage and privacy. The Summary Information Sheet will be created in multiple languages and accessible formats.

Data protection and privacy

Data Protection Impact Assessment (DPIA) and Privacy Notice (PN): these are created to ensure that all data is managed, handled, processed and destroyed in line with UK GDPR legislation, data protection laws and data ethics best practice as well as human rights legislation. The PN will support users to understand how their data is being used throughout these processes, emphasising protection of their data and ensuring government is being open and transparent. The Privacy Notice is already online and can be found on NHS Inform: Personal information we process, How we use your data, Your Rights. There is also an Easy Read Version.

Domestic App: within the NHS Scotland Covid Status App there is the function to access Covid Status Certification for domestic use. This only shows the QR code and the user's name can be hidden. When the QR code is read by the NHS Scotland Covid Check App it simply shows a green tick or 'Certificate not valid'. This mitigates against disproportionally engaging an individual's right to privacy (Article 8 ECHR: right to respect for private and family life). Individuals can create separate profiles for international and domestic use using different email addresses. If an individual wishes to use a different name domestically, and has photo ID in that name, they can create one account for international travel, which aligns with the details on their passport, and one account for domestic use, which aligns with their preferred name. The App can only host one account at a time, so if the user has two accounts under different names they will need to log in and log out to access the desired account.

Biometric identification software: Jumio, the company providing the software, state that their software has equal rates of success across all demographics with a matching rate of 91%. For the other 9% there is a manual check by Jumio staff to verify the user's identity. Work is underway to provide an alternative to biometric identification to register for the app. Work is also underway to add other forms of identity to the IDV scheme.

Supporting implementation in line with our policy aims

Sectorial guidance: to support effective implementation consistent with our policy aim, we have provided information to the sectors where Covid Status Certification is mandated on the policy and regulations, and the appropriate implementation, enforcement and handling of exemptions.

Ministers have been clear that Covid Status Certification will not be a requirement for public services or other settings that many people have no option but to attend such as retail, public transport, health services and education. We recognise that some businesses, outside the regulated settings, are asking people for evidence they have been fully vaccinated as a condition of entry or as a condition of employment. We have emphasised in our guidance that businesses which are not covered by the Government's scheme would need to consider carefully their approach, in accordance with obligations under all relevant laws including data protection, the Equality Act 2010 and human rights. For more information see the Equality and Human Rights Commission Guidance for Employers.

Public guidance: we have also updated guidance for the wider public to provide information on what Covid Status Certification is, the policy objectives, where it is regulated and why, and the steps to attain Certification. Our Guidance is clear about the settings where the use of Covid Status Certification is appropriate as a public health mitigation. It explains that the scope of the Regulations has been carefully and deliberately limited to activities where the balance of public health risk clearly outweighs other rights considerations, and is designed to respect the rights of individuals. Specific protections, applicable within the limits of the statutory scheme, have been put in place to ensure the scheme operates in a lawful manner.

Ongoing stakeholder engagement: following the implementation of Covid Status Certification we have continued to engage with stakeholders to gather intelligence on the impact of Covid Status Certification. We will continue to engage with stakeholders and we will create feedback loops, building this evidence into the policy.

Exceptions: There are exceptions for premises being used for certain purposes, including worship, un-ticketed events held at an outdoor public place with no fixed entry points and certain business events that individuals are required to attend for work purposes.

Monitoring and evaluation

Any policy that engages human rights needs to meet the test of necessity and proportionality at any given time, and should be immediately removed if it is found to no longer meet that test.

The Scottish Government is responsible for monitoring and evaluating the policy. As the regulations have been laid under the Coronavirus Act 2020 there is a requirement to review the regulations every 21 days. The extent to which the policy (Covid Status Certification) is achieving the policy objectives (reduce the risk of transmission of Coronavirus; reduce the risk of serious illness and death; reduce the risk of settings specified in the scheme being required to operate under more restrictive protections, or to close; and increase the protection enjoyed by those using settings covered by the scheme and their contacts) is being monitored and evaluated in line with this requirement. Monitoring and evaluation will also provide us with further information about other positive and negative effects of the introduction of the policy. We will also continue to assess whether any less intrusive measures could be introduced to achieve the same combination of policy objectives in respect of the higher risk sectors concerned; if so, the policy will be immediately reviewed.

An overview of the range of information being used to monitor Covid Status Certification is detailed at **Annex B and C**.

As the regulations have been laid under the Coronavirus Act 2020 there is a requirement to review the regulations every 21 days. The Covid Status Certification provisions will expire on 28 February 2022, as with all other Covid measures under the Health Protection (Coronavirus) (Requirements) (Scotland) Amendment Regulations 2022 and The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 2) Regulations 2022. If Ministers wish to extend the measures further then additional regulations will be required.

To that end, we will continue to consider the impact of Covid Status Certification on protected characteristics and our obligations under the public sector equality duty. This will include engaging with relevant stakeholders and we will publish further equality impact assessments (EQIA) if needed

Assessing the impacts and identifying opportunities to promote equality

Do you think that the policy impacts on people because of their age?

Age	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination, harassment and victimisation		X		There is some evidence of negative differential impacts identified at this time. There is the potential for indirect discrimination as some people will not have had the opportunity to complete their primary course or booster for various reasons e.g. a period of recent infection, they have become newly eligible etc. and will therefore not be considered fully vaccinated for the purposes of certification. The offer of COVID-19 vaccination for all doses will remain open to those newly eligible, or those who have not yet taken up the offer of vaccination. The alternative to provide record of a negative test (LFD or PCR) remains. There is the potential for indirect discrimination of young people due to lower vaccination uptake and higher rates of vaccine hesitancy. Ensuring that vaccinations are accessible through the Inclusive Vaccination Programme, and the inclusion of testing as an alternative and continued widespread availability of testing will help mitigate this risk. There is the potential for indirect discrimination of older people and care leavers (up to the age of 26) due to higher rates of digital exclusion and lack of photo ID within this demographic. The paper Certificate and helpline, inclusion of testing and continued widespread availability of testing, will mitigate against this. Due to lower vaccination uptake among younger people, even though the policy does not apply to employment, there is a risk that Covid Status Certification could be used as a condition of employment. This may have differential impacts on younger people.

				We have published sectoral guidance to support effective implementation consistent with our policy aim, which can be found on the Scottish Government website We recognise that some businesses, outside the regulated settings, are asking people for evidence they have been fully vaccinated as a condition of entry or as a condition of employment. We emphasised in our guidance that businesses which are not covered by the Government's scheme need to consider carefully their obligations under all relevant law including data protection, the Equality Act and Human rights. For more information see the Equality and Human Rights Commission Guidance for Employers. Covid Status Certification may present practical problems for care leavers due to frequent changes in of postal address. We have set up a Resolver Team to resolve any issues relating to inaccuracies in vaccination records. Testing acts as a mitigation to this.
Advancing equality of opportunity	X			There is some evidence of a positive differential impact identified at this time. If the policy objective is achieved and the risk of transmission is reduced this will positively impact older people who have poorer health outcomes if they contract the virus. Covid Status Certification may support older people who are more at risk if they contract the virus, to feel safer and more confident in society. This is important for wellbeing, mental health and maintaining relationships.
Promoting good relations among and between different age groups	X			As above, Covid Status Certification may support older people, who are more at risk if they contract the virus, to feel safer and more confident in society. This is important for wellbeing, mental health and maintaining relationships.

Do you think that the policy impacts disabled people?

Disability	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination, harassment and victimisation		X		There is some evidence of negative differential impacts identified at this time. There is the potential for indirect discrimination as some people will not have had the opportunity to complete their primary course or booster for various reasons e.g. a period of recent infection, they have become newly eligible etc. and will therefore not be considered fully vaccinated for the purposes of certification. The offer of COVID-19 vaccination for all doses will remain open to those newly eligible, or those who have not yet taken up the offer of vaccination. The alternative to provide record of a negative test (LFD or PCR) remains. There is the potential for indirect discrimination of disabled people due to higher rates of digital exclusion within this demographic. The paper vaccine Certificate and vaccine helpline, inclusion of testing and continued widespread availability of testing will mitigate against this. There will be exemptions to prevent indirect discrimination of people who cannot be vaccinated and cannot be tested for medical reasons. The expectation is these numbers will be very small: for almost all disabled people or people with other medical conditions, safe completion of immunisation, with support if required, is achievable.
Advancing equality of opportunity	X			There is some evidence of positive differential impacts identified at this time. If the policy objective is achieved and the risk of transmission is reduced If the policy objective is achieved and the risk of transmission is reduced, this will positively impact disabled people who have poorer health outcomes if they contract the virus.

Promoting good relations among and between disabled and non-disabled people	X			Covid Status Certification may support disabled people, who are more at risk if they contract the virus, to feel safer and more confident in society. This is important for wellbeing, mental health and maintaining relationships.

Do you think your policy impacts on people proposing to undergo, undergoing, or who have undergone a process for the purpose of reassigning their sex?

Gender reassignment	**Positive**	**Negative**	**None**	**Reasons for your decision**
Eliminating unlawful discrimination, harassment and victimisation		X		There is some evidence of negative differential impacts identified at this time. There is the potential for indirect discrimination as some people will not have had the opportunity to complete their primary course or booster for various reasons e.g. a period of recent infection, they have become newly eligible etc. and will therefore not be considered fully vaccinated for the purposes of certification. The offer of COVID-19 vaccination for all doses will remain open to those newly eligible, or those who have not yet taken up the offer of vaccination. The alternative to provide record of a negative test (LFD or PCR) remains. Without mitigations, Covid Status Certification could present practical barriers for some trans people due to data flow and interoperability issues. Individuals can create separate profiles on the App for international and domestic use by using different email addresses. If an individual wishes to use a different name domestically, and has photo ID in that name, they can create one account for international travel, which aligns with the details on their passport, and one account for domestic use, which aligns with their preferred name. We have established a Resolver Team to resolve any issues relating to inaccuracies in vaccination records.

				Trans people are less likely to have ID and stakeholders have raised concerns that some biometric identification software contains gendered and racial biases. Jumio, the company providing the software, state that their software has equal rates of success across all demographics with a matching rate of over 95%. For the other 5% there will be a manual check by Jumio staff to verify the user's identity. For the limited number of people who cannot register using the App, they can access a paper copy of their Certificate by calling the helpline. People can also choose to provide a record of their test result as an alternative.
Advancing equality of opportunity			X	There is no evidence of a differential impact identified at this time.
Promoting good relations	X			If the policy objective is achieved and higher risk settings are allowed to continue to operate as an alternative to closure or more restrictive measures, this will facilitate socialisation and help to reduce feelings of isolation, which is important to trans people's mental health and wellbeing.

Do you think the policy impacts on people because of their marriage or civil partnership?[4]

Marriage and Civil Partnership	**Positive**	**Negative**	**None**	**Reasons for your decision**
Eliminating unlawful discrimination, harassment and victimisation			X	There is no evidence of a differential impact identified at this time. There will be an exception within the regulations for marriages and civil partnerships and associated celebrations.

[4] "The PSED only applies, under section 149(a) of the Equality Act 2010, to the protected characteristic of marriage and civil partnership in relation to eliminating discrimination etc. relating to work under Part 5 of that Act."

Advancing equality of opportunity			X	There is no evidence of a differential impact identified at this time.
Promoting good relations			X	There is no evidence of a differential impact identified at this time.

Do you think that the policy impacts on women because of pregnancy and maternity?

Pregnancy and Maternity	**Positive**	**Negative**	**None**	**Reasons for your decision**
Eliminating unlawful discrimination, harassment and victimisation		X		There is some evidence of negative differential impacts identified at this time. There is the potential for indirect discrimination as some people will not have had the opportunity to complete their primary course or booster for various reasons e.g. a period of recent infection, they have become newly eligible etc. and will therefore not be considered fully vaccinated for the purposes of certification. The offer of COVID-19 vaccination for all doses will remain open to those newly eligible, or those who have not yet taken up the offer of vaccination. The alternative to provide record of a negative test (LFD or PCR) remains. The inclusion of testing as an alternative and continued widespread availability of testing and work to encourage vaccination uptake by pregnant women, will help mitigate any risks that Covid Status Certification indirectly discriminates pregnant women, who may be less inclined to take up the offer of vaccination. Due to lower levels of vaccine uptake among pregnant women, even though the policy does not apply to employment, there is a risk that Covid Status Certification could be used as a condition of employment. This may have differential impacts on pregnant women. We have published sectoral guidance to support effective implementation

				consistent with our policy aim, which can be found on the Scottish Government website. We recognise that some businesses, outside the regulated settings, are asking people for evidence they have been fully vaccinated as a condition of entry or as a condition of employment. We emphasised in our guidance that businesses which are not covered by the Government's scheme need to consider carefully their obligations under all relevant law including data protection, the Equality Act and Human rights. For more information see the Equality and Human Rights Commission Guidance for Employers.
Advancing equality of opportunity	X			There is some evidence of positive differential impact identified at this time. If the policy objectives to reduce transmission is achieved, together with increased uptake of vaccine and testing, this could positively impact pregnant women, as there is evidence that they may be at an increased risk of becoming severely unwell compared to women who are not pregnant, particularly pregnant women in the third trimester.
Promoting good relations	X			Evidence indicates women would feel more comfortable if Covid Status Certification was in place in certain settings, and so Covid Status Certification may support pregnant women to feel safer and more confident in society. This is important for wellbeing, mental health and maintaining relationships.

Do you think the policy impacts on people on the grounds of their race?

Race	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination, harassment and victimisation		X		There is some evidence of negative impacts identified at this time. There is the potential for indirect discrimination as some people will not have had the opportunity to complete their primary course or booster for various reasons e.g. a period of recent infection, they have become newly eligible etc. and

				will therefore not be considered fully vaccinated for the purposes of certification. The offer of COVID-19 vaccination for all doses will remain open to those newly eligible, or those who have not yet taken up the offer of vaccination. The alternative to provide record of a negative test (LFD or PCR) remains. Lower levels of vaccination uptake are evident in minority ethnic groups. The inclusive approach to vaccinations which includes targeted work to encourage uptake in ME groups, the inclusion of testing and continued widespread availability of testing, will help mitigate any risks that Covid Status Certification indirectly discriminates ME people who may be more inclined to be vaccine hesitant. NHS Inform and Public Health Scotland provide information and resources about vaccination in a range of different community languages. And there is also the offer of support with interpretation at vaccine appointments. Request support with interpretation, or get help with travelling to your appointment | The coronavirus (COVID-19) vaccine (nhsinform.scot) Evidence suggests that biometric identity software often contains gendered and racial biases. Jumio, the company providing the software, state that their software has equal rates of success across all demographics with a matching rate of over 95%. For the other 5% there will be a manual check by Jumio staff to verify the user's identity. For the limited of number of people who cannot register using the App, they can access a paper copy of their Certificate by calling the helpline. People can also choose to provide a record of a negative test. ME groups are more likely to face digital exclusion. The paper Certificate and helpline and the inclusion of testing and

				continued widespread availability of testing mitigates against this. Due to lower vaccination uptake among ME groups, even though the policy does not apply to employment, there is a risk that Covid Status Certification could be used as a condition of employment which may have differential impacts on ME people. We have published sectoral guidance to support effective implementation consistent with our policy aim, which can be found on the Scottish Government website. We recognise that some businesses, outside the regulated settings, are asking people for evidence they have been fully vaccinated as a condition of entry or as a condition of employment. We emphasised in our guidance that businesses which are not covered by the Government's scheme need to consider carefully their obligations under all relevant law including data protection, the Equality Act and Human rights. For more information see the Equality and Human Rights Commission for Employers.
Advancing equality of opportunity	X			There is some evidence of positive differential impact identified at this time. If the policy objective to reduce transmission is achieved, this will positively impact ME communities, who have poorer health outcomes if they contract the virus.
Promoting good race relations	X			If the policy objective is achieved and higher risk settings continuing to operate as an alternative to closure or more restrictive measures, this will facilitate socialisation and could support mental health and wellbeing, which has been negatively impacted during the pandemic.

Do you think the policy impacts on people because of their religion or belief?

Religion or belief	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination, harassment and victimisation		X		There is some evidence of negative impacts identified at this time. There is the potential for indirect discrimination as some people will not have had the opportunity to complete their primary course or booster for various reasons e.g. a period of recent infection, they have become newly eligible etc. and will therefore not be considered fully vaccinated for the purposes of certification. The offer of COVID-19 vaccination for all doses will remain open to those newly eligible, or those who have not yet taken up the offer of vaccination. The alternative to provide record of a negative test (LFD or PCR) remains. There may be some people who do not want to be vaccinated for reasons related to their religion or beliefs. The inclusion of testing and continued widespread availability of testing, and the inclusive approach to the vaccination Programme, which includes targeted outreach, will help mitigate any risks that Covid Status Certification indirectly discriminates people who may be more inclined to be vaccine-hesitant based on their religion or beliefs.
Advancing equality of opportunity			X	There is no evidence of a differential impact identified at this time. There will be exceptions for premises being used for certain purposes, including worship.
Promoting good relations			X	There is no evidence of a differential impact identified at this time. There will be exceptions for premises being used for certain purposes, including worship.

Do you think that the policy impacts on men and women in different ways?

Sex	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination, harassment and victimisation		X		There is some evidence of negative differential impacts identified at this time. There is the potential for indirect discrimination as some people will not have had the opportunity to complete their primary course or booster for various reasons e.g. a period of recent infection, they have become newly eligible etc. and will therefore not be considered fully vaccinated for the purposes of certification. The offer of COVID-19 vaccination for all doses will remain open to those newly eligible, or those who have not yet taken up the offer of vaccination. The alternative to provide record of a negative test (LFD or PCR) remains. Women have higher rates of vaccine hesitancy than men. The inclusion of testing and continued widespread availability of testing will help mitigate any risks that Covid Status Certification indirectly discriminates women who are more likely to be vaccine hesitant. Lower levels of vaccination uptake are evident among women. Even though the policy does not apply to employment, there is a risk that Covid Status Certification could be used as a condition of employment which may have differential impacts on women. We have published sectoral guidance to support effective implementation consistent with our policy aim, which can be found on the Scottish Government website. We recognise that some businesses, outside the regulated settings, are asking people for evidence they have been fully vaccinated as a condition of entry or as a condition of employment. We emphasised in our guidance that businesses which are not covered by the Government's scheme need to consider carefully their obligations

				under all relevant law including data protection, the Equality Act and Human rights. For more information see the Equality and Human Rights Commission Guidance for Employers.
Advancing equality of opportunity	X			There is some evidence of positive differential impact identified at this time. If the policy objective is achieved and the risk of transmission is reduced, this will positively impact men, who have poorer health outcomes if they contract the virus. Evidence indicates women would feel more comfortable if Covid Status Certification was in place in certain settings and so Covid Status Certification may support women to feel safer and more confident in society. This is important for wellbeing, mental health and maintaining relationships.
Promoting good relations between men and women	X			If the policy objective is achieved and higher risk settings can to continue to operate as an alternative to closure or more restrictive measures, this will facilitate socialisation and could support mental health and wellbeing of both sexes.

Do you think that the policy impacts on people because of their sexual orientation?

Sexual orientation	**Positive**	**Negative**	**None**	**Reasons for your decision**
Eliminating unlawful discrimination, harassment and victimisation		X		There is some evidence of negative impacts identified at this time. There is the potential for indirect discrimination as some people will not have had the opportunity to complete their primary course or booster for various reasons e.g. a period of recent infection, they have become newly eligible etc. and will therefore not be considered fully vaccinated for the purposes of certification. The offer of COVID-19 vaccination for all doses will

				remain open to those newly eligible, or those who have not yet taken up the offer of vaccination. The alternative to provide record of a negative test (LFD or PCR) remains. LGBT people are less likely to have ID and stakeholders have raised concerns that some biometric identification software contains gendered and racial biases. Jumio, the company providing the software, state that their software has equal rates of success across all demographics with a matching rate of over 95%. For the other 5% there will be a manual check by Jumio staff to verify the user's identity. For the limited of number of people who cannot register using the App, they can access a paper copy of their Certificate by calling the helpline. People can also choose to provide a record of a negative test. There is anecdotal evidence that people living with HIV may be slightly more vaccine hesitant than the general population. The inclusion of testing and continued widespread availability of testing will help mitigate any risks that Covid Status Certification indirectly discriminates people living with HIV.
Advancing equality of opportunity	X			There is some evidence of positive differential impacts identified at this time. If the policy objective is achieved and the risk of transmission is reduced, this would benefit people living with HIV as they are more likely to have poorer outcomes if they contract Covid.
Promoting good relations	X			If the policy objective is achieved and higher risk settings can to continue to operate as an alternative to closure or more restrictive measures, this will facilitate socialisation and could support mental health and wellbeing, which is particularly important for LGB older people, who report higher levels of loneliness.

Annex A
List of stakeholders engaged with

Age Scotland
Baptist Union of Scotland
Black and Ethnic Minority Infrastructure in Scotland
Children & Young People's Commissioner Scotland
Church of Scotland
Close the Gap
Coalition for Racial Equality and Rights
Disability Equality Scotland
Edinburgh Inter-faith Association
Engender
Equality & Human Rights Commission
Evangelical Alliance
Glasgow Disability Alliance
Humanist Society Scotland
Inclusion Scotland
Information Commissioner's Office
Intercultural Youth Scotland
Interfaith Scotland
Just Right Scotland
LGBT Youth Scotland
Minority Ethnic Carers of Older People Project (MECOPP)
Muslim Council of Scotland
Open Rights Group Scotland
Progress in Dialogue
Roman Catholic Bishops' Conference
Royal National Institute of Blind People (RNIB)
Scottish Council of Jewish Communities
Scottish Episcopal Church
Scottish Human Rights Commission
Scottish Privacy Forum
Scottish Refugee Council
Scottish Trans Alliance
Scottish Women's Aid
Scottish Women's Convention
Stonewall Scotland
The Equality Network
Young Scot
Youth Link

Annex B

The following sources provide further information relevant to monitoring of the scheme.

Business Impacts and Conditions Survey (BICS) – Weighted Scotland Estimates
BICS is a voluntary fortnightly business survey which captures rapid data on businesses' responses on how their turnover, workforce, prices, trade and business resilience have been affected by current conditions, including the coronavirus (COVID-19) pandemic and the end of the EU transition period. The estimates are for businesses with a presence in Scotland and that have 10 or more employees. Most recent data was published on 12 November, and focuses on businesses' responses from Wave 7 to Wave 42 of the survey.

Specific data that may be of interest to the Committee include:

- tables on business trading, turnover performance, and turnover expectations, which are disaggregated to Food & Beverage Services to reflect conditions in the broader sector which includes segments of the night-time economy; and
- data on Covid safety measures, including customer vaccination checks, which are available across economic sectors and disaggregated to Food & Beverage Services.

BICS weighted Scotland estimates: data to wave 42 - gov.scot (www.gov.scot)

Public Attitudes to Coronavirus - Survey data tables

Latest data was published on 5th January 2022 and includes two waves of public attitudes polling that were conducted in November and December 2021. This survey data contains information about levels of public knowledge, use and support for the scheme.

Public attitudes to coronavirus: tracker - data tables - gov.scot (www.gov.scot)

Covid Status App Downloads statistics

Since 3rd November, the Public Health Scotland COVID-19 Statistical Report has begun publishing weekly statistics on the number of times the Covid Status App has been downloaded, and the number of paper and PDF copies of COVID-19 status.

COVID-19 Statistical Report (publichealthscotland.scot)

Annex C

Information To Support Monitoring

Impact on transmission and vaccination	
Evidence of impact of scheme on rates of transmission of the virus	Information about positive case rates are published. COVID-19 Daily Dashboard | Tableau Public. As is commonly the position with restrictions, it is not possible to establish the exact individual impact of this scheme on wider changes in transmission of the virus.
Rates of vaccination by age, sex, disability, race and SIMD area.	Vaccination data is published by PHS and broken down by age/sex/ethnicity/SIMD. This is not available by disability. COVID-19 Daily Dashboard | Tableau Public COVID-19 vaccinations - COVID-19 - Our areas of work - Public Health Scotland
Economic and business impacts	
Turnover in the night-time economy, including any evidence of displacement in the activities directly affected by the scheme.	Quantified turnover data for Scottish businesses are reported through the Scottish Annual Business Survey (SABS), the most recent analysed data covers 2018. The Scottish Government publishes rapid indicators of business performance at sectoral level through its analysis of ONS's Business Insights and Conditions Survey. Data on estimated shares of firms experiencing changes in turnover at Scotland level are now being published for SIC code 56 (Food & Beverage Services), which covers a number of the categories of activities covered within the 'night-time economy' (including restaurants, pubs and bars), and this will be reported where sample sizes allow.
Attendance levels at the following events, including comparative figures for pre-pandemic levels: • late night venues with music, alcohol and dancing • live events: indoors unseated 500+ in the audience • live events: outdoors unseated 4,000+ in the audience	Data on attendance is not available on a comparable basis across the different types of event. However, information and intelligence provided by business organisations will be used to build a picture of how attendance has been affected. This will be complemented by public attitudes data where possible.

• all live events: 10,000+ in the audience	
Breakdown of attendance levels by people in the lower vaccinated groups (e.g. breakdown by age, gender, ethnicity, and geographic area of residence)	As above.

Equality and Human rights impacts	
Number of people who have downloaded the COVID status app and accessed their QR code; and number of people who have requested a paper copy.	Data on the number of app downloads, paper copies requested, and PDF versions of COVID-19 status downloaded are published weekly by PHS in their COVID-19 Statistical Report. The data does not represent unique individuals as a single user may choose to download the app on multiple devices or request a second paper copy.
Breakdown of people using QR codes versus a paper copy by socio-economic profile, such as age, gender, ethnicity, geography.	Data is not available. Headline data on the number of people who have used the app and the number of paper copies requested will be published in the PHS weekly COVID-19 Statistical Report. In line with the Data Protection Impact Assessment, the processing of personal data is used solely to link to vaccination history to provide COVID status, so no further breakdowns of the data are planned for publication.
Number of people who have reported difficulties in accessing the COVID status app; their QR code; or paper copies.	Data is not available on the numbers of people. Users are able to report any difficulties by phoning the COVID Status Helpline. The data released by NHS National Services Scotland under FOI on 1 November stated that since the NSS National Contact Centre (NCC) started assisting with vaccination issues on approximately the 15th July 2021, the NCC have received approximately 42,000 cases with an issue where a case was raised to investigate. Most of the issues relate to vaccination records. A case relates to the issue raised so a person can raise more than one issue and hence have more than one live case created.

Number of people who have reported inaccuracies with the information contained in their vaccination record.	Data is not currently available. Users are able to report any issues by phoning the COVID Status Helpline. The data released by NHS National Services Scotland under FOI on 1 November, stated that since the NSS National Contact Centre (NCC) started assisting with vaccination issues on approximately the 15th July 2021, the NCC has received approximately 42,000 cases with issue where a case was raised to investigate. Most of the issues relate to vaccination records. A case relates to the issue raised so a person can raise more than one issue and hence have more than one live case created.

Public attitudes and behaviours	
Attitudes, knowledge and behaviours	The Scottish Government regularly publishes data from surveys on attitudes, knowledge and behaviours in relation to the pandemic. Recent survey waves have included a range of questions about public knowledge and support, for Covid Status Certification scheme, and information about its impact. The most recent information, from surveys carried out since the announcement of the scheme, up to 14-16 December 2021, is published at: Public attitudes to coronavirus: tracker - data tables - gov.scot (www.gov.scot). The results of further survey waves will be published at the same link, in due course.

References

[1] Section 4 of the Equality Act 2010
[2] Joint letter: Equality and Human Rights and the Coronavirus in Scotland - The Children and Young People's Commissioner Scotland (cypcs.org.uk)
[3] 22 December 2021 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[4] Coronavirus (COVID-19): modelling the epidemic (issue no.84) - gov.scot (www.gov.scot)
[5] Scottish Government (17 December 2021) https://www.gov.scot/publications/coronavirus-covid-19-update-first-ministers-speech-17-december-2021/
[6] SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)
[7]*12 January 2022 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[8] *12 January 2022 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[9] 22 December 2021 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[10] *12 January 2022 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[11] SAGE 98 minutes: Coronavirus (COVID-19) response, 7 December 2021 - GOV.UK (www.gov.uk)
[12] Omicron in Scotland - evidence paper - gov.scot (www.gov.scot)
[13] *12 January 2022 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[14] *12 January 2022 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[15] SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)
[16] *12 January 2022 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[17] S1460_-_SPI-M-O_consensus_statement_to_SAGE.pdf (publishing.service.gov.uk)
[18] SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)
[19] *S1476_SAGE_102_minutes.pdf (publishing.service.gov.uk)
[20] 22 December 2021 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[21] *S1476_SAGE_102_minutes.pdf (publishing.service.gov.uk)
[22] SAGE 101 minutes: Coronavirus (COVID-19) response, 23 December 2021 - GOV.UK (www.gov.uk)
[23] *12 January 2022 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[24] SPI-M-O: Consensus Statement on COVID-19, 7 December 2021 - GOV.UK (www.gov.uk)
[25] *12 January 2022 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[26] SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)
[27] SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)
[28] SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)
[29] COVID-19 vaccine surveillance report - week 2 (publishing.service.gov.uk)
[30] *S1476_SAGE_102_minutes.pdf (publishing.service.gov.uk)
[31] 22 December 2021 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[32] 22 December 2021 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)
[33] EAVE II | The University of Edinburgh
[34] The REACT 1 programme | Faculty of Medicine | Imperial College London
[35] Office for National Statistics (24 September 2021). Coronavirus (COVID-19) Infection Survey, UK
[36] COVID-19 Daily Dashboard | Tableau Public
[37] COVID-19 Daily Dashboard | Tableau Public
[38] SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)
[39] 22 December 2021 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 (B.1.1.529) (publishing.service.gov.uk)

[40] SARS-CoV-2 variants of concern and variants under investigation- Technical briefing 34 (publishing.service.gov.uk)
[41] Office for National Statistics (1 December 2021) Coronavirus (COVID-19) Infection Survey, characteristics of people testing positive for COVID-19, UK: 2 February 2022
[42] British Medical Journal (30 June 2021) How long does covid-19 immunity last?
[43] Journal of Infection (17 June 2021) One year later: SARS-CoV-2 immune response and vaccination of healthcare workers post-infection
[44] British Medical Journal (30 June 2021) How long does covid-19 immunity last?
[45] Journal of Infection (17 June 2021) One year later: SARS-CoV-2 immune response and vaccination of healthcare workers post-infection
[46] Centres for Disease Control and Prevention (13 August 2021) Reduced Risk of Reinfection with SARS-CoV-2 after COVID-19 Vaccination - Kentucky, May - June 2021
[47] The Lancet (May 2021) Prevalence of antibody positivity to SARS-CoV-2 following the first peak of infection in England: Serial cross-sectional studies of 365,000 adults
[48] NERVTAG (27 May 2021) Update note on immunity to SARS-CoV-2 after natural
[49] Get tested for coronavirus (COVID-19) - NHS (www.nhs.uk)
[50] Diagnostic testing for SARS-CoV-2 infection (who.int)
[51] S0519_Impact_of_false_positives_and_negatives.pdf (publishing.service.gov.uk)
[52] Asymptomatic testing backed by new research studies - GOV.UK (www.gov.uk)
[53] SARS-CoV-2 antigen rapid lateral flow test (LFT) sensitivity | CLEP (dovepress.com)
[54] Comparing the diagnostic accuracy of point-of-care lateral flow antigen testing for SARS-CoV-2 with RT-PCR in primary care (REAP-2) - EClinicalMedicine (thelancet.com)
[55] 20220110_Self-isolation_Scientific-Summary_Final-clean.pdf (koha-ptfs.co.uk)
[56] Outcome of the evaluation of rapid diagnostic assays for specific SARS-CoV-2 antigens (lateral flow devices) - GOV.UK (www.gov.uk)
[57] S1393_SPI-B_SPI-M_EMG_Considerations_for_potential_impact_of_Plan_B_measures_13_October_2021.pdf (publishing.service.gov.uk)
[58] Options for the use of rapid antigen tests for COVID-19 in the EU/EEA - first update (europa.eu)
[59] WHO (13 December 2020). Coronavirus disease (COVID-19): How is it transmitted?
[60] SAGE. Insights on transmission of COVID-19 with a focus on the hospitality, retail and leisure sector.
[61] WHO (13 December 2020). Coronavirus disease (COVID-19): How is it transmitted?
[62] WHO (13 December 2020). Coronavirus disease (COVID-19): How is it transmitted?
[63] SPI-B (2 July 2020)
S0582_High_connectivity_situations_outside_the_occupational_or_workplace_context__1_.pdf (publishing.service.gov.uk)
[64] S1470_Non_household_activities_covid_risk__1_.pdf (publishing.service.gov.uk)
[65] PI_2021 12_Kinos: Good ventilation ensures low risk of infection - Fraunhofer IBP
[66] Managing COVID-19 Transmission Risks in Bars: An Interview and Observation Study: Journal of Studies on Alcohol and Drugs: Vol 82, No 1 (jsad.com)
[67] Pass Time: Quantifying the Public-Health Benefits of a Covid Pass | Institute for Global Change
[68] Public Health Scotland COVID-19 Statistical Report
[69] Scottish household survey 2019: annual report - gov.scot (www.gov.scot)
[70] Public Health Scotland. Daily Trend of Vaccinations by Age Group and Sex (accessed 20 September 2021)
[71] Ten threats to global health in 2019 (who.int)
[72] Robertson, E. et al (2021). Predictors of COVID-19 vaccine hesitancy in the UK household longitudinal study. Brain, Behaviour, and Immunity, Volume 94
2021, p. 41-50.
[73] Coronavirus and vaccine hesitancy, Great Britain - Office for National Statistics (ons.gov.uk)
[74] REPORTS | COVID Social Study
[75] Public Health Scotland COVID-19 Statistical Report
[76] Scottish Government (10 September 2019). Scottish household survey 2018: annual report
[77] Scottish COVID-19 Mental Health Tracker Study: Wave 4 Report (www.gov.scot)
[78] Scottish Government (October 2020). Scottish Covid Mental Health Tracker Study: Wave 1
[79] Scottish Government (February 2021). Scottish Covid Mental Health Tracker Study: Wave 2
[80] Scottish Government (June 2021) Scottish COVID-19 Mental Health Tracker Study: Wave 3 Report - gov.scot (www.gov.scot)
[81] Scottish Government (October 2020). Scottish Covid Mental Health Tracker Study: Wave 1

[82] Scottish Government (February 2021). Scottish Covid Mental Health Tracker Study: Wave 2
[83] British Medical Journal (24 August 2021) https://www.bmj.com/content/374/bmj.n1730
[84] Vaccinations for 16 to 17-year-olds - gov.scot (www.gov.scot)
[85] Vaccinating children and young people aged 12 to 17 years | The coronavirus (COVID-19) vaccine (nhsinform.scot)
[86] COVID-19 Daily Dashboard | Tableau Public
[87] Mills and Ruttenauer, 14 October 2021
S1401_University_of_Oxford_and_Nuffield_College_The_impact_of_mandatory_COVID-19_certificates_on_vaccine_uptake_Synthetic_Control_Modelling_of_Six_Countries__14_October_2021.pdf (publishing.service.gov.uk)
[88] The impact of mandatory COVID-19 certificates on vaccine update: Synthetic Control Modelling of Six Countries
[89] Lockdown Lowdown (Phase 2)
[90] COVID-19 Early Years Resilience and Impact Survey (CEYRIS) (publichealthscotland.scot)
[91] Coronavirus disease (COVID-19): Vaccines (who.int)
[92] Who's studying in HE? | HESA
[93] The Impact of International Students in Scotland: Scottish Government response to the Migration Advisory Committee's consultation on the impact of international students in the UK (www.gov.scot)
[94] Institute for Fiscal Studies (6 April 2020). Sector shutdowns during the coronavirus crisis: which workers are most exposed?.
[95] Archive | National Records of Scotland (nrscotland.gov.uk)
[96] National Records of Scotland (2020) Mid-2019 Population Estimates Scotland
[97] Age UK (16 October 2020). The impact of COVID-19 to date on older people's mental and physical health
[98] Public attitudes to coronavirus: tracker - data tables - gov.scot (www.gov.scot)
[99] Impact of Covid-19 on older people's mental and physical health: one year on
[100] COVID-19 Shielding Programme (Scotland) rapid evaluation-summary report (publichealthscotland.scot)
[101] Public Health Scotland (September 2020). COVID-19 Shielding Programme (Scotland) Impact and Experience Survey
[102] Age Scotland - The Big Survey 2021 - Full Report
[103] Scottish Stroke Statistics (isdscotland.org)
[104] Deloitte (2019). Global Mobile Consumer Survey: UK cut. Plateauing at the peak: the state of the smartphone. UK-representative sample (n = 4,150).
[105] Scottish Government (2019). Scotland's People Annual Report.
[106] Scottish Government (2018) Scottish health survey 2017: volume one - main report. This data is from additional analysis of the Scottish Household Survey 2018
[107] Scotland's People Annual Report 2019 (www.gov.scot)
[108] Scottish Government (2018) Scottish health survey 2017: volume one - main report. This data is from additional analysis of the Scottish Household Survey 2018
[109] Scottish household survey 2019: annual report - gov.scot (www.gov.scot)
[110] Cabinet Office (11 May 2021). Voter identification: photographic ID ownership in Great Britain
[111] Safe Lives (October 2016). Safe Later Lives: Older people and domestic abuse
[112] Scottish Government (September 2020). Scottish health survey 2019: volume one - main report
[113] Scottish Government (December 2018). A Fairer Scotland for Disabled People: employment action plan
[114] National Records of Scotland (19 May 2021). Deaths involving coronavirus (COVID-19) in Scotland Report
[115] National Records of Scotland (24 March 2021). Deaths involving coronavirus (COVID-19) in Scotland – Week 11
[116] Williamson, E.J et al (2021). Risks of Covid-19 hospital admission and death for people with learning disability: population based cohort study using the OpenSAFELY platform. BMJ 2021;374:n1592
[117] Scottish Government (January 2021). Barriers to adherence with COVID-19 restrictions
[118] impact-covid-19-wellbeing-scotland-wave-3-survey-summary (5).pdf
[119] NHS Digital (11 November 2021) Mental Health Services Monthly Statistics
[120] Disability Equality Scotland (November 2021) Your Say on Disability - Weekly Poll - Vaccine Certification Scheme
[121] Scottish Government (2020) Scotland's Strategic Framework - Equality Impact Assessment
[122] Glasgow Disability Alliance (August 2020). Supercharged: A Human Catastrophe.

[123] Disability Equality Scotland (March 2021). Your Say: Weekly polling on Vaccine Passports.
[124] Ada Lovelace Institute (March 2021). The Data Divide: Public attitudes to tackling social and health inequalities in the COVID-19 pandemic and beyond.
[125] Equality and Fairer Scotland Duty Impact Assessment: Evidence gathered for Test and Protect - Scotland's Approach to Preventing the Spread of Coronavirus in the Community
[126] Scottish Commission for Learning Disabilities (17 December 2019). 2019 Report
[127] Definition of Disability under the Equality Act 2010
[128] Citizens Advice (June 2018). Don't miss a trick: Be scam aware
[129] NHS England (25 June 2019). Personal Social Services Survey of Adult Carers in England (SACE)
[130] Public Health England (2015). Disability and domestic abuse: risk, impacts and response
[131] Glasgow Adult Protection (2020). Adult Protection Committee Biennial report 2018 - 2020
[132] Scottish Public Health Network (May 2018). Health Care Needs Assessment of Gender Identity Services
[133] Mcneil, J. et al (2017). Suicide in trans populations: a systematic review of prevalence and correlates. Psychology of Sexual Orientation and Gender Diversity, Issue 3, Vol. 4 p. 341-353.
[134] Wright, T. (28 July 2020). Being trans and feeling lonely: a reflection on loneliness literature, community connectedness, and mental health in the transgender and gender diverse community. London School of Hygiene and Tropical Medicine.
[135] Stonewall (2021) https://www.stonewall.org.uk/sites/default/files/stw-voter-id-2021-v6.pdf
[136] Gender Shades (2018). Gender Shades: Intersectional Accuracy Disparities in Commercial Gender Classification
[137] LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response, and Outcome
[138] UK Government Equalities Office (2018) National LGBT Survey Summary Report
[139] National Records of Scotland (14 September 2021). First mixed-sex civil partnerships registered
[140] Key Facts — The UK Weddings Taskforce
[141] Hitched (20 October 2020). New Study: 71% of Couples Are Postponing Their Wedding Due to COVID-19
[142] (Research news - Impact of COVID-19 on weddings reinforces need for marriage law reforms, experts say - University of Exeter)
[143] (YouGov - Daily Questions - Have you attended a wedding during the last year or so, under Covid-19 restrictions?)
[144] Royal College of Obstetricians & Gynaecologists (23 April 2021). Coronavirus infection and pregnancy FAQs
[145] News: New data show rise in hospital admissions for unvaccinated pregnant women | NIHR
[146] 2021-11-02-coronavirus-covid-19-infection-in-pregnancy-v14.1.pdf (rcog.org.uk)
[147] Impact of SARS-CoV-2 variant on the severity of maternal infection and perinatal outcomes: Data from the UK Obstetric Surveillance System national cohort | medRxiv
[148] Public Health Scotland COVID-19 Statistical Report
[149] 2021-11-02-coronavirus-covid-19-infection-in-pregnancy-v14.1.pdf (rcog.org.uk)
[150] Villar, J. et al (2021). Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection - The INTERCOVID Multinational Cohort Study. JAMA Paediatrics 2021; 175(8):817–826
[151] Public Health Scotland COVID-19 Statistical Report
[152] COVID-19 vaccination: a guide on pregnancy and breastfeeding - GOV.UK (www.gov.uk)
[153] Scottish Government (19 May 2021). Coronavirus (COVID-19): shielding advice and support
[154] Coronavirus (COVID-19) infection and pregnancy (rcog.org.uk)
[155] COVID-19 vaccination: a guide on pregnancy and breastfeeding - GOV.UK (www.gov.uk)
[156] NHS England » NHS encourages pregnant women to get COVID-19 vaccine
[157] Pregnant Then Screwed. The true scale of the crisis facing working mums.
[158] Results are taken from questions run on behalf of Scottish Government on the YouGov online omnibus survey. The sample is demographically and geographically representative of adults 18+ across Scotland, with c.1000 responses each week. Fieldwork took place on 7-8 September among a sample size of 1021 adults. Respondents were asked the extent to which they agree or disagree with the following statement: "The high level of people with two doses of the vaccine in Scotland gives me more confidence to go out and about."
[159] Source: YouGov online survey. Fieldwork took place on 24-25 August among a sample size of 1007 adults, with results to this question re-based to exclude those who selected "Not applicable" (n=799). Respondents were shown the following statement: "One possible approach to allow entry to venues such as stadiums, arenas and nightclubs is to introduce a Covid certification scheme. The

exact details of this would need to be confirmed but an example may involve showing a certificate that proves you have been fully vaccinated or tested negative in the last 48 hours." Then they were asked the extent to which they agree or disagree with the following statement: "If I wanted to go to a venue or event, having this scheme in place would make me feel more comfortable doing this."

[160] Clinical Trials Arena (22 July 2021). Lack of trials in pregnant people driving Covid-19 vaccine hesitancy.

[161] Robertson, E. et al (2021). Predictors of COVID-19 vaccine hesitancy in the UK household longitudinal study. Brain, Behaviour, and Immunity, Volume 94,

[162] Public Health Scotland (1 September 2021). COVID-19 Statistical Report

[163] NHS England (30 July 2021). Chief Midwife urges pregnant women to get NHS COVID jab

[164] Office for National Statistics (7 May 2021) Practical barriers among those who felt unable to receive COVID-19 vaccines

[165] Transport Scotland (27 Feb 2019) Scottish Transport Statistics No 37 - 2018 Edition

[166] Scottish Government (October 2020). Impact of COVID-19 on Equality Groups – Ethnicity Analysis

[167] Scottish Government (2015) Gypsy/Travellers in Scotland - A Comprehensive Analysis of the 2011 Census

[168] Scottish Government (September 2020). COVID-19 At Risk Groups: Understanding the health, social and economic impacts.

[169] Scottish Government (24 June 2020). Inequalities by ethnicity in the context of Covid-19 slide-pack

[170] Institute for Fiscal Studies (April 2020). Sector shutdowns during the coronavirus crisis: which workers are most exposed?

[171] Public Health Scotland COVID-19 Statistical Report

[172] University College London (25 March 2021). Covid-19 Social Study – Results Release 32

[173] Bell, S. et al (2021). COVID-19 vaccination beliefs, attitudes, and behaviours among health and social care workers in the UK: a mixed-methods study. medRxiv 2021.04.23.21255971

[174] Public Health Scotland (1 September 2021). Vaccine uptake equality report – Supplementary Tables

[175] Public Health Scotland COVID-19 Statistical Report

[176] Factors influencing COVID-19 vaccine uptake among minority ethnic groups (publishing.service.gov.uk)

[177] An investigation of family literacy programmes for Scottish Travelling communities and European families. STEP, 2015 http://www.step.education.ed.ac.uk/research/

[178] Cooke, G. et al (2007). Impact on and use of an inner-city London Infectious Diseases Department by international migrants: a questionnaire survey. BMC Health Serv Res 7, 113

[179] Stagg, HR et al (2012).BMJ Open 2012. Poor uptake of primary healthcare registration among recent entrants to the UK: a retrospective cohort study.

[180] Papageorgiou, V. et al (2020). Patient data-sharing for immigration enforcement: a qualitative study of healthcare providers in England. BMJ Open 2020; 10:e033202.

[181] Digital Health (14 November 2018). NHS Digital confirms end of patient data sharing with Home Office

[182] Scottish Government (15 September 2020). Scottish household survey 2019: annual report

[183] Gender Shades (2018). Gender Shades: Intersectional Accuracy Disparities in Commercial Gender Classification

[184] Scottish Government (October 2020). Impact of COVID-19 on Equality Groups – Ethnicity Analysis

[185] Disability Scotland (March 2021). Your Say: Weekly polling on Vaccine Passports.

[186] Senior Rabbi amongst faith leaders urging people to get COVID-19 vaccine (scojec.org)

[187] Open letter from MCS and Joint statements from Muslim faith leaders across Scotland on Covid-19 Vaccination

[188] Operation Vaccination Campaign - Muslim Council of Britain (MCB)

[189] UK Human Rights Blog (4 January 2020). Ethical veganism is a protected belief, rules Employment Tribunal

[190] National Records of Scotland (6 October 2020). The Registrar General's Annual Review of Demographic Trends

[191] Torjesen, I. (2021). Covid-19: Middle aged women face greater risk of debilitating long term symptoms. BMJ 2021;372:n829

[192] Impact of Covid-19 - Wellbeing - Scotland - Wave 3 - Survey

[193] Etheridge, B.; Spantig, L. (2020). The Gender Gap in Mental Well-Being During the Covid-19 Outbreak: Evidence from the UK. Institute for Social and Economic Research, No. 2020-08, June 2020.

[194] The Lancet (8 October 2021) Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic
[195] Scottish Government (2019). Annual Survey of Hours and Earnings 2019
[196] Scottish Government (16 March 2021). Scottish Crime and Justice Survey 2019/20: main findings
[197] Scottish Government (25 February 2021). Domestic abuse: statistics 2018-2019
[198] Office for National Statistics (24 October 2017). Leisure time in the UK: 2015
[199] Source: YouGov online survey. Fieldwork took place on 24-25 August among a sample size of 1007 adults, with results to this question re-based to exclude those who selected "Not applicable" (n=799). Respondents were shown the following statement: *"One possible approach to allow entry to venues such as stadiums, arenas and nightclubs is to introduce a Covid certification scheme. The exact details of this would need to be confirmed but an example may involve showing a certificate that proves you have been fully vaccinated or tested negative in the last 48 hours."* Then they were asked the extent to which they agree or disagree with the following statement: "*If I wanted to go to a venue or event, having this scheme in place would make me feel more comfortable doing this."*
[200] Robertson, E. et al (2021). Predictors of COVID-19 vaccine hesitancy in the UK household longitudinal study. Brain, Behaviour, and Immunity, Volume 94 2021, p. 41-50.
[201] National Institute of Standards and Technology (2019). Face Recognition Vendor Test Part 3: Demographic Effects
[202] Engender (December 2020) Engender response to the Scottish Government Consultation on the Digital Strategy for Scotland
[203] Office for National Statistics (6 March 2020). Sexual Orientation, UK: 2018
[204] Just Like Us (18 February 2021). LGBT+ young people twice as likely to feel lonely and worry daily about mental health than peers.
[205] Age UK (February 2018). Combating loneliness amongst older LGBT people
[206] National AIDS Trust (2019). HIV in the UK statistics
[207] Bhaskaran, K. et al (2021). HIV infection and COVID-19 death: a population-based cohort analysis of UK primary care data and linked national death registrations within the OpenSAFELY platform. The Lancet. Vol. 8, Issue 1, E24-E32, 01 January 2021.
[208] Coronavirus disease 2019 (COVID-19) outcomes in HIV/AIDS patients: a systematic review - Cooper - 2020 - HIV Medicine - Wiley Online Library
[209] Waters, L.J, Pozniak, A.L (2021). COVID-19 death in people with HIV: interpret cautiously. The Lancet, Vol. 8, Issue 1, E2-E3, 1 January 2021.
[210] Age UK (February 2018). Combating loneliness amongst older LGBT people
[211] Terrence Higgins Trust (4 February 2021). Coronavirus vaccine guidance for people living with HIV
[212] British HIV Association & Terrence Higgins Trust (11 January 2021). SARS-CoV-2 vaccine advice for adults living with HIV
[213] Rapid realist review of the role of community pharmacy in the public health response to COVID-19

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80435-025-6 (web only)

Published by The Scottish Government, February 2022

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1024298 (02/22)