

Scottish Government Central Analysis Division

State of the Epidemic in Scotland – 14 April 2022

Background

This report summarises the current situation of the Covid-19 epidemic in Scotland. It brings together the different sources of evidence and data about the epidemic in Scotland at this point in time, why we are at that place, and what is likely to happen next. This updates the previous publication published on 1 April 2022¹. The information in this document helps the Scottish Government, the health service and the wider public sector respond to the epidemic and put in place what is needed to keep us safe and treat people who have the virus.

This edition of the State of the Epidemic summarises current data on Covid-19 at a national and local level, and how Scotland currently compares to the rest of the UK. It looks at the vaccination program in Scotland and its impact. Information is provided about variants of concern and what impact these may have. Bringing this information together in one place gives the opportunity to better understand the current state of the epidemic in Scotland.

The State of the Epidemic report this week will summarise data up to and including 12 April 2022, except for hospital admissions data which summarises data up to and including 13 April 2022. The earlier data cut-off dates is due to the report being published on Thursday 14 April 2022 due to the public holiday on Friday 15 April 2022.

Announced changes to Testing Policy

Test and Protect Transition Plan has been published by the Scottish Government outlining changes to the testing policy from mid-April 2022.

¹ Scottish Government: [Coronavirus \(Covid-19\): state of the epidemic - gov.scot \(www.gov.scot\)](https://www.gov.scot/Coronavirus-Covid-19-state-of-the-epidemic)

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Summary

The positivity estimate from the Covid-19 Infection Survey (CIS) for Scotland continued to decrease in the most recent week to 9 April. Over the past two weeks to 12 April there has been an overall nationwide decline in wastewater Covid-19 levels; however, the most recent week saw a slight increase. Meanwhile, the weekly case rate (including reinfections) in Scotland has continued to decrease in the most recent week to 9 April. Omicron BA.2 continues to be the dominant variant in Scotland.

According to the CIS, the estimated percentage of people testing positive decreased across all ages in recent weeks. Similarly, case rates have decreased in all age groups compared to the previous week; the greatest decrease in case rates was 41% for those aged 0 to 19 years.

Covid-19 related daily hospital occupancy has started to decrease in the most recent week, after reaching the highest levels seen throughout the pandemic on 2 April. Combined ICU occupancy remains at similar levels in the most recent week compared to the week prior. Similarly, weekly numbers of Covid-19 admissions reached the highest levels seen throughout the pandemic in the week to 18 March, and there are early signs that the trend is now decreasing. There were 139 deaths where Covid-19 was mentioned on the death certificate in the latest week, a slight decrease from the week before.

Key Points

- The UK Health Security Agency's (UKHSA) consensus estimate for R in Scotland as at 29 March is between 0.8 and 1.0. The lower and upper limit of the R value have both decreased since the last published figure.
- As at 29 March 2022, the UKHSA's consensus view was that the incidence of new daily infections in Scotland was between 348 and 1,032 per 100,000 people.
- The latest estimated growth rate for Scotland as at 29 March was between -4% and 0%. The upper and lower growth limits have both decreased since the previous week.
- As determined through the latest weekly ONS Covid-19 Infection Survey (CIS), in Scotland, the percentage of people living in private residential households testing positive for Covid-19 continued to decrease in the week ending 9 April 2022. In the latest week, the estimated percentage of people testing positive was 5.98% (95% credible interval: 5.35% to 6.62%)², equating to around 1 in 17 people (95% credible interval: 1 in 19 to 1 in 15).
- Overall, there has been a decline in nationwide wastewater SARS-CoV-2 RNA over the last two weeks. The week ending on 12 April saw levels of around 240

² A **credible interval** gives an indication of the uncertainty of an estimate from data analysis based on a sample population. 95% credible intervals are calculated so that there is a 95% probability of the true value lying in the interval.

million gene copies per person per day (Mgc/p/d), a decrease from 296 Mgc/p/d two weeks ago (week ending 29 March). However, there has been a slight rise in SARS-CoV-2 RNA levels in the last week of data available.

- The sub-lineage Omicron BA.2 is the dominant variant in Scotland. Of the new cases in Scotland that were notified on 11 April from UK Government laboratories, 97.9% were S gene positive, which is used as a reasonable proxy for tracking Omicron BA.2. By comparison, according to the Covid-19 Infection Survey, the percentage of people testing positive that are compatible with BA.2 has decreased in Scotland in the week to the 9 April 2022. The survey estimated that 5.31% (95% credible interval: 4.70% to 5.96%) of the private residential population would have tested positive with a Covid-19 infection compatible with BA.2 on 6 April.
- By specimen date, the seven-day combined PCR and LFD case rate (including reinfections) decreased by 25% in Scotland in the week leading up to 9 April (728 cases per 100,000) compared to one week previously (973 cases per 100,000 on 2 April). This follows a period of sharply increasing case rates from late February to mid-March.
- The week leading up to 9 April saw decreasing case rates in all age groups compared to the week ending 2 April. In the most recent week, the decrease ranged from 13% for those aged 70 to 79, to 41% for those aged 19 or younger.
- In the week to 8 April, there were 393 reported cases among care home residents, which is a decrease of 18% from the previous week ending 1 April (482 cases).
- The proportion of reinfections among total weekly cases has increased in the most recent week to 9 April to 10.7% of all cases, which is the highest level of reinfections seen in the pandemic.
- In the week to and including 11 April, Covid-19 hospital occupancy decreased by 11% compared to the previous week ending 4 April, after the highest hospital occupancy number throughout the pandemic was reported on 2 April 2022 (2,405). Combined ICU occupancy remains at similar levels in the week to 11 April compared to the previous week ending 4 April.
- Covid-19 admissions to hospital in the week to 26 March decreased by 5% compared to the previous week ending 19 March, after reaching the highest levels seen throughout the pandemic on 18 March 2022 (1,595 patients). Covid-19 ICU admissions have increased by 31% in the week to 29 March compared to the previous week ending 22 March. There are a large number of daily revisions to admissions data for the latest two weeks, so the week-on-week comparisons are lagged by two weeks.
- According to new analysis from Public Health Scotland, 60% of Covid-19 related hospital admissions in December 2021 were 'because of' Covid-19, rather than admissions for other reasons where Covid-19 was found through

testing. This is a decrease from earlier in the year. The analysis also found that the average length of stay after a Covid-19 admission decreased from September 2021 to December 2021.

- The overall number of Covid-19 deaths has decreased by 19%, or 33 deaths, to a total of 139 deaths in the week leading up to 10 April, compared to 172 in the week leading up to 3 April.
- In the week ending 10 April, the total number of deaths registered in Scotland was 1,222. This was 11% above the five-year average for this week.
- In the week leading up to 9 April 2022, Shetland Islands had the highest combined PCR and LFD weekly case rate by specimen date, reporting 1,509 cases per 100,000 population. Orkney Islands had the lowest weekly combined LFD and PCR case rate in the same time period, reporting 540 cases per 100,000.

Method

This report brings together a wide range of publicly available figures from a range of data sources. These include publications by Scottish Government, Public Health Scotland, National Records of Scotland and Office for National Statistics along with scientific publications and SAGE and UKHSA summaries where appropriate to summarise the state of the epidemic in Scotland in a given week. We also provide information on public attitudes to the virus from weekly YouGov polling surveys.

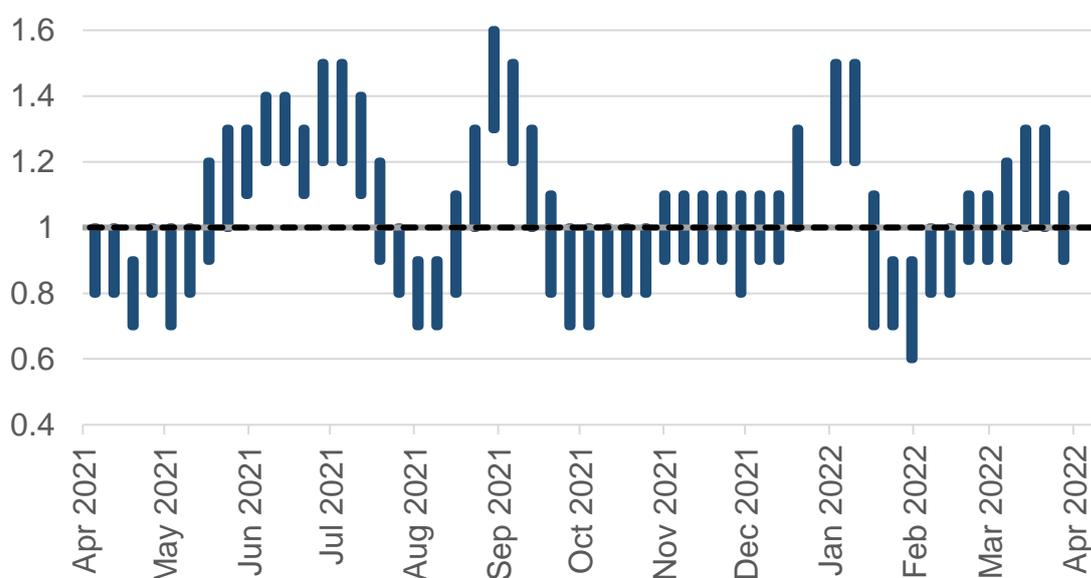
Estimated Infection Levels and Case Numbers

Estimated Infection Levels

The reproduction number (R) is the average number of secondary infections produced by a single infected person. If R is greater than one the epidemic is growing, if R is less than one the epidemic is shrinking. The higher R is above one, the more people one infectious person might further infect and so the faster the epidemic grows. **Please note that R is an indicator that lags by two or three weeks.** For more information please visit [the UK government website](#).

The UK Health Security Agency's (UKHSA) consensus estimate for R in Scotland as at 29 March is between 0.8 and 1.0. The lower and upper limits of the R value have both decreased since the last published figure (**Figure 1**)^{3 4}.

Figure 1: R in Scotland over time by publishing week⁵



As at 29 March 2022, the UKHSA's consensus view was that the incidence of new daily infections in Scotland was between 348 and 1,032 per 100,000 people. This equates to between 19,000 and 56,400 people becoming infected each day in Scotland^{6 7}.

³ Scottish Government: [Coronavirus \(Covid-19\): modelling the epidemic](#)

⁴ Using data to 11 April 2022.

⁵ No R value was published for the week beginning 27 December 2021 (as publications were paused over the festive period), and 6 March 2022 (as modelling output moved to fortnightly publications). The most recent data point for R is dated 13 April 2022, reflecting the R value as at 29 March.

⁶ Scottish Government: [Coronavirus \(Covid-19\): modelling the epidemic](#)

⁷ Using data to 11 April 2022.

The growth rate reflects how quickly the numbers of infections are changing day by day. It is an approximation of the percentage change in the number of new infections each day. More information can be found on [the UK government website](#).

The latest growth rate for Scotland as at 29 March was between -4% and 0%. The upper and lower growth limits have both decreased since the last published figure^{8 9}.

Wastewater Estimates

The Scottish Government has been working with the Scottish Environment Protection Agency (SEPA) to detect and analyse fragments of Covid-19 virus RNA in wastewater. The number of locations where the levels of SARS-CoV-2 in wastewater are monitored has increased to 141 sites around Scotland. In contrast to Covid-19 case records, virus shedding into wastewater is a biological process. This means that wastewater data is unaffected by factors that impact whether testing is done.

Overall, there has been a decline in nationwide wastewater SARS-CoV-2 RNA over the last two weeks. The week ending on 12 April saw levels of around 240 million gene copies per person per day (Mgc/p/d), a decrease from 296 Mgc/p/d two weeks ago (week ending 29 March). However, there has been a slight rise in SARS-CoV-2 RNA levels in the last week of data available (**Figure 2**)¹⁰.

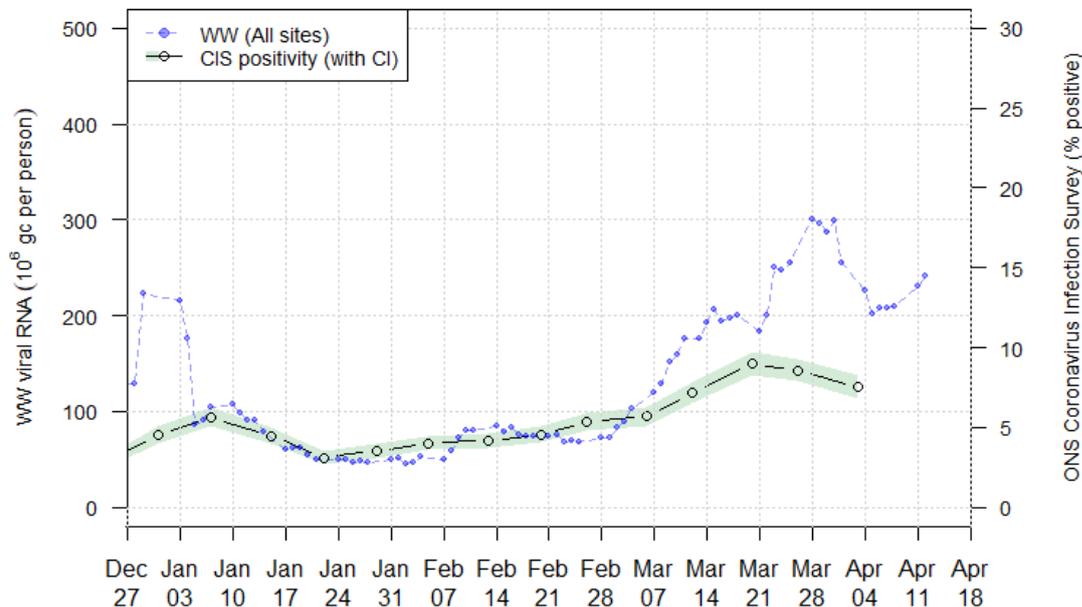
While there are decreases in wastewater Covid-19 levels across most of Scotland, eight local authorities have increased their levels over the past week. Increases were reported in Angus, Clackmannanshire, Dumfries and Galloway, Fife, Moray, North Ayrshire, North Lanarkshire and South Lanarkshire. Please note that comparisons for Na h-Eileanan Siar, Orkney Islands and Shetland Islands are not possible due to sampling coverage.

⁸ Using data to 11 April 2022.

⁹ Scottish Government: [Coronavirus \(Covid-19\): modelling the epidemic](#)

¹⁰ Scottish Government: [Coronavirus \(Covid-19\): modelling the epidemic](#)

Figure 2: National running average trends in wastewater Covid-19 from 31 December 2021 to 12 April 2022, and CIS positivity estimates from 31 December to 3 April 2022^{11 12 13}.



Covid Infection Survey

The Covid-19 Infection Survey is a UK wide study carried out by the Office for National Statistics (ONS) and the University of Oxford. The survey invites private residential households to test whether they have the infection, regardless of whether they have symptoms, using a PCR test. This means the study is unaffected by testing policy changes in early 2022. Participants are also asked to provide a blood sample to test for antibodies.

In Scotland, the percentage of people testing positive for Covid-19 as estimated by the Covid-19 Infection Survey continued to decrease in the most recent week (3 to 9 April), as seen in **Figure 3**¹⁴. This follows a period of increasing Covid-19 prevalence from mid-January to mid-March 2022, the estimate for the week 14 to 20 March 2022 was the highest estimate for Scotland since the survey began. The estimated percentage of people testing positive for Covid-19 in the private residential population in the week 3 to 9 April in Scotland is 5.98% (95% credible interval: 5.35% to 6.62%)¹⁵, equating to around 1 in 17 people (95% credible interval: 1 in 19 to 1 in 15).

¹¹ Scottish Government: [Coronavirus \(Covid-19\): modelling the epidemic](#)

¹² This chart shows data from early 2022, at which point the Omicron variant represents almost all cases in Scotland.

¹³ The latest CIS estimates up to the week to 10 April were not available at the time that Figure 2 was produced. As a result, Figure 2 uses last week's CIS estimates (up to the week to 3 April 2022). See the following section for the latest CIS estimates.

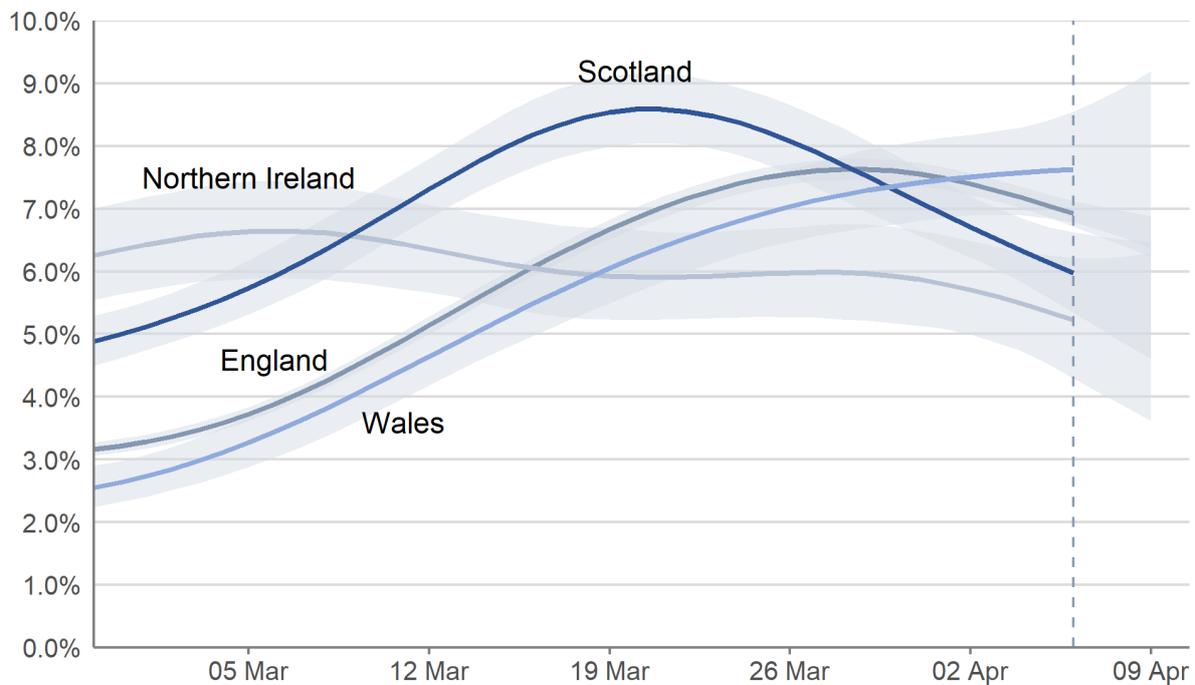
¹⁴ Scottish Government: [Coronavirus \(COVID-19\): infection survey](#)

¹⁵ A **credible interval** gives an indication of the uncertainty of an estimate from data analysis based on a sample population. 95% credible intervals are calculated so that there is a 95% probability of the true value lying in the interval.

In the week 3 to 9 April 2022, estimates for the other nations of the UK are as follows and can be seen in **Figure 3**:

- In England, the percentage of people testing positive decreased: 6.92% (95% credible interval: 6.72% to 7.13%), equating to around 1 in 14 people (95% credible interval: 1 in 15 to 1 in 14).
- In Wales, the percentage of people testing positive remained high: 7.63% (95% credible interval: 6.79% to 8.55%), equating to around 1 in 13 people (95% credible interval: 1 in 15 to 1 in 12).
- In Northern Ireland, the percentage of people testing positive decreased: 5.23% (95% credible interval: 4.30% to 6.21%), equating to around 1 in 19 people (95% credible interval: 1 in 25 to 1 in 16).

Figure 3: Modelled daily estimates of the percentage of the private residential population testing positive for Covid-19 in the four UK nations, between 27 February and 9 April 2022, including 95% credible intervals.



In Scotland, the estimated percentage of people testing positive decreased across all ages in recent weeks¹⁶. Meanwhile, the case rates (including reinfections) by specimen date also show a decrease in all age groups in the week to 9 April compared to the previous week, in line with the overall decreasing trend¹⁷.

¹⁶ Scottish Government: [Coronavirus \(Covid-19\): infection survey](#)

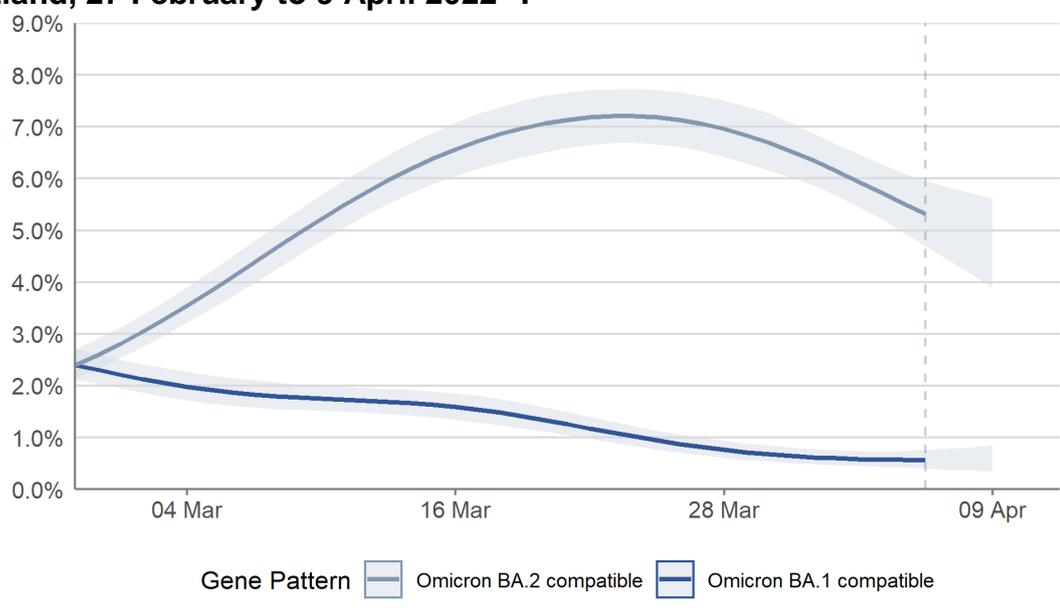
¹⁷ Public Health Scotland: [Covid-19 Daily Dashboard](#) (accessed 12 April 2022)

Omicron BA.2

The Omicron variant was first detected in Scotland on 29 November 2021¹⁸. It had a growth advantage over the previously dominant Delta variant, but a lower clinical severity. The parent variant (Pango lineage B.1.1.529) can now be separated into five main groups: BA.1, BA.2, BA.3, and recently classified BA.4 and BA.5¹⁹. In the period between 10 January and 30 March 2022 only one sequence of BA.4 has been identified in Scotland. As of 25 March 2022 there was no reports of the BA.5 in Scotland²⁰. The BA.1 lineage of Omicron was originally dominant within Scotland, however, the first specimen date reported for BA.2 was 23 December 2021; BA.2 is now the dominant variant in Scotland and its incidence is increasing²¹. The latest BA.2 risk assessment update issued on 23 March indicates that BA.2 has a growth advantage compared to BA.1; however, the clinical severity of BA.2 is similar to that of BA.1²². The increasing prevalence of BA.2 correlated to increasing Covid-19 prevalence in Scotland between mid-February and mid-March.

According to estimates from the Covid-19 Infection Survey, the trend in the percentage of people with Covid-19 infections compatible with Omicron BA.2 in Scotland decreased in the most recent week to 9 April, while the percentage of people with infections compatible with the Omicron BA.1 continued decrease in the most recent week (**Figure 4**). The Covid Infection Survey estimated that 5.31% (95% credible interval: 4.70% to 5.96%) of the private residential population would test positive with a Covid-19 infection compatible with BA.2 on 6 April²³.

Figure 4: Modelled percentage of infections compatible with the Omicron BA.1 variant and Omicron BA.2 variant, based on nose and throat swabs, daily, in Scotland, 27 February to 9 April 2022²⁴.



¹⁸ Scottish Government: [Omicron variant](#)

¹⁹ SARS-CoV-2 variants of concern and variants under investigation ([publishing.service.gov.uk](#))

²⁰ SARS-CoV-2 variants of concern and variants under investigation ([publishing.service.gov.uk](#))

²¹ Public Health Scotland: [COVID-19 statistical report](#)

²² Risk assessment for SARS-CoV-2 variant: VUI-22JAN-01 (BA.2) 23 March 2022 ([publishing.service.gov.uk](#))

²³ Scottish Government: [Coronavirus \(COVID-19\): infection survey](#)

²⁴ Scottish Government: [Coronavirus \(COVID-19\): infection survey](#)

Unlike Omicron BA.1, BA.2 does not contain the deletion that leads to S Gene Target Failure in a widely used PCR testing platform available at UKGov Pillar 2 Lighthouse Laboratories. This is used as a reasonable proxy to track BA.2 as opposed to BA.1. UKGov laboratories process the majority of PCR tests in Scotland. Of the new cases in Scotland that were notified on 11 April from UK Government laboratories, 97.9% were S gene positive. This is similar to 97.7% of cases 7 days previously²⁵.

Details of risk assessments for both BA.1 and BA.2 carried out by UKHSA can be found on the UK government's website²⁶ and in the State of the Epidemic reports published on 4 February and 28 January 2022. For more information on vaccine effectiveness and Omicron BA.2, please see the **Vaccine Effectiveness Against Omicron**.

Recently UKHSA has announced changes to their variant classification system which will take effect from 1 April 2022²⁷. In the new system, a Variant of Concern (VOC) category will be assigned to emerging or circulating variants which show a detrimental change in biological properties such as transmissibility, severity or immune evasion and growth rate potentially compatible with maintaining transmission and/or displacing the current dominant variant. New variants will receive a variant number (V-date-number) and will undergo routine assessment when sufficient number of cases will accrue. There will be no other variant categories, including no Variant Under Investigation (VUI) category. Previous variants of concern which no longer meet the criteria above will be redesignated.

Covid-19 Cases

Please note that from 5 January, the Covid-19 case definition includes cases confirmed by either a PCR or LFD test, or both. Comparisons over time need to be made with caution. For more information on the difference between reporting and specimen date, please see this earlier publication. Cases data by specimen and reporting date include reinfections (where a person has a positive test 90 days or more since their last positive test).

By specimen date, the seven-day combined PCR and LFD case rate (including reinfections) decreased in Scotland in the week leading up to 9 April. This follows a period of sharply increasing case rates from late February to mid-March. There were 728 weekly combined PCR and LFD cases per 100,000 population in the week to 9 April, which is a 25% decrease from 973 weekly cases per 100,000 on 2 April. This remains a very high case rate compared to previous phases of the pandemic in Scotland (**Figure 5**)²⁸.

²⁵ Public Health Scotland: COVID-19 statistical report - 30 March 2022 - COVID-19 statistical report

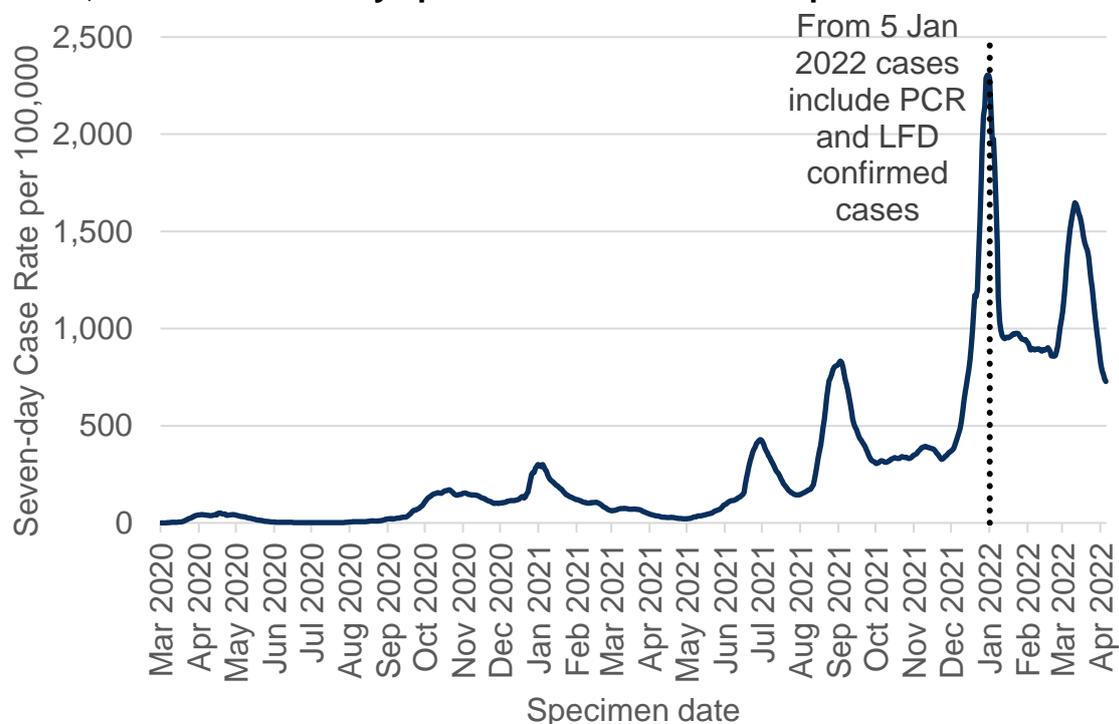
²⁶ <https://www.gov.uk/government/publications/investigation-of-sars-cov-2-variants-of-concern-variant-risk-assessments>

²⁷ SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)

²⁸ Public Health Scotland: Covid-19 Daily Dashboard (accessed 12 April 2022)

However, comparisons with data from before 5 January 2022 must be made with caution as differences are likely to reflect changes in testing behaviour and policy rather than changing infection levels alone.

Figure 5: Seven-day combined PCR and LFD case rate (including reinfections) per 100,000 for Scotland by specimen date. Data to 9 April 2022²⁹.



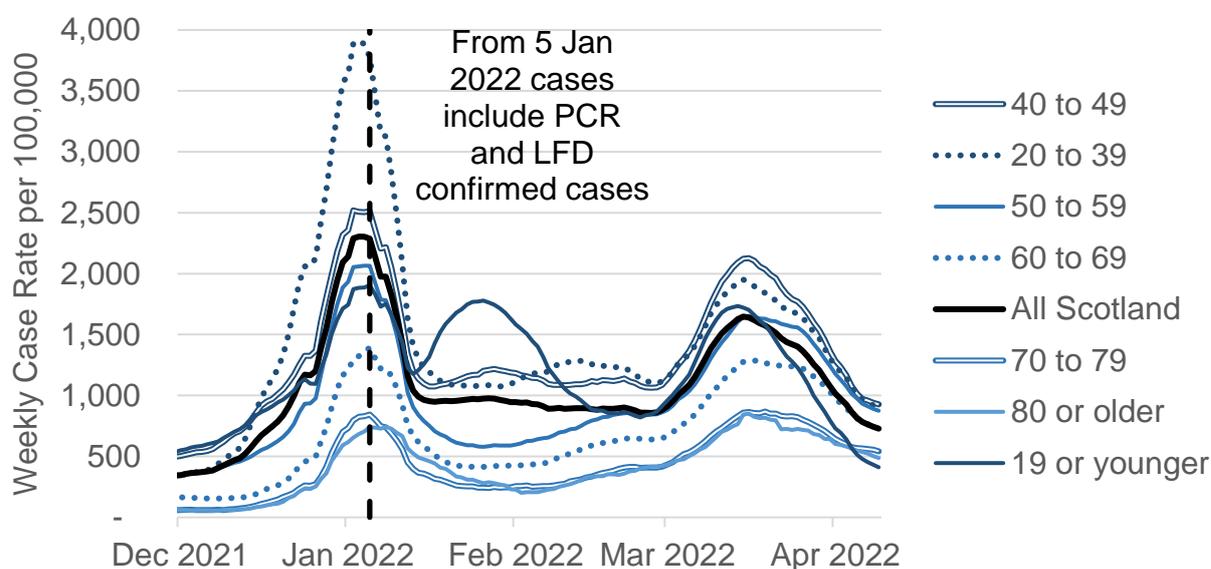
The week leading up to 9 April saw decreasing case rates in all age groups compared to the week ending 2 April. In the most recent week, the decrease ranged from 13% for those aged 70 to 79, to 41% for those aged 19 or younger (**Figure 6**)³⁰. This is consistent with CIS estimates, which indicate the estimated percentage of people testing positive decreased across all ages in recent weeks in Scotland³¹.

²⁹ Before 5 January 2022, the case rate includes only positive laboratory confirmed PCR tests.

³⁰ Public Health Scotland.

³¹ Scottish Government: [Coronavirus \(COVID-19\): infection survey](#)

Figure 6: Weekly total combined PCR and LFD cases (including reinfections) per 100,000 population in Scotland by age group, by specimen date. Data to 9 April 2022^{32 33}.



Rising numbers of weekly Covid-19 cases among care home residents throughout February and March were in line with the increasing case numbers among older age groups in the same period, and the number of Covid-19 cases among care home residents peaked in the week to 11 March, with 937 reported cases. Case numbers have since decreased, and in the week to 8 April there were 393 reported cases among care home residents, which is a decrease of 18% from the previous week ending 1 April (482 cases)³⁴.

In line with recent changes to testing policy in England and upcoming transitions to long term strategies in other nations across the UK, cases comparison between countries will no longer be included in the report. For more information see following links for [England](#), [Scotland](#), [Wales](#), and [Northern Ireland](#).

To compare trends in estimated infection levels in private residential households across the UK, please see the previous section on the **Covid Infection Survey**.

³² Before 5 January 2022, the case rate includes only a positive laboratory confirmed PCR tests.

³³ Public Health Scotland.

³⁴ [Public Health Scotland Covid-19 Statistical Report Dashboard](#)

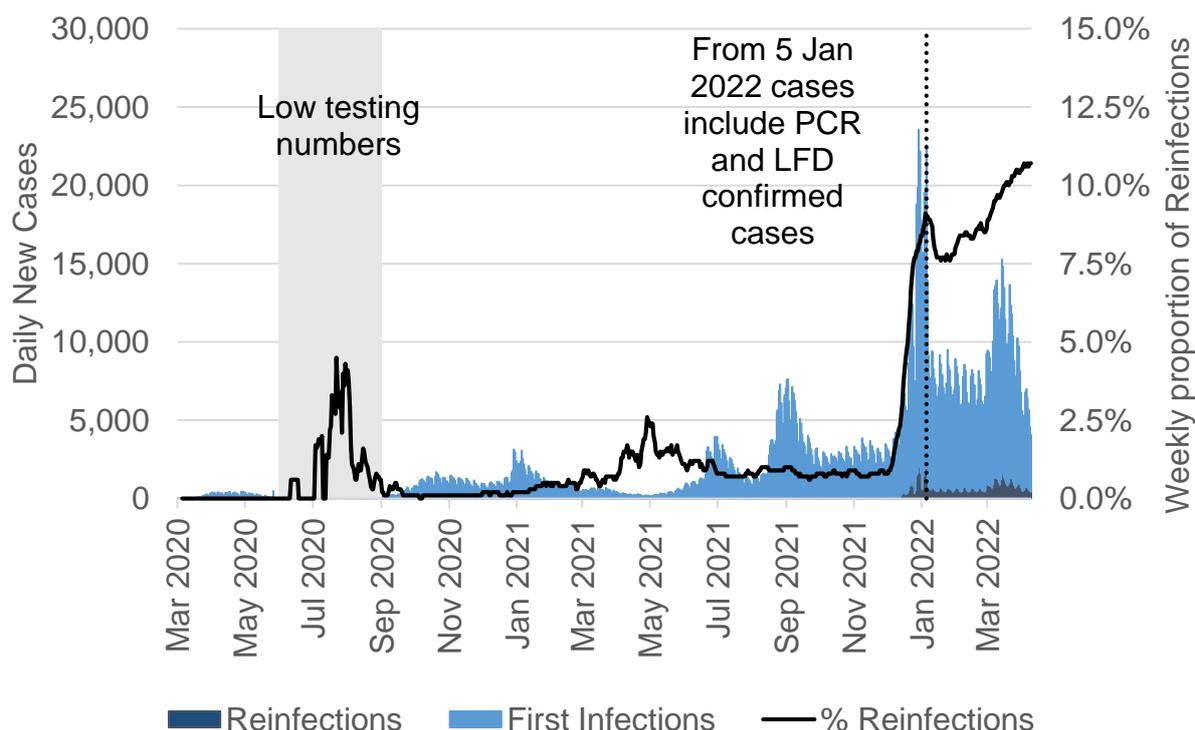
Reinfections

A reinfection is defined as a positive test 90 days or more after a previous positive test. This amount of time is set in order to be able to distinguish between viral persistence of the primary Covid-19 episode and a true reinfection.

The increase in the proportion of reinfections seen in late 2021 corresponds to the emergence of the Omicron BA.1 variant in the UK. The proportion of reinfections in Scotland when Omicron BA.1 was first detected on 29 November³⁵ was 0.8% percent of total cases. These are cases in individuals for whom it has been 90 or more days since their last positive Covid-19 test.

The proportion of reinfections among the total weekly cases has increased in the most recent week. By specimen date, there was a total number of 4,268 reinfection cases confirmed by either a PCR or LFD test in the week leading up to 9 April. This represent 10.7% of all reported cases, which is a slight increase from 10.6% in the week leading up to 2 April. This is the highest level of reinfections seen in the pandemic (**Figure 7**)³⁶.

Figure 7: Number of PCR and LFD positive cases by episode of infection and specimen date. Data to 9 April 2022³⁷.



³⁵ Scottish Government: [Omicron variant](#)

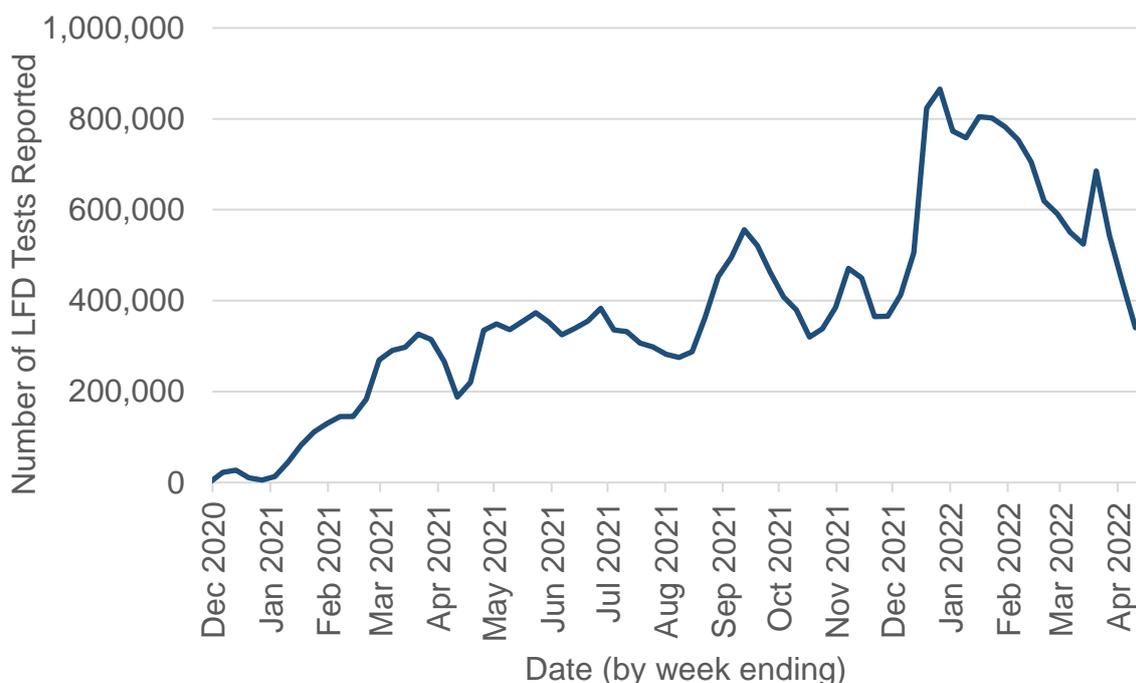
³⁶ Public Health Scotland: [Covid-19 Daily Dashboard](#) (accessed 12 April 2022)

³⁷ Public Health Scotland: [Covid-19 Daily Dashboard](#) (accessed 12 April 2022)

LFD Testing

The weekly total of tests reported in the week to 10 April decreased by 23% from the previous week leading up to 3 April. There were 340,124 reported tests in the week to 10 April (**Figure 8**)³⁸. Please note that from 18 April LFD Universal Offer for asymptomatic testing will no longer be available.

Figure 8: Number of LFD Tests Reported. Data up to the 10 April 2022.



YouGov survey results have shown that on 15 to 16 March, 53% of respondents had taken a LFD/antigen test and 9% a PCR test in the past week³⁹. Of those who had taken a LFD/antigen test, 44% recorded the result of their last LFD/antigen test online and 54% did not record the results online⁴⁰.

The Scottish Contact Survey asks whether people use LFD tests and if so how often. Approximately 77% of individuals had taken at least one lateral flow test within the last 7 days for the survey pertaining to the 31 March to 6 April⁴¹.

There are differences in the results from the YouGov and the Scottish Contact Survey (SCS) which may be likely to be due to differences in sampling and methodology. YouGov is an online survey based on an active sample which is

³⁸ Public Health Scotland: [Covid-19 Statistical Report](#) (accessed 13 April 2022)

³⁹ Results are taken from questions run on behalf of Scottish Government on the YouGov online omnibus survey. Question 'Coronavirus tests typically take two forms – Rapid 'Lateral Flow or LFD' tests (sometimes called Antigen Tests), which give a test result in 30 minutes and are usually self-administered, or PCR Tests mostly conducted at official Test Sites (but also available as a 'Home Kit) – processed by a laboratory, with results available within 48 hours. In both tests, a swab of nose and/or throat is needed. Which of the following applies to you in relation to testing for Covid-19 in the past week (i.e. since 8 March)?'

⁴⁰ Question -Thinking about the last lateral flow/antigen test you did in the past week...Which of the following best describes you in relation to that test? (Base: 533 - All who have taken a Lateral Flow/antigen test in the last week)

⁴¹ Scottish Government: [Coronavirus \(COVID-19\): modelling the epidemic](#)

representative of the Scottish population with around 1,000 respondents⁴². The SCS⁴³ is based on a longitudinal survey with a larger sample of around 3,000, with the responses being modelled to represent the Scottish population.

Severe Illness: Hospitalisation, ICU and Deaths

Hospital and ICU Occupancy and Admissions

Following changes in the Covid-19 Case definition and changing testing policies on 5 January 2022, hospital and ICU occupancy figures include patients with Covid-19 cases confirmed by either PCR or LFD from 9 February and onwards. Prior to this date, it only included cases confirmed by a PCR test. Hospital and ICU occupancy both include reinfection cases. **Covid-19 occupancy figures presented in this section may include patients being admitted and treated in hospital or ICU for reasons other than COVID-19.**

Please note that patient testing requirements changed on the 1 April 2022, which may mean a reduction in asymptomatic cases of Covid detected and a corresponding decrease in Covid related occupancy and admissions. This should be taken into consideration in any interpretations. For more information, please see this [resource from the NHS](#).

In the week to 11 April, daily Covid-19 hospital occupancy decreased⁴⁴. NHS boards reported 2,118 patients in hospital or in short stay ICU on 11 April with recently confirmed Covid-19, compared to 2,380 on 4 April. This is a decrease of 262 patients (11%) from a week previously, and follows a period of sharply increasing hospital occupancy numbers which peaked on 2 April with the highest figure seen throughout the pandemic at 2,405 patients (**Figure 9**)⁴⁵.

Combined Covid-19 ICU occupancy (including short and long stay) remains at similar levels on 11 April with 30 patients, compared to a week previously on 4 April with 29 patients. The number of combined ICU occupancy remains lower than the peak of 172 ICU patients recorded in January 2021 (**Figure 9**). There were 23 patients in short stay ICU on 11 April, compared to 24 a week previously (4 April). This is a decrease of 1 patient. There were 7 patients in long stay ICU on 11 April, compared to 5 a week previously (4 April). This is an increase of 2 patients⁴⁶.

⁴² The sample is demographically and geographically representative of adults 18+ across Scotland, with circa 1000 responses each week fieldwork is conducted. YouGov apply weighting to the data to match the population profile to adjust for any over/under representations and to maximise consistency from wave to wave. Parameters used include age, gender, social class, region and level of education.

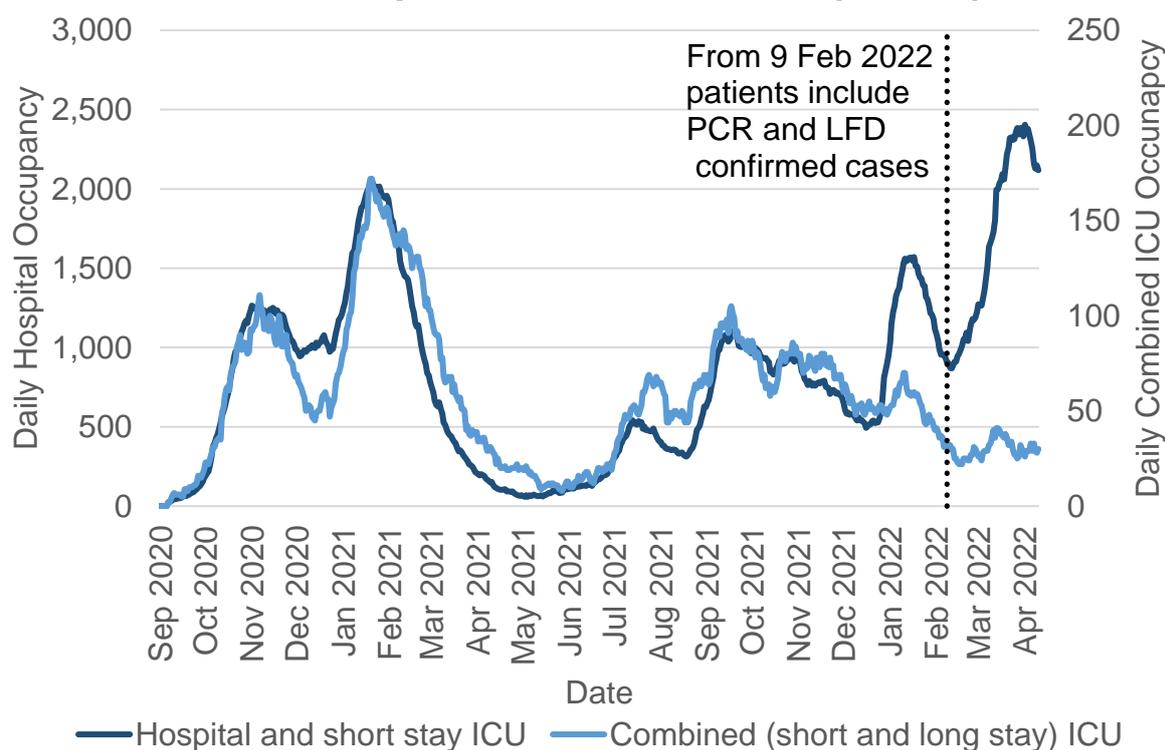
⁴³ The sample is demographically representative of adults 18+ across Scotland, with circa 3000 responses over two alternating panels. This is modelled to represent the Scottish population.

⁴⁴ This is based on the number of patients in beds at 8 AM the day prior to reporting, with the data extract taken at 8 AM on the day of reporting to allow 24 hours for test results to become available.

⁴⁵ Public Health Scotland: [Covid-19 Daily Dashboard](#) (accessed 12 April 2022)

⁴⁶ Public Health Scotland: [Covid-19 Daily Dashboard](#) (accessed 12 April 2022)

Figure 9: Patients in hospital (including short stay ICU), and patients in combined ICU with recently confirmed Covid-19, data up to 11 April 2022^{47 48}.



Covid-19 admissions to hospital (including for children and young people) include patients with Covid-19 cases confirmed either by PCR or LFD from 5 January and onwards. Prior to this date, it only included cases confirmed by a PCR test. Hospital admissions include reinfection cases. Please note that admissions to ICU only include PCR confirmed Covid-19 cases. **Covid-19 occupancy figures presented in this section may include patients being admitted and treated in hospital or ICU for reasons other than COVID-19.**

Please note that hospital admissions data in Scotland is dynamic and subject to daily revisions. We are currently seeing a large number of mostly upward revisions which is likely due to infections being identified after patients have been admitted to hospital. As the greatest revisions are likely to impact the latest two weeks of data, we have moved to reporting week-on-week comparisons with a two-week lag. You can still see the latest data in Figure 10 but we advise caution in interpreting the latest trends.

Admissions to hospital have decreased over the latest week, with 1,496 admissions to hospital for people with confirmed Covid-19 in the week to 26 March compared to 1,579 in the week to 19 March. This is a 5% decrease. This follows a period of sharply increasing numbers of Covid-19 related hospital admissions, reaching the

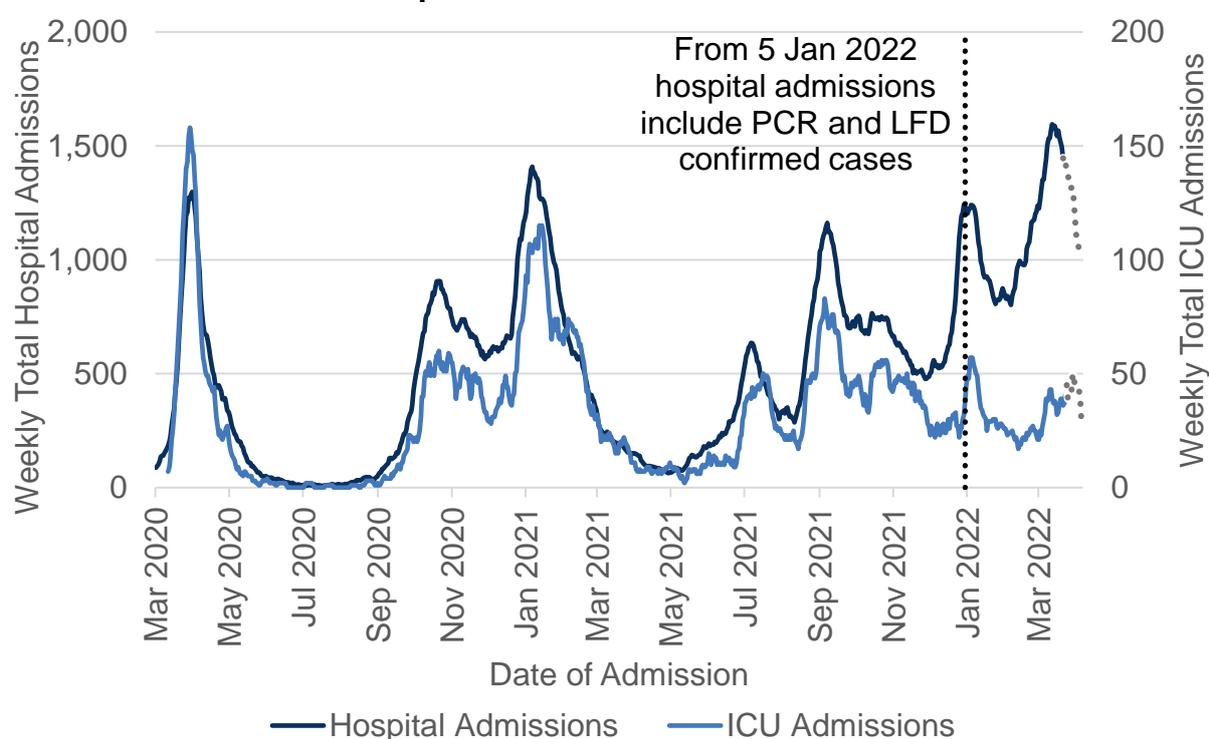
⁴⁷ ICU includes combined ICU/HDU figures and both patients with length of stay 28 days or less and with length of stay more than 28 days. Please note that only patients with length of stay 28 days or less in ICU were recorded until 20 January 2021. From 20 January 2021 ICU short and long stay includes both ICU or combined ICU/HDU with length of stay 28 days or less and with length of stay more than 28 days.

⁴⁸ Before 9 February 2022, patients were only included if they had a recent positive laboratory confirmed PCR test. Hospital and ICU occupancy includes reinfections from 7 March 2022 onwards.

highest levels seen throughout the pandemic in the week to 18 March 2022 (1,595 admissions)⁴⁹. As noted above, we are currently seeing a large number of daily revisions, so comparisons for the latest two weeks of data have not been made⁵⁰.

There were 42 new Covid-19 patients admitted to ICU in the week to 29 March, compared to 32 in the week to 22 March. This is a 31% increase, and compares to 57 weekly ICU admissions during the most recent peak in early January 2022. As noted above we are currently seeing a large number of daily revisions, so the number of admissions to ICU for the latest two weeks are likely to change (**Figure 10**)⁵¹.

Figure 10: Weekly total of Covid-19 admissions to hospital and ICU with a positive Covid test in Scotland. Hospital admission data to 9 April 2022 and ICU admission data to 11 April 2022^{52 53}.



⁴⁹ The State of the Epidemic report incorporates data up to and including 11 April 2022, so any revisions since then will not be included in this report.

⁵⁰ Public Health Scotland: [Covid-19 Daily Dashboard](#) (accessed 13 April 2022)

⁵¹ Public Health Scotland: [Covid-19 Daily Dashboard](#) (accessed 13 April 2022)

⁵² Covid-19 related admissions have been identified as the following: A patient's first positive test for Covid-19 up to 14 days prior to admission to hospital, on the day of their admission or during their stay in hospital. If a patient's first positive test is after their date of discharge from hospital, they are not included in the analysis. An admission is defined as a period of stay in a single hospital. If the patient has been transferred to another hospital during treatment, each transfer will create a new admission record.

⁵³ Before 9 January 2022, hospital admissions were only included if the patient had a recent positive laboratory confirmed PCR test. ICU admissions rely on PCR testing only. Hospital admissions data in the chart now includes reinfections and has been updated to include this methodology retrospectively to the start of the pandemic.

The highest number of hospital admissions in the week to 5 April were among those aged 80 and over. In the same week, approximately 59% of the hospital admissions related to patients aged 60 or older. This is a decrease from 63% in the week to 29 March⁵⁴. The proportion of Covid-19 hospital admissions staying for 48 hours or longer was 58% between 16 March and 29 March; the proportion was higher for those aged 60 years and over⁵⁵.

For this publication, there are no updates from the Public Health Scotland Education Surveillance Dashboard on Covid-19 hospital admissions among children and young people due to the public holiday.

Not all people hospitalised with a recent Covid-19 diagnosis will be in the hospital setting because of this infection. It is important to be able to differentiate between patients in hospital who are admitted to hospital 'because of' their Covid-19 as opposed to patients who are admitted to hospital for other reasons with a Covid-19 diagnosis incidentally identified through testing. For more information, see the [PHS Weekly Report](#) published 6 April 2022.

In September 2021, Public Health Scotland developed analysis to calculate the proportion of people in hospital because of Covid-19, based on SMR01 discharge summaries from NHS health boards. A hospital admission 'because of' Covid-19 is defined as an admission where acute Covid-19 illness is recorded as the main reason that the patient required treatment (including reinfections). This data provides valuable information, however, there is typically a two-to-three-month lag in receiving the discharge summaries from NHS health boards.

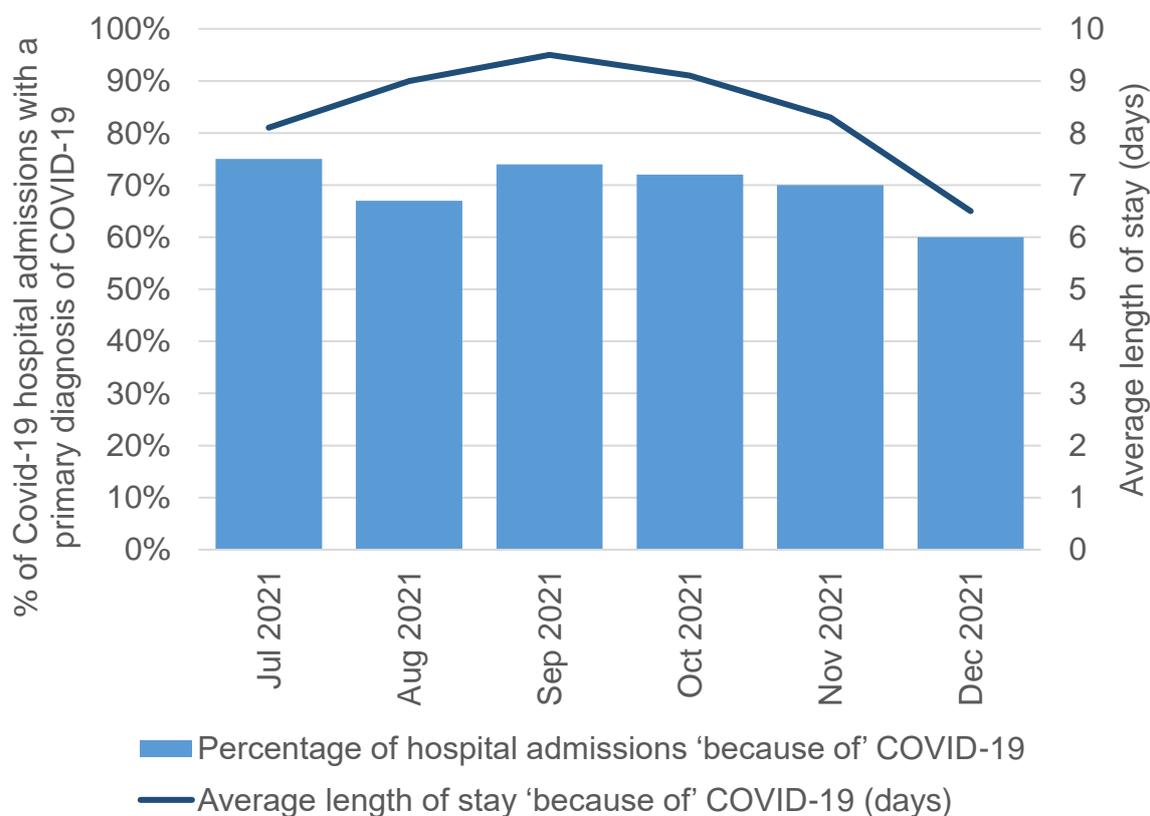
In November 2021, when the Delta variant of Covid-19 was responsible for nearly all circulating infections in Scotland, 70% of Covid-19 admissions were in hospital 'because of' their Covid-19 infection. This decreased to 60% in December 2021, during the period when Omicron rapidly became the dominant variant. According to this analysis, the average length of time a patient spent in hospital following an admission 'because of' Covid-19 decreased from 8.3 days in November 2021, to 6.5 Days in December 2021 (**Figure 11**). The age groups that had a longer-than-average length of stay in December 2021 were those aged 55 to 59, and those aged 65 and older⁵⁶.

⁵⁴ Public Health Scotland: [COVID-19 Statistical Report - 13 April 2022](#)

⁵⁵ Public Health Scotland: [Covid-19 statistical report - 30 March 2022](#)

⁵⁶ Public Health Scotland: [COVID-19 Statistical Report - 13 April 2022](#)

Figure 11: Percentage of Covid-19 hospital admissions with a primary diagnosis of Covid-19, and average length of stay. Data to end of December 2021⁵⁷.



While it may be helpful to compare hospital occupancy and admissions between the UK nations, any comparisons must be made with caution. Definitions are not consistent across the nations and data are not reported daily by each nation. Data from Scotland, Wales and Northern Ireland is updated retrospectively if errors come to light, while data from England is not revised retrospectively, but instead is corrected in the following day's data update. This means Covid-19 hospital occupancy and admissions figures are not directly comparable across the four nations. For more information see [UK Government dashboard](#).

The seven-day average hospital occupancy in Scotland per one million people was 411 in the week to 11 April 2022. This is a decrease by 5% compared to the previous week to 4 April 2022. The seven-day average hospital occupancy per one million in the same period for other UK nations were as follows⁵⁸:

- England: **289 per one million** (an increase of 3% compared to the previous week),
- Northern Ireland: **261 per one million** (a decrease of 21% compared to the previous week),

⁵⁷ Public Health Scotland: [COVID-19 Statistical Report - 13 April 2022](#)

⁵⁸ UK Government: [Coronavirus \(Covid-19\) in the UK](#) (accessed 12 April 2022)

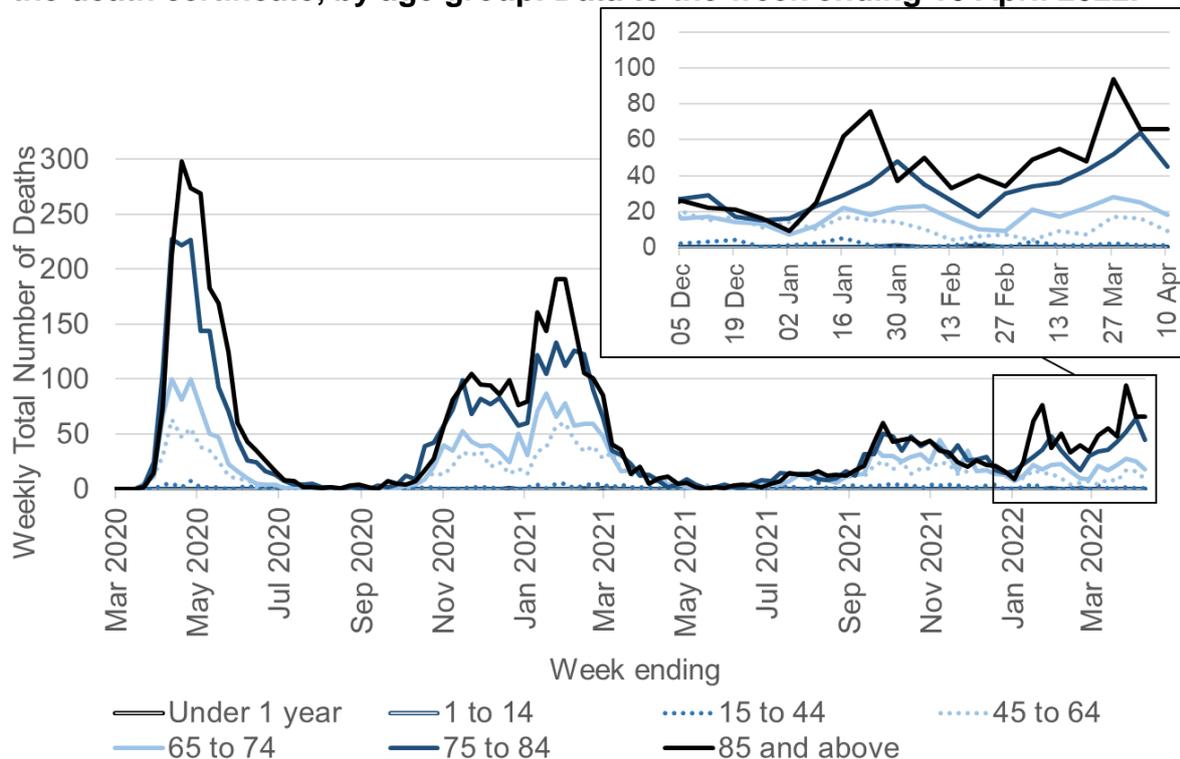
- Wales: **309 per one million** (a decrease of 5% compared to the previous week).

Due to revisions to the hospital admissions data mentioned above (**page 15**), we have removed the four nations comparisons in this week’s publication. We will continue to monitor the data to see when it is appropriate to reintroduce this analysis.

Deaths

There were 139 deaths where Covid-19 was mentioned on the death certificate in the week to 10 April. Out of these, there were 83 deaths where Covid-19 was the underlying cause. The number of deaths where Covid-19 was mentioned on the death certificate decreased by 19%, or 33 deaths, compared to the previous week (172 deaths in the week to 3 April). This figure is 79% lower than the peak in 2020, when the week ending 27 April saw a total of 663 deaths where Covid-19 was mentioned on the death certificate⁵⁹. The number of deaths are higher among those aged 45 and older but are fluctuating on a weekly basis. Covid-19 deaths among younger age groups have remained at low levels throughout the pandemic (**Figure 12**). National Records of Scotland publish a weekly detailed analysis on deaths involving Covid-19 in Scotland in their weekly report⁶⁰.

Figure 12: Weekly total number of deaths where Covid-19 was mentioned on the death certificate, by age group. Data to the week ending 10 April 2022.



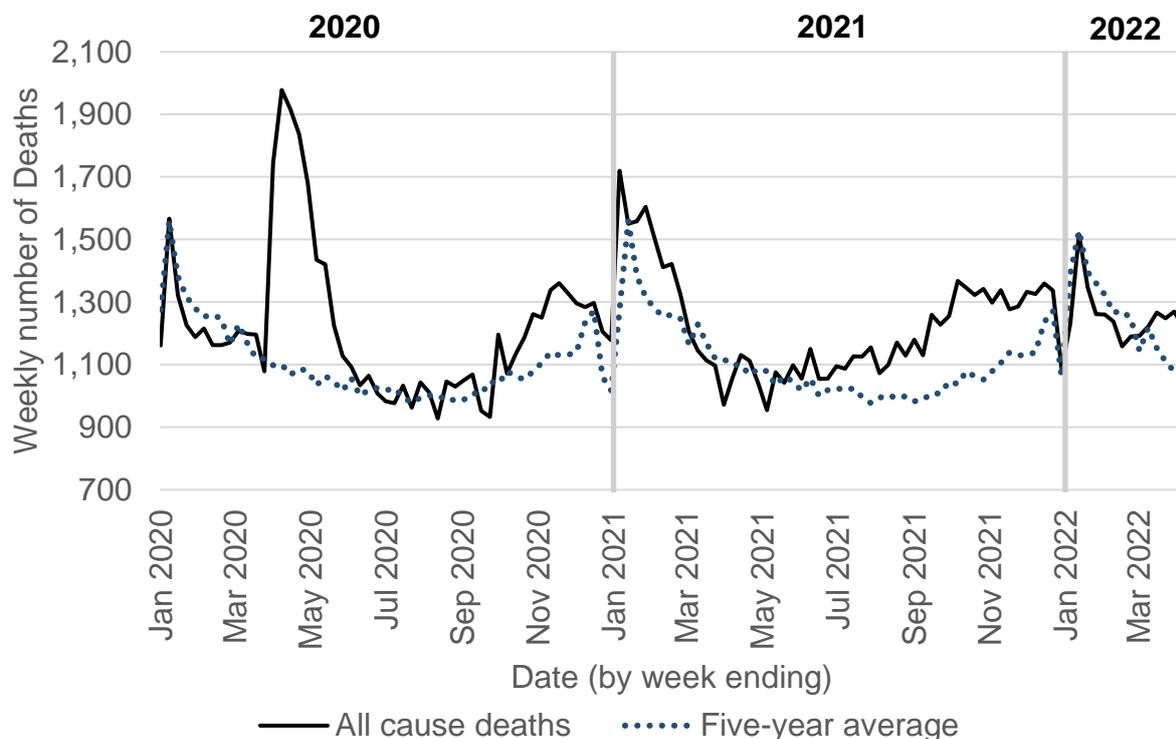
⁵⁹ NRS Scotland: Deaths involving coronavirus (Covid-19) in Scotland

⁶⁰ NRS Scotland: Deaths involving coronavirus (Covid-19) in Scotland

Excess deaths are the total number of deaths registered in a week minus the average number of deaths registered in the same week over the previous five years (excluding 2020). Measuring excess deaths allows us to track seasonal influenza, pandemics and other public health threats. Excess deaths include deaths caused by Covid-19 and those resulting from other causes.

In the week ending 10 April, the total number of deaths registered in Scotland was 1,222. This was 11%, or 120 deaths, above the five-year average for this week (**Figure 13**)^{61 62}. In the same week, the number of deaths from respiratory diseases (not including Covid-19) were 24 below the previous five-year average for this week, and the number deaths from circulatory diseases were 6 below the average. Deaths from Dementia and Alzheimer’s disease were 25 above the previous five-year average for this week, and cancer deaths were 4 above the average. There were 43 excess deaths from other causes⁶³.

Figure 13: Weekly deaths from all causes and five-year average weekly deaths in Scotland. Data to week ending 10 April 2022.



⁶¹ NRS Scotland: [Deaths involving coronavirus \(Covid-19\) in Scotland](#)

⁶² Please note that due to unusual numbers of mortality in 2020, the excess deaths calculation for 2021 use the average from the years 2015 – 2019. Year 2022 uses data from 2016, 2017, 2018, 2019 and 2021 to calculate average 5-year period.

⁶³ Please note that Covid-19 deaths are included in all cause deaths, and are counted towards all cause excess deaths. However, Covid-19 does not yet have a separate category for excess deaths calculation as excess deaths are compared against a 5 year average. The separate categories of causes of death do not sum to the total excess due to the omission of a Covid-19 category, and it would not make sense to use the number of COVID deaths in the previous 5 years as a baseline.

Deaths data from England, Northern Ireland, Scotland and Wales use different methodologies, so they cannot be directly compared. Due to recent and upcoming changes to testing policy across the four nations, we have moved from reporting daily number of people who died within 28 days of being identified as a Covid-19 case by a positive test, to reporting on deaths where Covid-19 was mentioned on the death certificate. This type of reporting is based on death registration, and as such it includes a lag of around two weeks to allow for deaths to be registered. For more information see [UK Government website](#).

There were 2 average daily deaths per one million where Covid-19 was mentioned on the death certificate in the week leading up to 1 April 2022 in Scotland. This compares to 5 weekly deaths per one million in the week to 25 March 2022. In the same time period, seven-day average daily Covid-19 deaths for the other UK nations were as follows^{64 65}:

- England: **2 per one million.** This compares to 2 average deaths per one million in the week to 25 March 2022,
- Northern Ireland: **2 per one million.** This compares to 2 average deaths per one million in the week to 25 March 2022,
- Wales: **2 per one million.** This compares to 3 average deaths per one million in the week to 25 March 2022.

Resilience: Vaccinations, Antibody Estimates, and Variants

Vaccinations

Vaccinations started in Scotland on 8 December 2020 and there has been a very high uptake. Covid-19 vaccines protect most people against severe outcomes of a Covid-19 infection, but some people will still get sick because no vaccine is 100% effective. The current evidence suggests that you may test positive for Covid-19 or be reinfected even if you are vaccinated, especially since the emergence of the Omicron variant in the UK. The major benefit of vaccination against Omicron is to protect from severe disease. More information is available on the [PHS website](#).

As at 12 April, almost 4.4 million people had received their first dose, an estimated 90.4% of the population in Scotland aged 12 and older. Around 4.1 million people had received their second dose, an estimated 85.7% of the population aged 12 and older. Additionally, over 3.4 million people in Scotland had received a third vaccine dose, which is an estimated 72.4% of the population aged 12 and older⁶⁶.

The JCVI now advise a spring booster dose of the Covid-19 vaccine for: adults aged 75 years and over, residents in care homes for older adults, and individuals aged 12 years and over who have a weakened immune system⁶⁷. By 12 April, 180,396 fourth

⁶⁴ Deaths where Covid-19 was mentioned on the death certificate.

⁶⁵ UK Government: [Coronavirus \(Covid-19\) in the UK](#) (accessed 12 April 2022)

⁶⁶ Public Health Scotland: [Covid-19 Daily Dashboard](#) | Tableau Public (accessed 12 April 2022)

⁶⁷ [Coronavirus \(COVID-19\) booster vaccination | The coronavirus \(COVID-19\) vaccine \(nhsinform.scot\)](#)

dose vaccinations had been administered, with 50.9% of all care home residents having received their fourth dose⁶⁸.

Antibodies Estimates

The analysis of antibody prevalence can be used to identify individuals who have had Covid-19 in the past or who have developed antibodies as a result of vaccination. As detailed by the ONS, there is a clear pattern between vaccination and testing positive for Covid-19 antibodies but the detection of antibodies alone is not a precise measure of the immunity protection given by vaccination.

The ONS Covid-19 Infection Survey estimated that in Scotland, 98.9% of the adult (aged 16+) population living in private residential households (95% credible interval: 98.5% to 99.1%) had antibodies against SARS-CoV-2 at the 179 ng/ml threshold, from a blood sample in the week beginning 14 March 2022. This would be as a result of having the infection in the past or being vaccinated. This compares to:

- 98.8% in England (95% credible interval: 98.5% to 99.0%),
- 98.8% in Wales (95% credible interval: 98.4% to 99.1%),
- 99.0% in Northern Ireland (95% credible interval: 98.4% to 99.4%)⁶⁹.

The estimated percentage of the adult (aged 16+) population living in private residential households in Scotland testing positive for antibodies against SARS-CoV-2 at the 179 ng/ml threshold ranged from 98.0% for those aged 80 years and over (95% credible interval: 96.3% to 98.9%) and 99.4% for those aged 65 to 69 years (95% credible interval: 99.2% to 99.6%) and 70 to 74 years (95% credible interval: 99.1% to 99.6%), in the week beginning 14 March 2022⁷⁰.

The percentage of children living in private residential households in Scotland who are estimated to have antibodies against SARS-CoV-2 at the 179 ng/ml threshold was 85.3% for those aged 8 to 11 years (95% credible interval: 75.5% to 91.8%) and 97.2% for those aged 12 to 15 years (95% credible interval: 94.6% to 98.6%), from a blood sample in the week beginning 14 March 2022.

Vaccine Effectiveness Against Omicron

The UKHSA reported that vaccine effectiveness against symptomatic disease, hospitalisation, or mortality with the Omicron variant is lower compared to the Delta variant and that it wanes rapidly. Vaccine effectiveness against all outcomes is restored after the booster dose, with effectiveness against symptomatic disease ranging initially from around 60% to 75% and dropping to around 25% to 40% after 15 weeks. Vaccine effectiveness against hospitalisation ranged from 85% to 95% up to six months after the booster dose with little variation between the type of vaccine used for priming or boost. The high level of protection against mortality was also

⁶⁸ [Public Health Scotland: Covid-19 Daily Dashboard | Tableau Public](#) (accessed 12 April 2022)

⁶⁹ [Office For National Statistics: Coronavirus \(COVID-19\) Infection Survey, antibody data, UK](#)

⁷⁰ [Scottish Government: Coronavirus \(COVID-19\): infection survey](#)

restored after the booster dose with vaccine effectiveness of 95% two or more weeks following vaccination for those aged 50 and older⁷¹.

Vaccine effectiveness against symptomatic disease with Omicron BA.2 compared to Omicron BA.1, showed similar results, with BA.1 having an effectiveness of below 20% and BA.2 having an effectiveness of above 20% after 25 or more weeks following the second dose. The booster dose of vaccine increased effectiveness to around 70% for BA.1 and BA.2 at two to four weeks following a booster vaccine. Effectiveness dropped to around 50% for BA.1 and BA.2 15 weeks after vaccination. Vaccine effectiveness against hospitalisation ranged from 83% for BA.1 to 87% for BA.2 at 14 to 34 days after the booster dose, and dropped to 73% for BA.1 and 70% for BA.2 after 70 days. These estimates have large overlapping confidence intervals⁷².

More data on vaccine effectiveness against the Omicron variant can be found in the [UKHSA vaccine surveillance reports](#). There is evidence that there is reduced overall risk of hospitalisation for Omicron compared to Delta^{73 74}, with the most recent estimate of the risk of presentation to emergency care or hospital admission with Omicron approximately half of that for Delta⁷⁵. A recent, non-peer reviewed UK study revealed that risk of Covid-19 related death was 67% lower for Omicron when compared with Delta⁷⁶.

Situation by Local Authority within Scotland

In the week leading up to 9 April 2022, Shetland Islands had the highest combined PCR and LFD weekly case rate by specimen date, reporting 1,509 cases per 100,000 population. Orkney Islands had the lowest weekly combined LFD and PCR case rate in the same time period, reporting 540 cases per 100,000. The total combined LFD and PCR weekly case rates by specimen date per 100,000 had increased in one local authority (Shetland Islands) in the week leading up to 9 April 2022 compared with the weekly case rate leading up to 2 April 2022, while the other 31 local authorities saw a decrease in the same period (**Figure 14**)⁷⁷.

⁷¹ [COVID-19 vaccine surveillance report: week 14 \(publishing.service.gov.uk\)](#)

⁷² [COVID-19 vaccine surveillance report: week 14 \(publishing.service.gov.uk\)](#)

⁷³ University of Edinburgh: [Severity of Omicron variant of concern and vaccine effectiveness against symptomatic disease](#)

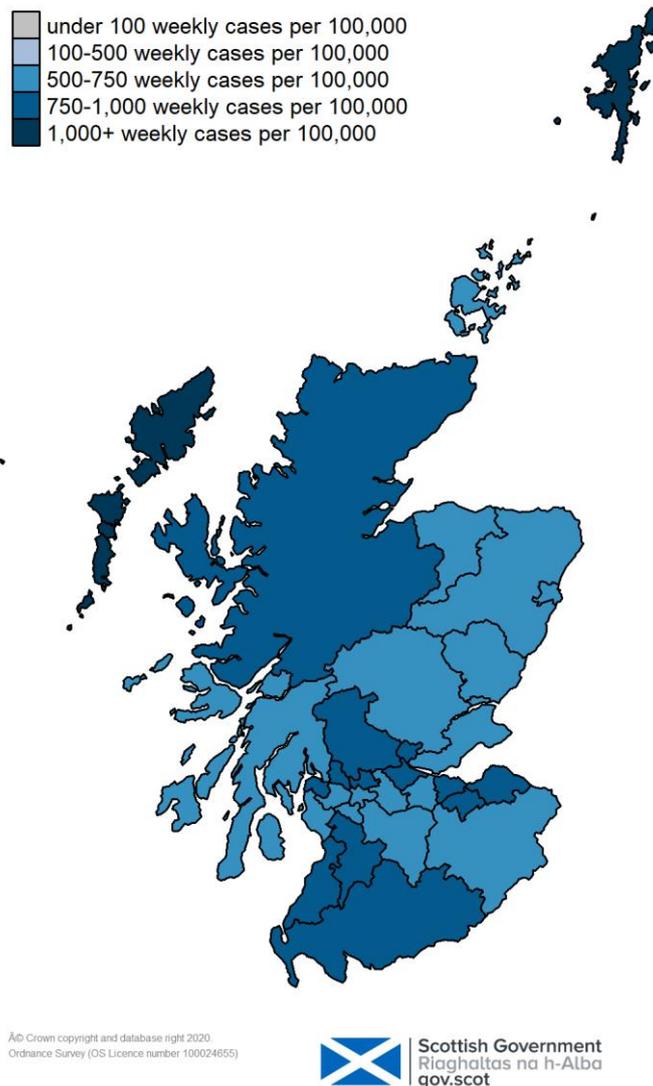
⁷⁴ Imperial College Covid-19 response team: [Report 50: Hospitalisation risk for Omicron cases in England](#)

⁷⁵ UK Health Security Agency: [SARS-CoV-2 variants of concern and variants under investigation](#)

⁷⁶ [Risk of COVID-19 related deaths for SARS-CoV-2 Omicron \(B.1.1.529\) compared with Delta \(B.1.617.2\) | medRxiv](#)

⁷⁷ Public Health Scotland: [Covid-19 Daily Dashboard](#) (accessed 12 April 2022)

Figure 14: Weekly total LFD or PCR case rates (including reinfections) per 100,000 people in Local Authorities across Scotland on 9 April 2022 by specimen date⁷⁸.



Projections of the number of cases per 100,000 population are not published in the Modelling the Epidemic report this week. This analysis indicated which local authorities are likely to experience high levels of Covid-19 in two weeks' time. As a result of changes to widespread population testing the projections of numbers of positive tests are now much less useful for tracking the progression of the disease in Scotland.

⁷⁸ For the case rates behind the map, please refer to Annex **Table 1**.

Looking ahead

Scottish Contact Survey

Changes in patterns of mixing will impact on future case numbers. The Scottish Contact Survey measures the times and settings in which people mix where they could potentially spread Covid-19. Average contacts from the most recent Panel A cohort of the Scottish Contact Survey (week ending 6 April) indicate an average of 4.9 contacts.

Mean contacts within the work setting have increased in the last two weeks by 55%. Contacts within the home setting and other setting (contacts outside home, school and work) have remained at a similar level. Individuals within the 30-69 age groups have reported an increase in contacts within the last two weeks, by at least 13%. Those within the youngest (18-29) and oldest (70+) age groups have decreased their contacts in the last two weeks, with those aged 18-29 decreasing the most, by 22%.

Modelling the Epidemic

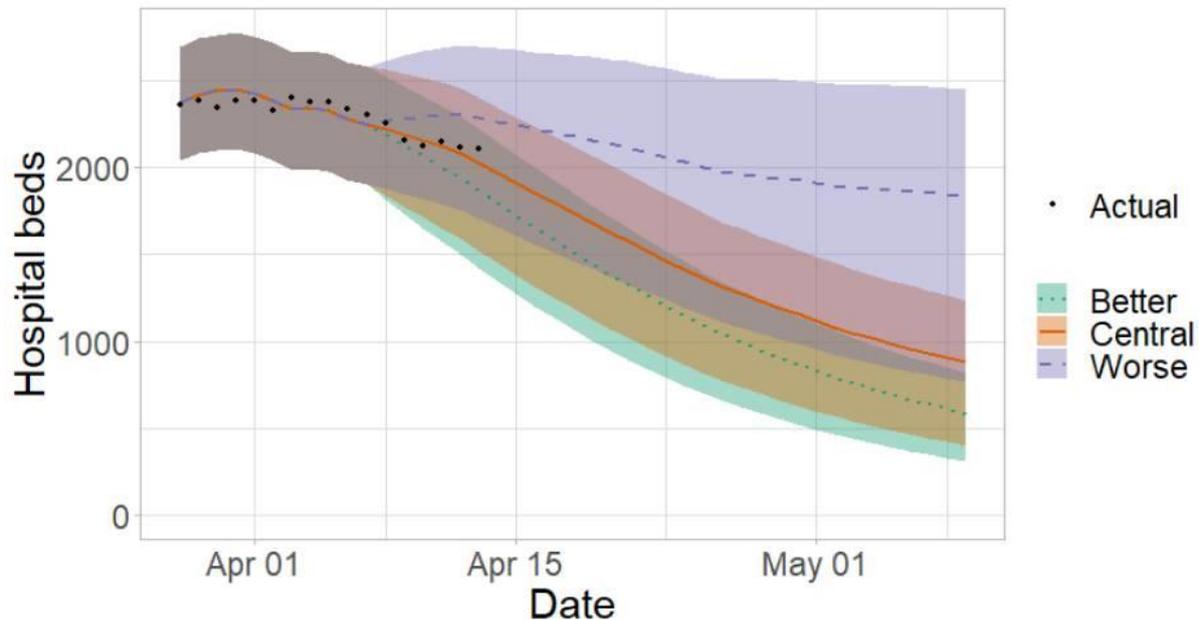
The latest [Modelling the Epidemic](#) report includes infection and hospital bed projections over the next four weeks. These projections include the effect of the changes to interventions announced on 15 March and vaccine uptake, but do not include the announcement on 13 April on the end of the legal requirement for wearing face masks. The 'Central' scenario assumes that transmissibility remains at current levels. 'Worse' assumes a higher transmissibility for Covid-19 whereas 'Better' assumes a lower transmissibility. With this taken into account, it is estimated that daily infections may be up to 90,000 in early May⁷⁹.

Figure 15 shows the impact of the daily infection projections on the number of people in hospital. The modelling includes all hospital stays, whereas the actuals only include stays up to 28 days' duration that are linked to Covid-19. There continues to be uncertainty over hospital occupancy and intensive care in the next four weeks⁸⁰.

⁷⁹ Scottish Government: [Coronavirus \(Covid-19\): modelling the epidemic](#)

⁸⁰ Scottish Government: [Coronavirus \(Covid-19\): modelling the epidemic](#)

Figure 15: Medium term projections of modelled hospital bed demand, from Scottish Government modelling, based on wastewater derived data up to 29 March 2022.



Long Covid

According to the Office for National Statistics (ONS), long Covid is defined as symptoms persisting more than four weeks after the first suspected coronavirus (Covid-19) episode that are not explained by something else.

The ONS Covid-19 Infection Survey estimated that 1,724,000 people (95% confidence interval: 1,681,000 to 1,767,000) in the private residential population in the UK (2.67% of the respective population; 95% CI: 2.60% to 2.73%) reported experiencing long Covid over the four-week period ending 5 March 2022. In Scotland, over the same period, an estimated 132,000 people (95% CI: 120,000 to 144,000) in the private residential population (2.51% of the respective population; 95% CI: 2.29% to 2.73%) reported experiencing long Covid of any duration. This compares to 2.70% in England (95% CI: 2.62% to 2.77%), 2.73% in Wales (95% CI: 2.44% to 3.02%) and 2.14% in Northern Ireland (95% CI: 1.81% to 2.46%)⁸¹.

Fortnightly modelled estimates for Scotland are also usually published in the Modelling the Epidemic report, which can be found [here](#). However, a report on the rate of long Covid-19 has not been included this week. This will resume again once updated estimates of self-reported long Covid-19 prevalence amongst those infected with the less severe Omicron variant become available.

Additional data sources

State of the Epidemic report has predominantly focused on the direct impact that Covid-19 has had on Scotland including infection levels, cases, hospitalisations and

⁸¹ Office for National Statistics: [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - 7 April 2022](#)

hospital occupancy, deaths, vaccinations, situation across the four nations, as well as local authorities in Scotland. There are additional sources of data which monitor wider impacts of Covid-19 on health, societal issues and the economy, which can be found at the links below. **However please note that these data do not solely reflect the impact of the Covid-19 epidemic.**

PHS wider impacts dashboard. Information presented in the dashboard covers wider planned and emergency hospital admissions, Accident and Emergency attendances, NHS 24 contacts, out of hours and Scottish Ambulance Services, outpatient appointments, as well as various aspects of cardiovascular, cancer, injuries, mental health, substance use, pregnancy, births and children health.

NHS Education for Scotland publish weekly data on NHS staff reported as absent due to COVID-19.

The Care Inspectorate produce weekly data on staff in adult care homes reported as absent due to COVID-19.

The Scottish Government has published a collection of reports relating to public attitudes to Covid-19. In addition, school attendance and absence figures are published here every Thursday afternoon.

The Scottish Government also publish statistics on Scottish Welfare Fund and Self-Isolation Support Grants, as well as quarterly Scottish Welfare Fund publication. Transport Scotland previously published a range of COVID-19 analysis on the impact on transport and are continuing to monitor transport demand. Additionally, an annual publication on transport and travel in Scotland is available here.

For a summary of statistics relating to the economy, please refer to the Monthly Economic Brief and State of the Economy Reports.

Next steps

The Scottish Government continues to work closely with Public Health Scotland, modelling groups, the Office for National Statistics (ONS), the Scottish Environment Protection Agency (SEPA) and YouGov to monitor what is happening across Scotland.

This report will continue to provide a fortnightly overview of the current Covid-19 situation in Scotland incorporating a variety of data sources including estimates of the prevalence of Covid-19, hospitalisations and deaths and how Scotland's figures compare to those from the rest of the UK, where possible.

Investigations are ongoing by NERVTAG, SPI-M, SAGE, UK Health Security Agency (UKHSA), and Public Health Scotland regarding the impact of new variants and of vaccination; this will be reflected here as work is undertaken.

Technical Annex

Table 1: Weekly total LFD or PCR case rates (including reinfections) per 100,000 people in Local Authorities across Scotland on 9 April and 2 April 2022 by specimen date⁸².

Local Authority	09/04/2022	02/04/2022	Absolute Difference	% Change
Aberdeen City	594	814	-220	-27%
Aberdeenshire	658	916	-258	-28%
Angus	563	841	-278	-33%
Argyll and Bute	691	966	-275	-28%
City of Edinburgh	776	968	-191	-20%
Clackmannanshire	821	1,029	-209	-20%
Dumfries and Galloway	757	984	-227	-23%
Dundee City	591	786	-196	-25%
East Ayrshire	871	1,067	-197	-18%
East Dunbartonshire	789	964	-175	-18%
East Lothian	851	1,094	-243	-22%
East Renfrewshire	692	895	-203	-23%
Falkirk	825	1,105	-280	-25%
Fife	735	981	-246	-25%
Glasgow City	632	877	-245	-28%
Highland	794	1,064	-270	-25%
Inverclyde	831	1,080	-249	-23%
Midlothian	758	1,038	-280	-27%
Moray	739	964	-226	-23%
Na h-Eileanan Siar	1,419	1,792	-374	-21%
North Ayrshire	734	1,181	-447	-38%
North Lanarkshire	692	888	-196	-22%
Orkney Islands	540	616	-76	-12%
Perth and Kinross	638	951	-313	-33%
Renfrewshire	731	1,039	-308	-30%
Scottish Borders	736	995	-259	-26%
Shetland Islands	1,509	1,246	262	+21%
South Ayrshire	847	1,258	-411	-33%
South Lanarkshire	746	1,006	-260	-26%
Stirling	751	957	-205	-21%
West Dunbartonshire	751	941	-190	-20%
West Lothian	747	1,004	-257	-26%
Scotland	728	973	-245	-25%

⁸² Public Health Scotland: [Covid-19 Daily Dashboard](#) (accessed 12 April 2022)

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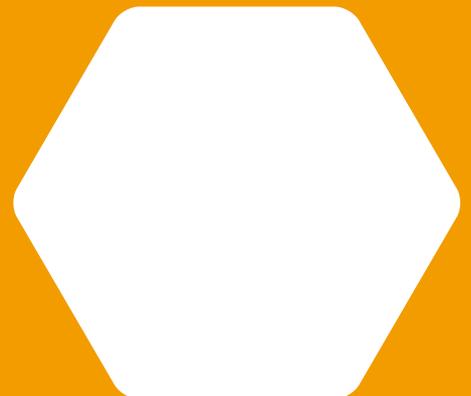
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