Public Health Scotland COVID-19 Statistical Report
As at 22 June 2020
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Introduction

On 1 March 2020, the first person in Scotland was tested positive for COVID-19. On 17 March NHS Scotland was placed in an emergency footing by the Cabinet Secretary. Schools have been closed since 20 March and the country has been in lockdown since 23 March. Scotland entered phase one of easing out of lockdown on Friday 29 May 2020 and began the first stage of phase two on Friday 19 June.

As at 15 June, Public Health Scotland now publishes the total number of results, positive and negative, carried out across any NHSScotland Laboratories and UK Government Regional Testing Centres.

Since the start of the outbreak Public Health Scotland (PHS) has been working closely with Scottish Government and health and care colleagues in supporting the surveillance and monitoring of COVID-19 amongst the population.

This report shows the trends of the number of positive COVID-19 tests in Scotland, and looks at some of the wider impacts of the virus on the healthcare system, comparing recent trends in activity with historic norms. Since 17 June it has published data on Test and Protect.

There is a large amount of data being regularly published regarding COVID-19 (for example, Coronavirus in Scotland – Scottish Government and Deaths involving coronavirus in Scotland – National Records of Scotland). This report complements the range of existing data currently available.

The coronavirus pandemic is a rapidly evolving situation. This report provides an analysis of the data up to 22 June 2020. Future reports will provide further data and analysis to contribute to the evidence base around the outbreak.
Main Points

- Between 28 May to 21 June 2020, 1,245 cases were recorded in the contact tracing software, from which 1,551 contacts have been traced.
- As at 22 June 2020, there have been 18,170 confirmed COVID-19 cases, equating to 333 confirmed cases per 100,000 population.
- Between 1 March 2020 and 17 June 2020, there had been 5,886 admissions to hospital with a laboratory confirmed test of COVID-19.
- As at 21 June 2020, 519 confirmed COVID-19 patients have been treated in an Intensive Care Unit.
- As at 22 June 2020, 215,365 people in Scotland have tested negative.
Results and Commentary

Test and Protect

On 26 May 2020, the Scottish Government set Test and Protect - Scotland’s approach to implementing the ‘test, trace, isolate, support’ strategy. This strategy is designed to minimise the spread of COVID-19.

Public Health Scotland is working closely with the Scottish Government to implement ‘Test and Protect’. Since 28 May 2020, once an individual receives a positive result, a team of contact tracers will then gather details on individuals who have been in contact with the person who tested positive. The contact tracers will then proceed to contact these individuals and advise them to isolate.

The data within this report is the number of contacts which are recorded in the contact tracing software. As this is a new process and the recording within boards is embedding, there will be data quality issues, which will be resolved in the coming weeks through close management with PHS and NHS Boards. The figures presented below are provisional and will be updated in subsequent publications. However, the figures shown below give an indication of activity on contact tracing across NHS Boards.

From 28 May to 21 June 2020, the test and protect figures are:

- Cases* – 1,245 (of which 1,157 have completed contact tracing)
- Contacts traced – 1,551

Please note that these figures are cumulative from the start of test and protect on 28 May.

*A case is generated for each positive result with a test date on or after 28 May. This includes tests derived from Scottish laboratories (see COVID-19 Confirmed Cases) and from UK Government laboratories (which will be published in subsequent publications).
COVID-19 Confirmed Cases

This part of the report contains information on positive and negatives cases of COVID-19 that have been confirmed by testing carried out through NHSScotland laboratories and now include those testing at a Regional Testing Centre (RTC) as part of the UK Government testing programme. This includes tests done at the drive through centres, mobile units, and home testing kits. The data has only recently become available; as such a detailed breakdown will be available in next week’s publication.

The total number of people within Scotland who have, or have had COVID-19, since the coronavirus outbreak began is unknown. The number of confirmed cases is likely to be an underestimate of the total number who have, or have had, COVID-19.

As the number of people being tested for COVID-19 increases, the pattern observed in the data within this report may change.

As at 22 June 2020;

- There have been 18,170 people in Scotland who have tested positive, at any site in Scotland (NHS and UK Government Regional Testing centres), for COVID-19 since the start of the outbreak.
- This equates to 333 people per 100,000 population having tested positive for COVID-19.
- There have been 215,365 people in Scotland who have tested negative, at any site in Scotland (NHS and UK Government Regional Testing Centres), since the start of the outbreak.

A person can have multiple tests but will only ever be counted once.

The numbers of newly confirmed COVID-19 cases, on both a daily and cumulative basis, are shown in Figure 1 and Figure 2 respectively. Figure 1 shows a decreasing 7-day moving average for positive cases across Scotland. There has been a decreasing trend since 23 April 2020 with a current 7-day moving average of around 14 cases. This data is monitored and published daily on the Scottish Government Coronavirus website (https://www.gov.scot/coronavirus-covid-19/). The drop in the number of confirmed cases at weekends likely reflects that laboratories are doing fewer tests at the weekend.

Note that the number of confirmed cases shown for each day may differ slightly from data published on the Scottish Government website. This is because the data below has some cases added retrospectively and assigned to days based on the most up to date records. This has no impact on the overall number of confirmed cases.
Figure 1: Daily number of confirmed cases and 7-day moving average

Note: Specimen date was not available for historical UK Government Regional Testing centres data between 15 and 25 April. As a sample date is required to report in ECOSS (Electronic Communication of Surveillance in Scotland) these samples were assigned a specimen date in the mid-point within this date range (20 April).

Note: Date refers to the date the sample was received into the PHS Surveillance System.

Figure 2: Cumulative number of confirmed cases

Note: Date refers to the date the sample was received into the PHS Surveillance System.
COVID-19 Admissions into Hospital

This section looks at the profile of admissions into hospital for patients who were either COVID-19 positive up to 14 days before their admission or had a positive result during their stay. COVID-19 related admissions have been identified as the following:

*A patient may have tested positive for COVID-19 14 days prior to admission to hospital, on the day of their admission or during their stay in hospital*

If a patient has tested positive after their date of discharge from hospital, they have not been included in the analysis.

Please note that babies admitted to neonatal care or pregnant women admitted to maternity/obstetric settings are not included in this analyses as they are not captured via the RAPID dataset.

Between 1 March 2020 and 17 June 2020, there had been 5,886 admissions to hospital based on the above definition.

Daily profile of admissions into hospital

Figure 3 shows the daily profile of admissions into acute hospitals. *Data are correct as at the time of data extract at 9am on Sunday 21 June 2020. Data are reviewed and validated on a continuous basis and so may be subject to change.*

**Figure 3: Daily profile of Hospital Admission for those with a positive COVID-19 result and 7 day moving average up to 17 June 2020**

![Graph showing daily profile of hospital admissions](image)

- Number of Admissions
- 7 Day Average
The number of daily admissions increased sharply from 22 March 2020 to more than 200 admissions per day during the 1st week of April. Since then the number of admissions per day into hospital has reduced and, in the two weeks up to 17 June 2020 the average was around 5 admissions per day.

Note that there may be a time lag with some data for the most recent days and some of the above figures may change as more data is submitted. Data now includes any positive cases from NHS Laboratories or UK Government regional testing sites.
Patients in Intensive Care

COVID-19 varies in severity from very mild symptoms through to those requiring hospital admission and the most ill who require intensive care treatment and supported ventilation. This section looks at the age and sex profile of those patients who have been admitted into Intensive Care Units (ICU).

Note that this analysis does not include patients in High Dependency Unit (HDU) wards. As this data becomes available, this will be further analysed and published. Also, this analysis only contains adult ICU information.

A total of 519 COVID-19 patients had been admitted into ICU with some staying for more than two weeks.

Table 1 shows the age and sex profile of patients who are, or have been, in ICU (up to 21 June 2020) with a confirmed laboratory test for COVID-19.

Most ICU patients to date have been in the 45 – 64 years age group (290; 56%).

Table 1: Number of Confirmed COVID-19 patients who have been admitted to ICU, by age group and sex

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 44</td>
<td>32</td>
<td>18</td>
<td>50</td>
</tr>
<tr>
<td>45 - 64</td>
<td>198</td>
<td>92</td>
<td>290</td>
</tr>
<tr>
<td>65 - 74</td>
<td>112</td>
<td>32</td>
<td>144</td>
</tr>
<tr>
<td>75 - 84</td>
<td>28</td>
<td>6</td>
<td>34</td>
</tr>
<tr>
<td>85+</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>All Age groups</td>
<td>371</td>
<td>148</td>
<td>519</td>
</tr>
</tbody>
</table>

01 Mar 2020 to 21 June 2020.
Anyone aged <15 has been excluded from this analysis.

A report by the Scottish Intensive Care Audit Group (SICSAG) has been published on the Public Health Scotland website. This report provides a more detailed analysis of patients being treated in intensive care units.

In the first report published (6th May), counts shown included any patient who had contact with ICU since 1st March 2020 and had a positive COVID-19 test at any time. This definition was adjusted to reflect reports from SICSAG to only include patients with a positive COVID-19 specimen date prior to discharge from an intensive care unit. Therefore, current data are only comparable to figures previously reported by PHS since 13th May 2020.
Figure 4: Number of New COVID-19 Patients Admitted to ICUs, 11 March to 09:00 21 June 2020 (n=519)

Please note:

Counts include any patient with a confirmed positive COVID-19 test (confirmed by linkage to ECOSS) taken prior to discharge from an ICU in Scotland. Counts do not include any COVID-19 suspected cases who have not yet been lab confirmed. Therefore there may be a lag for recent days where patients may still be awaiting the results of COVID-19 tests.

Counts do not include any re-admissions from COVID-19 patients previously admitted to an ICU and re-admitted post discharge; counts are unique patients only.

Individual patients are identified using their CHI number as recorded within the ICU admissions system. There may be a very small number of patients where CHI was not recorded, for whom linkage to ECOSS for COVID-19 status may not have been possible.

Data are correct as at the time of data extract at 9am on Sunday 21 June 2020. Data are reviewed and validated on a continuous basis and so may be subject to change.
COVID-19 Activity in the Community

Before the COVID-19 outbreak, when GP Practices and Dentists are open during the day, NHS 24’s 111 service generally only advises self-care or for people to contact their GP, unless it is immediately life threatening, in which case they contact a 999 Ambulance. When GP Practices and Dentists are closed, NHS 24 can also direct people to Emergency Departments, Minor Injuries Units and Primary Care Out of Hours services for further clinical input, which could involve a Nurse or GP telephoning or visiting the person at home, or arranging attendance at a Primary Care Emergency Centre.

In response to COVID-19, NHS 24 adapted their service provision. People who are concerned about COVID-19, or who experience symptoms, are advised to seek advice from NHS Inform website, the COVID-19 advice helpline or to contact NHS 24’s 111 service if their symptoms worsen and they need clinical advice, following which they may be;

- provided with self care advice or be asked to contact their own GP
- referred to a COVID-19 community hub for further clinical telephone triage, they may then be asked to attend assessment centre or receive a home visit by a Nurse or Doctor
- referred to acute services via the Scottish Ambulance Service or advised to attend hospital, depending on their symptoms.
NHS 24 Covid-19 Activity

Over and above the existing out of hours 111 phone service, NHS 24 provides a range of additional services by phone and a number of digital platforms. Some of these services have been adapted with dedicated COVID-19 platforms. These phone lines/digital platforms include:

- 24/7 COVID-19 telephone assessment through 111
- NHS inform
- Breathing Space
- Coronavirus Helpline Webchat
- NHS inform Voicebot Calls
- NHS inform Chatbot Session
- Coronavirus Self Help Guides

More information on these services can be found in the Glossary.

COVID-19 Contacts with NHS 24 111 and COVID-19 Advice Helpline

Figure 5 shows the trends in contacts with the 111 service where COVID-19 has been recorded as the reason for a person contacting the service, and also the number of calls to the dedicated COVID-19 advice helpline (this COVID-19 advice helpline information is published daily by the Scottish Government).

There are four distinct peaks in calls to the helpline: one when it first opened, one at a similar time as the announcement that schools were to close, one the following week when lockdown was announced and finally a smaller peak at the end of March when cancer screening was paused. Since then calls have been steadily falling, with lower demand at the weekend for the helpline.

From the 23 March 2020, the 111 service expanded to take calls 24/7 and now directs people with COVID-19 symptoms, who are not triaged to self-care, to the COVID-19 community hubs for further assessment. Contacts to NHS 24 (Monday to Friday 8am – 6pm) which are non COVID-19 related are now referred directly to the patient’s GP. From the 28 March to the 9 April there were over 2,000 COVID-19 daily contacts with the 111 service, which have since reduced to around 600 per day.
Figure 5: Number of NHS 24 111 COVID-19 contacts and COVID-19 advice Helpline calls
NHS Inform Contacts for COVID-19

NHS inform is Scotland’s digital health and care resource, providing the up to date standardised information on COVID-19 from a health perspective. Information is provided in a range of languages and alternative formats (www.nhsinform.scot/coronavirus).

Figure 6 shows the number of hits to the COVID-19 section of the NHS Inform website. The number peaked on 23 March at around 350,000 hits per day. For the past two weeks the number of hits has been around 36,000 per day on average.

Figure 6: Number of Hits per day on the COVID-19 section of NHS Inform

Please note this website is available worldwide and not all contacts are made from within the United Kingdom/Scotland
COVID-19 Self Help Guides

NHS 24 have developed Coronavirus Self Help Guides in response to the pandemic – a short assessment for initial COVID-19 symptoms with directions for accessing further information or into a service as appropriate. This information is aligned to the 111 triage model. The chart below looks at uptake of these guides showing a peak when lockdown started and a steady fall to just over a thousand from mid May.

Figure 7: COVID-19 Self Help Guides Completed
COVID-19 Triage Protocol

The COVID-19 Triage Protocol was established to assess the needs of people with suspected Coronavirus infection, and streams people to one of four nationally agreed outcomes:

- Self-care
- Speak to doctor within 4 hours (COVID-19 Community Hub)
- Speak to doctor within 1 hour (COVID-19 Community Hub)
- 999 ambulance

There are additional outcomes used for the standard 111 service.

Figure 8 illustrates the split of the outcomes and displays the 4 agreed for the COVID-19 Protocol and Community Hub Model launched on 23 March. It shows a peak in COVID-19 records being created at the beginning of April; however it also illustrates that the proportions have changed. For example, the number of people who need to speak to a doctor within 1 hour is similar over time, but the overall percentage has increased with a concurrent drop in the number requiring self-care.

Figure 8: COVID-19 records by outcome
COVID-19 Community Hub and Assessment Centres

People may have multiple consultations with a COVID-19 Community Hub and Assessment Centre depending on their pathway of care. For example, upon referral by NHS 24 (or other services) they will be clinically triaged over the telephone by the community hub and they may then go on to have a consultation in person at an assessment centre; this would result in one person having two consultations.

Between the 23 March and 18 June 2020, 75,687 people had a total of 98,758 consultations with COVID-19 Community Hubs and Assessment Centres. (NHS Grampian data included from 01 May 2020 onwards).

Please note that due to ongoing data quality investigations, previously missing data has now been added to Community Assessment Activity data backdated to 23 March and up to 18 June. This accounts for 7% of all COVID related activity and the inclusion results in a 37% increase in COVID assessment activity.

Overall COVID-19 related activity was highest on the 7 April with 2,031 consultations

- 78% of all consultations were advice calls.
- 59% of all consultations were with females.
- 28% of all consultations were with people living in the most deprived areas in Scotland.
COVID-19 Community Hub and Assessment Centre, Consultations by Type

Figure 9 shows COVID-19 activity by day of the week broken down by consultation type. A person may contact the Community Hub for advice and then may be asked to come to the Assessment Centre. The number of consultations peaked on 7 April with 2,031, across all types of consultations. Over the past week there have been around 630 consultations per day.

Figure 9: Daily COVID-19 COVID Hubs and Assessment Centre Consultations

Please note
NHS Grampian data included from 01 May 2020.
Due to ongoing data quality investigations, previously missing data has now been added to Community Assessment Activity data backdated to 23 March and up to 18 June. This accounts for 7% of all COVID related activity and the inclusion results in a 37% increase in COVID assessment activity.
COVID-19 Contacts with Scottish Ambulance Service

When someone telephones 999 and requests an ambulance, the Scottish Ambulance Service (SAS) record this as an incident. In some cases, multiple phone calls can be received for one incident.

The total number of incidents includes

- redirecting and referring suitable people to alternative pathways, following telephone triage and advanced triage through a SAS practitioner.
- attended incidents, where a SAS resource (e.g. ambulance, paramedic in a car, specialist paramedic) has arrived at the scene of the incident. Some incidents may be attended by more than one resource.

Following assessment and treatment by SAS crews some patients do not require to be taken to hospital. These patients can be safely left at home with follow up provided by other services including their own GP or GP OOH Services. It is in the patient’s best interest to get the care they require as close to their own home as is feasible.

Scottish Government provide daily provisional updates on the total number of incidents ambulances attend, how many were COVID-19 related and how many people were taken to hospital with suspected COVID-19.

Figure 10 below provides trends of this information, sourced from SAS, from 22 January 2020 to 21 June 2020. It can be seen that pre COVID-19 generally SAS attended around 1,800 incidents each day. However, from the middle of March this reduced to between 1,400 and 1,600, increasing slightly to around 1,700 in the last week.

Figure 10: Number of all Attended SAS incidents
Figure 11 shows the number of incidents which are suspected COVID-19. 6 April saw the peak incidents for SAS with 56% of the incidents attended resulting in people being conveyed to hospital.

**Figure 11: Number of SAS suspected COVID-19 incidents by type**
Wider Impact of COVID-19

The COVID-19 pandemic has direct impacts on health as a result of illness, hospitalisations and deaths due to COVID-19. However, the pandemic also has wider impacts on health and on health inequalities. Reasons for this may include:

- Individuals being reluctant to use health services because they do not want to burden the NHS or are anxious about the risk of infection.
- The health service delaying preventative and non-urgent care such as some screening services and planned surgery.
- Other indirect effects of interventions to control COVID-19, such as mental or physical consequences of distancing measures.

The surveillance workstream of the social and systems recovery cell aims to provide information and intelligence on the wider impacts of COVID-19 on health, healthcare and health inequalities that are not directly due to COVID-19.

The wider impact section within this report includes the following topics:

- A&E Attendances
- Hospital admission
- NHS 24 111 completed contacts
- Primary Care Out of Hours Service
- Scottish Ambulance Service

Within the wider impact dashboard detailed information can be found on

- Cardiovascular
- Immunisation – uptake of first, second and third dose of 6-in-1 vaccine
- Child Health Visitors (updated to include data for 6 to 8 week review)
- Excess deaths

These analyses are based on a selected range of data sources that are available to describe changes in health service use in Scotland during the COVID-19 pandemic. More detailed information is available at NHS Board and Health and Social Care Partnership (HSCP) level.
Accident & Emergency attendances

Across Scotland, A&E services would normally see around 25,000 attendances per week. However, following the introduction of lockdown measures on the 18 March, weekly attendances saw a rapid decrease of 56% to around 11,000 (Figure 12). The number of attendances is slowly starting to increase, with attendances for the week ending 14 June 2020 at just over 19,000. The pattern of change was similar by age, sex and deprivation, as shown in the supporting online tool.

This overall reduction has a number of possible causes, such as fewer traffic and workplace related injuries or reluctance to use A&E services during the lockdown period.

Figure 12: Weekly A&E attendances across NHS Scotland
All Admissions to Hospital

Data on hospital admissions normally comes from the SMR01 dataset, which is the official source for published data on hospital admissions. However, there is a time lag in these data being submitted and therefore they cannot be used to monitor the impact of COVID-19 at this time. The data below use the RAPID (Rapid And Preliminary Inpatient Data) dataset, a more limited but up to date management information flow which provides broadly comparable figures on numbers of admissions. Figure 11 shows the trend in the number of admissions to hospital at a Scotland level, based on the RAPID data. For comparison, the figure also shows average numbers of admissions over the two previous years.

Hospital admissions fell sharply from the second week of March, reaching levels nearly 50% below those expected on the basis of admissions during 2018-19. There has been some recovery since late April, but numbers of admissions remain around 25% below the 2018-19 average. The supporting online tool shows that similar patterns are seen by sex and by deprivation, but that falls were larger for children under 14 years and smaller for those aged 85 years and over. There were larger relative falls for surgical than medical specialties. There were much larger falls in planned admissions (around 65%) than in emergency admissions (around 40%). There were particularly large falls (around 60%) for emergency paediatric admissions. The pattern was broadly similar across NHS Boards; the low level of recorded admissions in NHS Forth Valley is likely to be due to data quality problems.

Figure 13: All hospital admissions across Scotland, compared with the average over the previous two years (Source: RAPID dataset)
Completed Contacts with NHS 24 111 service

Figure 14 shows completed contacts with NHS 24. The supporting online tool shows that NHS 24 111 completed contacts rose substantially for working age adults, but fell to around 50% of previous levels for children under 15 years of age, with little sign of recovery to previous levels. It is important to note that while these figures include some contacts related to COVID-19, they do not include additional services set up to respond directly to COVID-19. The figures also do not include daytime calls referred back to general practice. Compared to previous years, percentage falls in completed contacts were smaller among those living in more deprived areas.

The data used in this chart are taken from the Unscheduled Care Datamart. As previously noted, the data from March 2020 does not reflect the full extent of the demand and activity being undertaken by NHS 24 at this time. Over the coming weeks PHS and NHS 24 are working to further enhance the data and intelligence that can be shown in this publication.

Figure 14: Number of completed contacts to NHS 24 111 Service, compared with 2018-19 average
Primary Care Out of Hours service

Figure 15 shows that the OOH activity mirrored the previous two-year average until Monday 23 March when the COVID-19 community hubs and assessment centres opened. The supporting online tool shows that there were large percentage falls (around 55% overall) in consultations in out of hours services, especially for children, where the fall was around 70%. People in the out of hours period with COVID-19 symptoms would not attend an out of hours service but be directed towards a COVID-19 community hub and assessment centre. This helps to explain the reduction compared with the previous two-year average.

Figure 15: Number of cases with Primary Care OOH services compared with previous years
Scottish Ambulance Service

Figure 16 shows the number of incidents attended by the Scottish Ambulance Service this year, compared with the previous two-year average up to 14 June 2020. When lockdown started, the number of incident attended reduced. The supporting online tool shows that the reduction was around 15% overall, though the fall was much larger for children (around 50%). This is reflective of demand and activity in other urgent and emergency cares services.

Figure 16: Number of incidents attended by Scottish Ambulance Service this year, compared with average of previous two years
Wider impacts summary

These analyses are based on a selected range of data sources that are available to describe changes in health service use in Scotland during the COVID-19 pandemic. Hospital admissions, attendances at A&E departments and consultations with out of hours services all fell to around half the average levels seen in 2018-19 and have since recovered only modestly. There was a smaller fall in attended ambulance incidents and no appreciable change in overall NHS 24 111 completed contacts (excluding the additional services previously noted). These falls are likely to reflect a range of factors, including public anxiety about using NHS services, changes in the delivery of NHS services in response to rising numbers of COVID-19 hospital admissions and actions to defer planned activity in order to be prepared for expected COVID-19 related demand. The changes preceded by around a week the introduction of social distancing measures. The impact was particularly large for children under 14 years, with larger percentage falls in hospital admissions, NHS 24 111 completed contacts, out of hours consultations and ambulance incidents. As expected, the falls in hospital admissions were larger for planned than for emergency admissions and larger for surgical than medical admissions. There was little evidence from these data sources that social inequalities in the use of these services increased during this period. More detailed information is available at NHS Board and Health and Social Care Partnership (HSCP) level.
Excess Deaths

An expected rise in deaths has been observed in Scotland since the beginning of the COVID-19 pandemic. However, about a quarter of the excess deaths between the beginning of the pandemic and the week beginning 1 June 2020 have not been coded as being directly due to COVID-19.

We compared age-sex standardised all-cause, COVID-19 and non-COVID-19 mortality rates by Scottish Index of Multiple Deprivation (SIMD2020) for weeks 1 to 23 of 2020 (30 December 2019 to 7 June 2020) against a pooled average for the previous five years (2015-19).

An excess of both COVID-19 and non-COVID-19 deaths have contributed to an impact on absolute inequalities in all-cause mortality in Scotland during 2020 (Figure 17). The relative gap between the least and most deprived areas also appears to be greater for COVID-19 deaths than for non-COVID-19 (Figure 18).

While inequalities have narrowed to within the historical range since the early-April peak, this should be seen within the context of Scotland historically having some of the widest health inequalities in Europe.

**Figure 17: Absolute gap in all-cause mortality rate between most and least deprived areas. 2020 vs. 2015-19 pooled average**

![Graph showing absolute gap in all-cause mortality rate between most and least deprived areas. 2020 vs. 2015-19 pooled average.]

Source: National Records of Scotland.

Absolute gap is rate in most deprived areas minus rate in least deprived.

Age-sex standardised rates per 100,000 population by week.

Shading shows range of absolute gaps between 2015 and 2019.

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Figure 18: Mortality rates as a percentage difference from the least deprived areas, by cause of death

Source: National Records of Scotland.
Percentage difference is the difference in mortality rate multiplied by 100 and divided by rate in least deprived areas.
Age-sex standardised rates per 100,000 population, for deaths occurring between 16 March 2020 and 7 June 2020.

More information on Excess Deaths can be found at: https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-weekly-excess-deaths/24-june-2020/
Contact
Public Health Scotland
phs.statsgov@nhs.net

Further Information
COVID surveillance in Scotland
Scottish Government
Daily Dashboard by Public Health Scotland National Records of Scotland

UK and international COVID reports
Public health England
European Centre for Disease Prevention and Control
WHO
International Severe Acute Respiratory Emerging Infection Consortium.

The next release of this publication will be 1 July 2020.

Open data
Data from this publication is available to download from the Scottish Health and Social Care Open Data Portal.

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Appendices

Appendix 1 – Background information

In late December 2019, the People’s Republic of China reported an outbreak of pneumonia due to unknown cause in Wuhan City, Hubei Province.

In early January 2020, the cause of the outbreak was identified as a new coronavirus. While early cases were likely infected by an animal source in a ‘wet market’ in Wuhan, ongoing human-to-human transmission is now occurring.

There are a number of coronaviruses that are transmitted from human-to-human which are not of public health concern. However, COVID-19 can cause respiratory illness of varying severity. Currently, there is no vaccine and no specific treatment for infection with the virus.

On the 30 January 2020 the World Health Organization declared that the outbreak constitutes a Public Health Emergency of International Concern.

Extensive measures have been implemented across many countries to slow the spread of COVID-19. In the UK the current recommendations are for everyone to stay at home as much as possible and severely restrict their interactions with others outside the household.

Further information for the public on COVID-19 can be found on NHS Inform.
Appendix 2 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public’s health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the Code of Practice for Statistics in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the ‘five safes’.