

COVID-19 Brief

coronavirus



Here is the brief for Monday 15 March 2021.

Grampian data The local figures for today (and over the weekend) and the 7 day rolling positivity rate are shown below. As a reminder, this rate is arrived at by dividing the number of positive tests in the past 7 days by the number of tests carried out in the past 7 days. Repeat tests are included in both categories, whereas the figures we show here only record new tests. If you want to see more detailed information, including cases at neighbourhood level, click [here](#) for the Public Health Scotland daily dashboard.

	Daily number of new people tested	New cases in past 24 hrs	Daily no. of contacts isolated in past 24 hrs	Patients in hospital	Patients in ITU	Deaths in hospital
Sat 13/03	433	34	109	15	1	0
Sun 14/03	132	23	57	15	1	0
Mon 15/03	111	18	33	13	1	0

225 avg daily tested last 3 days	Down 5 from 14/03/21	Down 24 from 14/03/21	Down 2 from 14/03/21	No change from 14/03/21	Last recorded death 10/03
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Tests reported from Illuminate up to 3pm on 13/03/21 <i>NB tests refreshed daily due to lag in reporting</i>	Reported by Scottish Govt up to 8am today	Reported from CMS up to 15.30 today	Confirmed patients from Trakcare according to new definitions from 15/9	Confirmed from Trakcare as per SG definitions - excludes patients who were +ve >28 days. ECMO patients included if flagged for COVID-19	Confirmed from Trakcare
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7 day rolling positivity rate on 14/3 1.64%
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Astra Zeneca Covid-19 vaccination and blood clots We thought this was so important that we wanted to give it centre stage.

Many of you will have seen or read over the weekend about the safety of the AZ vaccine.

Several countries took the decision to temporarily suspend the use of AstraZeneca vaccine following a small number of reports of blood clots in individuals post vaccination.

The European Medicines Agency (Europe's equivalent to the UK's Medicines and Healthcare products Regulatory Agency - MHRA) has been monitoring these case reports. The EMA stated *'there is currently no indication that vaccination has caused these conditions'* and that *'the information available so far indicates that the number of thromboembolic events in vaccinated people is no higher than that seen in the general population'*.

To reassure you and put this into context, they have received reports of 22 cases of blood clots being diagnosed out of the 3 million people in the European Union who have received the AstraZeneca vaccine.

Blood clots are not uncommon and occur at a naturally higher rate the older we are. Blood clots affect around 1-2 people in every 1000, so the number of blood clots occurring in the 3 million people in Europe who have received the Astra Zeneca vaccine is actually very low and well within the normal range of expected blood clots. Therefore, it is very unlikely the Astra Zeneca vaccine has caused blood clots in these cases.

We are currently delivering the biggest vaccination programme in world history, with more than a third of the Grampian population already vaccinated. Given the year we have had, it is understandable that any event occurring after we have had the vaccination might seemingly be linked to that vaccination. In reality, these are generally random occurrences, or problems arising due to an underlying condition, that just happen to occur around the time of vaccination.

In terms of vaccine safety, any reported side effect, no matter how minor, is reported to the MHRA using the world renowned, long established yellow card scheme. These reports, particularly for new medicines or vaccines, are monitored very closely as public safety is the MHRA's number one objective.

More than 11 million doses of the COVID-19 Vaccine AstraZeneca vaccine have now been administered across the UK. Reports of blood clots received so far are not greater than the number that would have occurred naturally in the vaccinated population, had they not received the vaccination.

The UK has one of the most sophisticated medicines adverse events monitoring systems in the world, and we are confident that there is no need to be concerned at this time. NHS Grampian will follow the evidence and the advice of the MHRA and the JCVI who continue to objectively assess the rollout of vaccination.

Thought for the day March was always going to be a month of milestones – first cases detected in Grampian, the closure of schools, the start of lockdown. One local milestone will occur tomorrow; on 16 March 2020 we sent out the first Daily Brief. If you want to see how far we have come, you can take a look at it [here](#). If you had told me then that we would still be sending out a COVID brief 365 days later, I would not have believed you. And yet, we have done it every day, including public holidays during the first wave of the pandemic and even on a Saturday (just once!). The brief was created to be a one-stop-shop for all the key updates health & social care staff would need. It has evolved into so much more than that. We've shared thoughts, reflections, poems, photos. We've asked questions and you have answered clearly and honestly. You've provided information from all parts of the organisation and from a range of different services. In addition, many of you have been kind enough to get in touch with feedback – good and bad – which we always aim to take onboard. This brief is by you and for you. I hope this format will have a life beyond the pandemic – I might be biased (I am!) but I think it has added real value to communication across health & social care.

Questions to ask? Information to share? If you have particular questions – or are aware of questions coming from friends and family – please share them with us. We may not be able to answer every question and it may take us time to get a proper answer, but we will endeavour to respond and share the answers. You can get in touch with us via gram.communications@nhs.scot. Please also use that email address if you have items for consideration for future briefs.