

Meeting:	Board
Meeting date:	24 November 2021
Title:	COP26: PHS Incident Management / Preliminary Surveillance Report
Paper Number:	32-21
Responsible Executive/Non-Executive:	Nick Phin, Director of Public Health Science, Strategic Incident Co-Director (COP26)
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1 Purpose/Action Required

- 1.1 This paper provides an overview of the PHS incident management approach implemented to support a safe and secure COP26 Climate Conference in Glasgow, whilst further providing a preliminary report on the impact of COP26 on COVID-19 infection in Scotland.
- 1.2 We ask members to note and agree recommendations.

2 Report summary/Key Points

- 2.1 Since 1995, government representatives from around the world have gathered every year for the United Nations Climate Change Conference of Parties (often referred to simply as “the COP”) to advance work on multilateral agreements and also to provide a message of hope on a common way forward in tackling the realities of climate change.
- 2.1 Between 31 October and 13 November 2021, COP26 was held at the Scottish Exhibition Centre in Glasgow; in excess of 40,000 people from 197 country delegations attended the conference, with a further 120 Heads of State arriving for the World Leaders Summit. This was preceded from 25 October 2021 with a week of sessions, involving approx. 6,000 attendees, to agree focus areas for discussion. In addition, a large number of protestors and climate activists visited Scotland, including an estimated 100,000 people for the Climate March in Glasgow on 6 November 2021.

- 2.3 Having the conference as an in person event in November presented public health challenges and PHS had a critical role in supporting the delivery of a conference that was as safe and secure as possible in the context of the ongoing COVID-19 pandemic response.
- 2.4 PHS commenced planning for COP26 in early 2021 and were pivotal in providing advice and guidance, particularly regarding COVID-19, to inform public health mitigation measures.

Internal structures

- 2.5 Initial consideration was given to running a separate emergency response arrangement, however, given the significant additional demands and already stretched resources, this was deemed unsustainable. A bespoke COP26 PHS incident management model was established that involved enhancing the extant PHS COVID-19 response arrangement with an Incident Coordination & Support Team. In order to obtain sufficient staff with the right skill set, support from other areas within PHS and externally from Boards was necessary. This included consultants in public health, health protection nurses and senior scientists.
- 2.6 The core tenant in the design was that it would by default harness existing business as usual structures and information flows wherever possible so that there would be minimal disruption to the existing COVID-19 response. However, within this systems and rotas were put in place that reflected the increased volume and complexity of workload.
- 2.7 A robust internal governance structure was established for the planning and delivery phases, which was led by Strategic Incident Co-Directors and an Incident Director, supported by a deputy Incident Director.
- 2.8 There were six core workstreams, Response, Surveillance, Testing & Diagnostics, Contact Tracing, Communications and Resources each with its own named lead. A programme management approach was used throughout to develop and deliver the approach with clear structures, roles and responsibilities and a clearly articulated risks management approach. Routes of escalation were clearly signposted with the aim of fostering an environment whereby risks and issues that could not be mitigated at any given level could be rapidly escalated to the appropriate level for decision making and action.
- 2.9 The PHS incident management reported into the Senior Leadership Team, securing agreement and support for actions. During the conference delivery phase oversight was provided by the COVID-19 Strategic Coordinating Group to ensure awareness, escalation and accountability for delivery.
- 2.10 Additionally, PHS incident management engaged with Scottish Government Resilience Room (SGoRR) and UK Government conference resilience teams, enabling “live-time” decision making and updates supporting direct briefing to Ministers and United Nations.
- 2.11 This approach, coupled with enthusiastic and committed staff, ensured that PHS had good governance, capacity and capability to meet the daily demands of both COVID-19 and non-COVID-19 incidents during the conference.

PHS roles and responsibilities

2.12 PHS key roles and responsibilities during COP26 were:

- Enhancement of existing, and facilitating the development of new public health surveillance systems tailored to COP26;
- Identification of incidents and outbreaks with potential significance for COP26 attendees and the wider population;
- Provision of specialist health protection support to NHS Boards (especially NHS GGC), local authorities and other agencies with the investigation and management of health protection incidents (infectious disease, chemical, radiation hazards or other major emergencies) at/or associated with, COP26;
- Generation of a daily situation report (SitRep) on public health issues, including COVID-19, relevant to the conference and affiliated activity;
- Communication of relevant information and intelligence to partners to support joint decision making.

2.13 PHS fully engaged with key strategic and tactical partners throughout to support delivery of a safe conference. These included:

- Territorial Health Boards Health Protection Teams in particular NHS GGC, for daily liaison and provision of PHS support as necessary;
- Special Health Boards including NHS 24 and Scottish Ambulance Service;
- UK Government and Scottish Government, within the context of the UK Government led Health, COVID and Borders Coordination Centre, involving the sharing of intelligence and joint decision making for response and mitigation measures;
- UK Health Security Agency (UKHSA) who were involved in the development and agreement of protocols for the management of public health incidents relating to attendees of the World Leaders Summit (this partnership also included UKHSA embedding a member of staff within the PHS response team to support and facilitate “live-time” assessment and decision making, which was particularly crucial);
- “Blue-Light” partners who were involved in the monitoring, prevention and response approaches relating to Chemical, Biological, Radiological and Nuclear (CBRN) matters.

2.14 Whilst many of these partnerships were in place pre-COP26, the governance and engagement approach adopted by PHS has strengthened them; measures are now being taken to ensure these partnerships are maintained and further developed.

Assessment and lessons learned

2.15 In keeping with best practice, a “hot debrief” was conducted at the conference midpoint, the aim of which was to rapidly assess and implement any early lessons learnt. A further Lessons Learned programme has been initiated to capture learning, including strengths and areas for development.

2.16 This will be used to provide the basis for any recommendations both for future incident response and also any other areas to which the learning is relevant. The report is scheduled to be completed by end December 2021. PHS will also engage in multi-agency “lessons learned” programmes, to further inform approaches to future events.

2.17 The Board will be kept informed of all such reports and activities.

Conclusions

2.18 COP26 has successfully concluded with minimal immediate public health impact identified to date. As outlined in a Preliminary Surveillance Report on the impact of COP26 on COVID-19 infection in Scotland, published on 16 November and included in Appendix A, it is too early to say what impact the conference has had on wider transmission dynamics of COVID-19 in Scotland. A report on “impact” will be published by end December once there has been adequate time to allow for this impact and assessment thereof to occur.

2.19 While PHS has now transitioned back to pre COP26 arrangements, consideration is being given to whether any of the developments put in place for COP26 have applicability for current arrangements where there may be potential improvements in ways of working or efficiencies of practice.

3 Recommendation

3.1 The Board are asked to:

- a) note the content of this report and the preliminary surveillance report (Appendix A);
- b) note the positive collaboration with partners, in particular local health protection teams and UKHSA, and support continued endeavours by PHS to further strengthen these arrangements;
- c) invite members to further engage with those responsible for PHS COVID-19/ general emergency response arrangements; this would enhance situational awareness of current successes, challenges and risks;
- d) note the PHS incident management approach utilised during COP26 and support ongoing developments to fully embed emergency and incident management arrangements across the organisation;
- e) agree that future COP26 epidemiological and lessons learned reports are submitted to the Board for awareness and scrutiny of recommendations;

4 Timing

4.1 This report is provided almost immediately after the conclusion of COP26.

5 Link to Corporate Objectives

5.1 For an international conference of such significance, it was extremely important that COP26 was able to be held safely and securely-thus permitting optimal opportunity for decisions to minimise the impact of climate change, including health, to be made.

5.2 It is acknowledged that climate change is a significant public health hazard and positive outcomes arising from COP26 support three of the four areas of focus set out in our current Strategic Plan to improve Scotland’s health and wellbeing:

- Mental wellbeing;

- Communities and place; and
- Poverty and children.

5.3 In addition, much of the epidemiological evidence generated by PHS and associated with COP26, related to our other area of focus:

- COVID-19

6 Impact Assessment

a) **Health and Wellbeing** – PHS engaged across the organisation considering and implementing measures to support staff meet the demands of COP26, particularly given the significant demands faced responding to COVID-19 pandemic to date, although it is acknowledged that some challenges remain in this area.

b) **Equality and Diversity** – There were no equality and diversity issues.

c) **Data Protection** – There were no appreciable data protection issues and appropriate information sharing arrangements were in place; this was supported through the Data Protection team being aligned with planning and delivery processes, enabling swift resolution of developing issues.

d) **Quality/Patient Care** – There were no quality/patient care issues.

7 Risk Assessment

7.1 All risks were managed in accordance with the PHS risk management approach - with regular scrutiny by Strategic Incident Director and Incident Director and appropriate mitigation measures implemented; this ensured that risks did not impact on operational delivery.

7.2 A review of any residual risks from COP26 is ongoing. Further risk assessments regarding specific recommendations arising from lessons learned programmes will be undertaken

8 Financial Implications

8.1 During planning for COP26, PHS submitted an indicative costing bid to UK Government outlining projected costs to enable PHS to fulfil requirements to support the conference. This bid comprised of staff costs, accommodation and expenses for an UKHSA embed, and training needs. The bid was agreed and mechanisms are in place to recoup costs from UK Government to ensure PHS is not impacted by such additional costs.

9 Workforce Implications

9.1 PHS workforce has continued to deliver against all demands made of it in respect of COVID-19 and now COP26. Initial assessment has identified the need to enhance and strengthen staff training in respect of incident and emergency response and this will be captured in the wider emergency response developments currently ongoing.

9.2 Key to PHS success during COP26 was support provided by Health Protection “locum” staff (e.g. Public health consultants and health protection nurses); the utility and implications of this additional support requires to be fully assessed

9.3 Considerations associated with the above will be reported to the Board.

10 Governance Route and Engagement

10.1 This report has been considered and reviewed by the COP26 Incident Management team, including Strategic Incident Co-Directors, Incident Director and Deputy Incident Director.

Appendix A

Surveillance of the impact of COP26 on COVID-19 infections in Scotland

This is a Management Information publication

Published management information are non-official statistics which may be in the process of being transitioned into official statistics. They may not comply with the UK Statistics Authority's Code of Practice with regard to high data quality or high public value but there is a public interest or a specific interest by a specialist user group in accessing these statistics as there are no associated official statistics available.

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Introduction

Owing to the unique characteristics of COP26, which saw a large influx of visitors into Glasgow during a period in time when Scottish coronavirus (COVID-19) incident rates were high but stable, Public Health Scotland (PHS) is providing a preliminary report on the impact of the COP26 summit on COVID-19 infections in Scotland. Findings in this report use data available to PHS up to 13 November 2021, the closing date of the summit. These data were collected through an enhanced surveillance system set up by PHS in the run up to and during COP26.

Given transmission dynamics and natural disease progression of COVID-19, as well as inherent reporting lags, it is inevitable that the full impact of COP26 on COVID-19 infections in Scotland is not yet known. As a result, any conclusions stemming from this report should be interpreted with caution. PHS intends to publish an update to this report in end-December 2021 when a final and fully validated data set is available, unless more urgent communication is required.

Main points

- PHS estimates that as of 13 November 2021, approximately 4 in every 1000 people officially affiliated with the COP26 summit tested positive for COVID-19 through routine screening by a lateral flow test device. This compares to a survey of the Scottish population for the week of 6 November 2021 that estimated that around 12 in every 1000 people were infected with COVID-19. People officially associated with COP26 include United Nations Member State parties, UN staff, media, service staff and others with access to test kits supplied by COP26 organisers.
- Since 15 October 2021, 291 people across Scotland infected with COVID-19 reported attending or supporting a COP26-related event during a potentially infectious period. Events could include the summit itself, as well as workshops, seminars, or protests and marches. These individuals represent less than a half of one percent of all people reported to Scotland's Test and Protect system for contact tracing purposes between 15 October and 13 November 2021.
- Although the 7-day incidence rate of infection in Scotland began to increase during the COP26 summit, from 326 cases per 100,000 on 1 November to 385 cases per 100,000 on 13 November, this increase was primarily driven by rising cases among children between 5 and 11 years old. In the most recent week, case rates have begun to rise in the adult population aged 20 to 49 years old also.
- Throughout the summit, the 7-day incidence rate of diagnosed infection in NHS Greater Glasgow and Clyde remained the lowest of the mainland Scottish NHS Boards. In the recent 10 days, the incidence rate in Greater Glasgow and Clyde has increased gradually alongside most other mainland Scottish Boards.
- Whilst early data available to PHS from enhanced and routine COVID-19 surveillance does not indicate a COP26 contribution to the recent increase in infections nationwide, it is important not to draw any final conclusions as of yet, given that the summit has only just finished; any potential impact from the wider COP26 events, including protest marches on 5-6 November 2021 are not yet likely to be fully evident in the data.

Background

In anticipation of the 26th UN Climate Change Conference of the Parties (COP26) held in Glasgow between 25 October and 13 November 2021, Public Health Scotland (PHS) set up an enhanced surveillance system to monitor the epidemiology of COVID-19 infections amongst people with links to COP26 official and unofficial events. Implementing enhanced surveillance of large-scale international gatherings like COP26 can help to quantify and potentially mitigate any

extra pressures on local public health infrastructure stemming from these events. Enhanced event-related surveillance data can also provide timely reassurance that appropriate infection control measures are being taken to reduce wider transmission.

Review of the enhanced surveillance data began by PHS on 15 October 2021 when United Nations (UN) Member State parties, observers, media, COP26 support staff and activists began arriving in Glasgow. The enhanced system monitored specifically for COVID-19 infections amongst COP26 participants or support staff with access to COP-26 designated test kits or who were provided with a COP26 unique testing event ID code (jointly referred to hereafter as the COP26-affiliated population). Additional measures were put in place to identify COVID-19 infections amongst the general population, which included visitors and people resident in Scotland who may have attended protests, marches or other peripheral COP26 events in Glasgow and across Scotland.

Results and commentary

In this report, Public Health Scotland (PHS) present preliminary data from an enhanced surveillance system set up to monitor the impact of COP26 on COVID-19 infections in Scotland. Using available data up to and including 13 November 2021 (the final day of the summit), PHS estimates that approximately 4 in every 1000 people officially affiliated with COP26 tested positive for COVID-19 through routine screening by a lateral flow test device. This is considerably lower than the estimated 12 in 1000 people in Scotland infected with COVID-19 for the week of 6 November 2021.

Across the wider Scottish population, and including the COP26 affiliated population, 291 people infected with COVID-19 reported attending a COP26-related event (such as the summit, satellite meetings, seminars, or protests and marches) during a potentially infectious period. These individuals represented less than a half of one percent of all people reported to Test and Protect for contact tracing purposes since 15 October 2021.

Although the 7-day incidence rate of infection in Scotland has begun to increase slowly during the official conference proceedings, from 326 cases per 100,000 on 1 November to 385 cases per 100,000 on 13 November, this increase was primarily driven by rise in cases amongst children between the ages of 5 and 11 years old. In the previous week, case rates have begun to rise in the adult population between the ages of 20 and 49 years old also. Notably, throughout summit's duration, the 7-day incidence rate of diagnosed infection in Glasgow has remained the lowest of all mainland Scottish NHS Boards.

Whilst the early evidence available to PHS from enhanced surveillance system does not indicate a COP26 contribution to the recent increase in incidence nationwide, it is not possible to draw any final conclusion as of yet, given that the summit has only just closed; any potential impact from the wider COP26 events amongst the general population, including protest marches the weekend of 7 and 8 November 2021, likely will not yet have been seen in the data.

Data sources and methods

The enhanced surveillance system set up by PHS for identifying infections in people officially affiliated with the summit relied on data from COP-26 designated test kits (identifiable by their bar code) or tests containing a COP26 unique testing event ID code. Codes were issued to COP26 participants as part of their registration packets or distributed through employers supporting the summit.

All COP26 affiliates were asked to test daily by LFD and register their results on the Gov.uk test portal. Evidence of a negative LFD was required for anyone entering into the Blue Zone. PHS used the routinely submitted data to estimate test positivity among the COP26 affiliated population. Test positivity is defined as the number of LFD positive test results as a proportion of all reported LFD tests. Rates of infections were calculated using preliminary estimates of the unique number of people submitting LFD test results determined using probabilistic linkage methods based on personally identifiable information.

PCR testing data for COP26 affiliates were identified using the same methods as those for LFDs. Unlike the recommendation for daily LFD testing, PCR testing requirements for the COP26 affiliated population differed by country of origin. If travelling from outside the United Kingdom (UK), a PCR test result was required with 48 hours of arrival and on day 8 for those who were not fully vaccinated or who had travelled through selected countries in the previous 10 days. Scottish guidance also recommends that people testing positive by LFD should seek a confirmatory PCR test within 48 hours. People who are symptomatic are also advised to test by PCR as opposed to LFD. Owing to the many different reasons for testing by PCR, these data are used primarily in this analysis to identify the total number of confirmed cases according to the Scottish COVID-19 case definition. Whole genome sequencing was prioritised for those testing positive by PCR.

The earliest submission of test results by people officially affiliated with COP26 was 30 September 2021. Data from people who registered LFD results using a UK post code outside of Scotland were not available for analysis. These represented a small proportion of the overall number of tests reported during the Conference.

Owing to normal lags in specimen submission and process, PCR, and to a lesser extent, LFD test results and sequencing outcomes from those affiliated with COP26 are still being received and validated. As part of a continual data review and validation process, PHS has identified and excluded 68 positive LFD test results that were erroneously reported by testers from results presented here. Further work is planned to link LFD and PCR test results amongst COP26 affiliates to describe testing pathways and calculate a more robust estimate of infections levels.

PHS used the Scottish Test and Protect case management system to monitor COVID-19 infections linked to attendance at COP26-related events amongst COP26-affiliates and the general population. This was done by systematically capturing information about locations that people attended during their potentially infectious period (defined as two days prior to a positive test or symptom onset and 10 days after). For the purposes of COP26, five tags were used to identify locations or events that people may have attended, including the Blue Zone, the COP26 Green Zone (an event space open located next to the Blue Zone open to the public), or any COP26 events held outside the Blue Zone in either Glasgow or Scotland more widely. Tags assigned for the latter two locations could include places where marches or protests took place.

As part of its enhanced surveillance system, PHS also worked with partners providing first aid and medical services in the Blue Zone to set up syndromic surveillance for respiratory and other potentially infectious conditions. Other data sources outside PHS were monitored daily for potential signals of underlying changes in COVID-19 trends, including calls to NHS24. Outputs from these data sources are still under review but have initially flagged no notable exceedances.

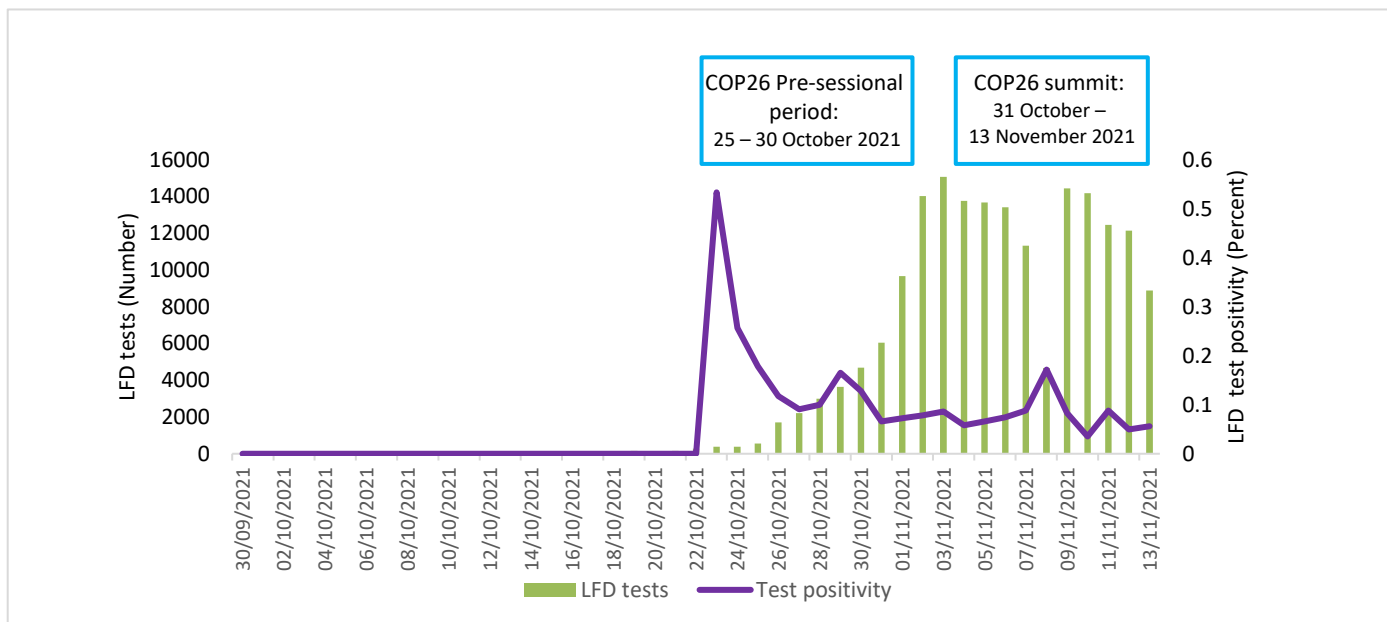
Routine data on the most recent epidemiologic trends in COVID-19 infections from PHS’s existing COVID-19 surveillance system and the COVID-19 Infection survey were also reviewed as part of daily monitoring. These data are published daily on the PHS¹ and the Office for National Statistics² websites, respectively.

Findings

COVID-19 infections amongst COP26 affiliates

As of 13 November 2021, a total of 185,307 LFD tests were registered with a COP26 bar code. Of these, 146 were positive, resulting in a cumulative test positivity of 0.08%. This figure, when accounting for repeat testing amongst individuals, equates to approximately 4 in 1000 people affiliated with COP26 who were infected with COVID-19 during the summit. Daily test positivity remained largely stable throughout the event (Figure 1), peaking in the early days of the summit when testing numbers were low.

Figure 1. Daily lateral flow device (LFD) tests reported and the resulting test positivity amongst the COP26-affiliated population, 30 September – 13 November 2021, Scotland



¹Public Health Scotland. COVID-19 daily dashboard https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard_15960160643010/Overview. Accessed on 16 November 2021.

²Office of National Statistics. Coronavirus (COVID-19) Infection Survey, UK <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/pilot/12november2021>. Accessed on 14 November 2021.

Amongst the COP26 affiliates, 106 tested positive by PCR. Where sample quality allows, these will be sequenced. To date, whole genome sequencing results are available for 20 sample. All 20 were identified as Delta (VOC-21APR-02) variant; 2 of these were the sub-lineage AY.4.2 (VUI-21OCT-01). Outstanding results are expected by early December 2021.

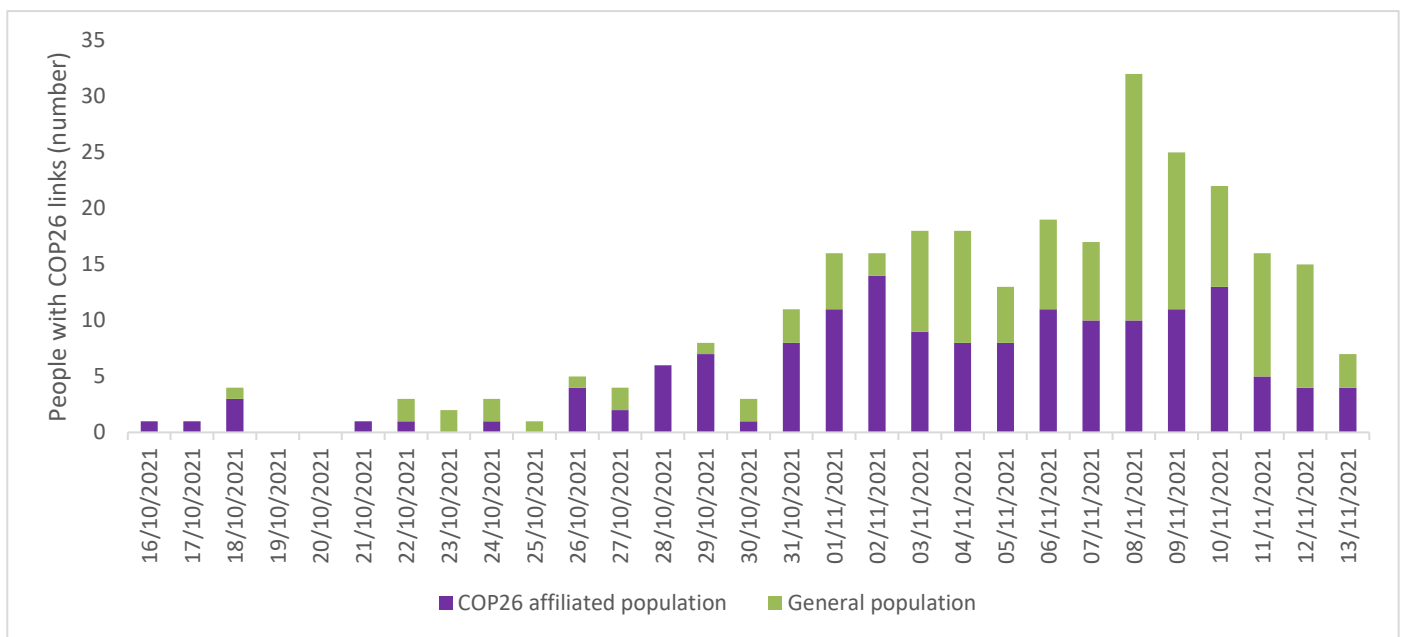
According to Test and Protect case management data self-reported by the individuals, 93 people officially affiliated with COP26 who entered the Blue Zone during a potentially infectious period that was prior to receiving a positive test result. PHS is also aware of four small clusters of COVID-19 in various accommodation settings in Greater Glasgow and Clyde and Grampian that were linked back to people officially affiliated with COP26. These incidents were investigated and managed by the local Boards.

COVID-19 infections with links to COP26 amongst the general population

Through 13 November 2021, data from the Test and Protect case management system identified 146 tags amongst 133 people in the general population not affiliated officially with COP26 who reported attending at least one COP26-related event during their infectious period. The most frequently reported location was events that were held in Glasgow (n=77) followed by those outside Glasgow (n=34). A small number of people reported visiting the Green Zone (n=18) or the Blue Zone (n=15) during their infectious period. Individuals can report multiple tags.

The greatest number of tags amongst the general population was recorded on 8 November 2021, a few days after the “Global Day of Action for Climate Justice” when large protest marches in Glasgow were held (Figure 2).

Figure 2. People with a self-reported link to attendance at a COP-26 related event (n=291), 15 October -13 November 2021, Scotland



The national COVID-19 picture in Scotland during COP26

In the run up to and during the COP26 pre-sessional meetings through 31 October 2021, COVID-19 incidence rates of diagnosed infections in Scotland remained broadly stable. Between 18 – 31 October 2021, 7-day incidence rates of COVID-19 infection were high but relatively constant at around 325 cases per 100,000 people. During the main COP26 proceedings from 1 November to 13 November 2021, COVID-19 incidence increased across Scotland, from 326 cases per 100,000 to 385 cases per 100,000. According to the Office of National Statistics, the estimated percentage of people in Scotland infected with COVID-19 was 1.18% (95%: 0.95-1.42%) in the week ending 6 November 2021. This percentage equates to around 12 infected people per 1000 population.

Notably, COVID-19 incidence rates in Greater Glasgow and Clyde remained the lowest of all mainland Boards prior to and during the COP26 Conference (Figure 3), although rates in the last week have risen across most Boards. Rates of increase that were observed at least initially were driven by rising numbers of cases among those aged under 20 (Figure 4). The increase in the younger ages, largely among those between 5 and 11 years of age, coincided with a return to school following October holidays and Halloween celebrations. In the final week of COP26, a gradual increase in cases was also reported amongst those between 20 to 49 years. Rates in the oldest age groups were either static or declining.

Figure 3. 7-day incidence rate of diagnosed infection by Health Board of residence, 15 October 2021 – 13 November 2021, Scotland

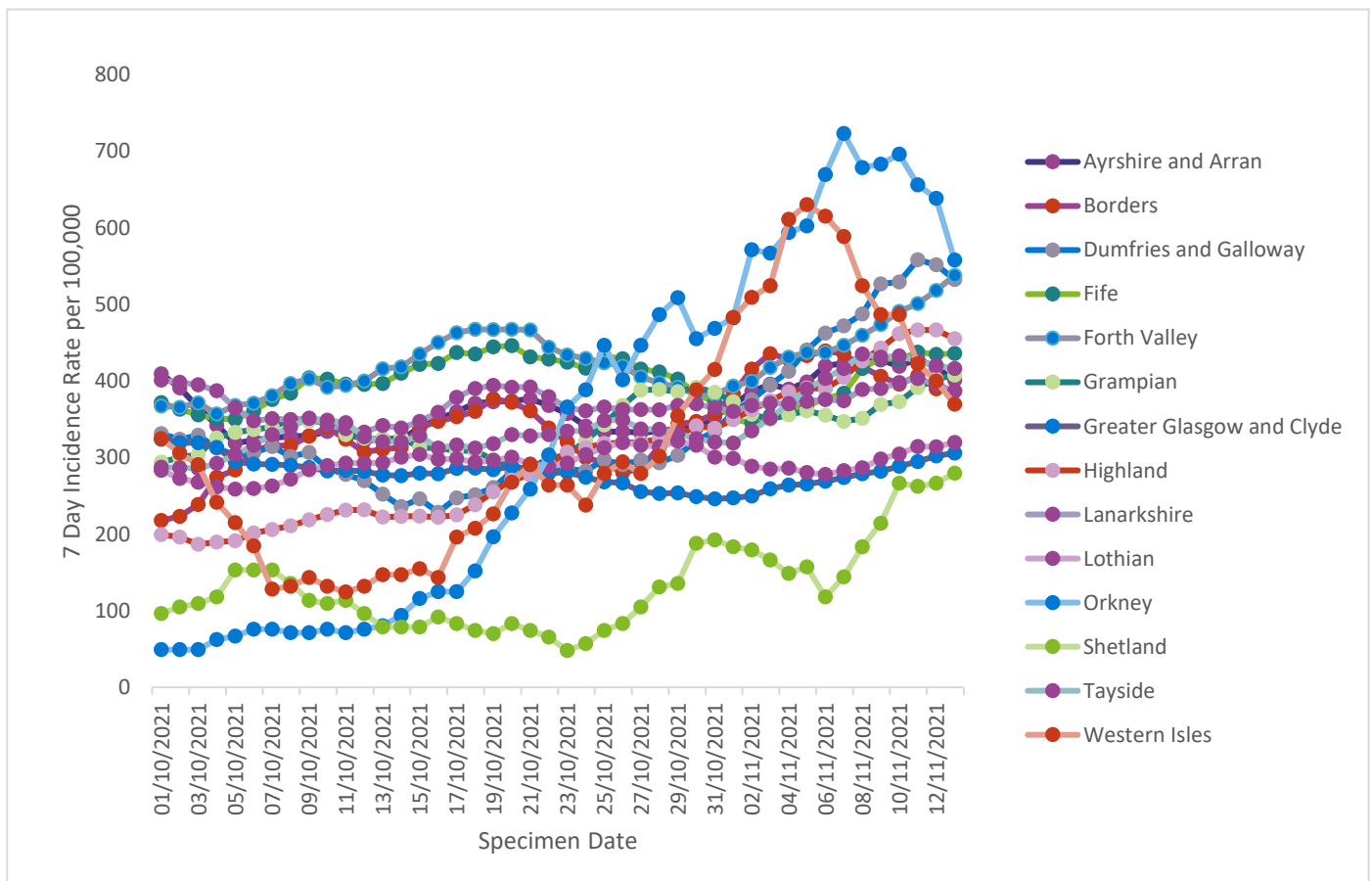
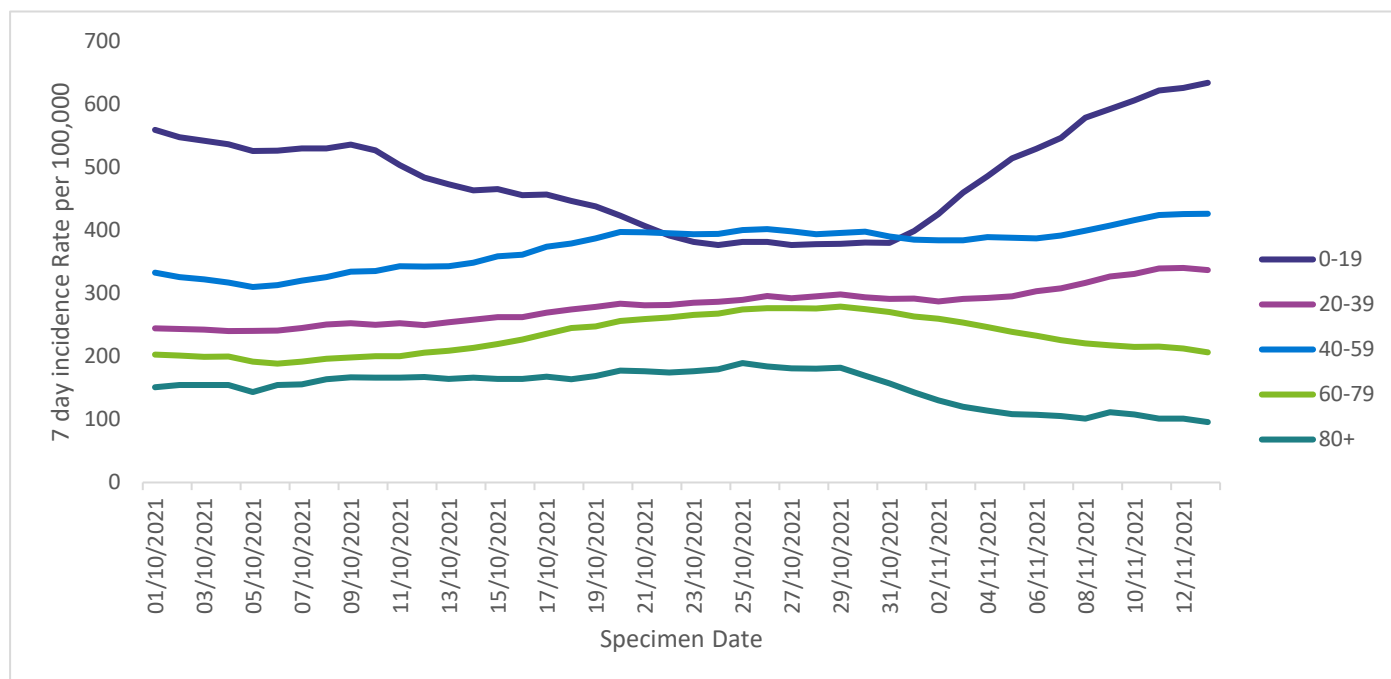


Figure 4. 7-day incidence rate of diagnosed infection by age group, 15 October 2021 – 13 November 2021, Scotland



Conclusion

Using preliminary enhanced surveillance data up to and including 13 November 2021 (the final day of the summit), PHS estimates that approximately 4 in 1000 people officially affiliated with COP26 19 tested positive during routine screening by LFD. This compares to a survey of the Scottish population for the week of 6 November 2021 which estimated that around 12 in 1000 people were infected with COVID-19. Across the wider Scottish population, and including COP26 affiliates, 291 people reported attending a COP26-related event during a period of time when they were potentially infectious. In total, though, these people represented less than a half of one percent of all people reported with a positive test result to Test and Protect for contact tracing purposes since 15 October 2021.

Although the 7-day incidence rate of infection in Scotland has begun to slowly increase during the last two weeks of the official conference proceedings—from 326 cases per 100,000 on 1 November to 385 cases per 100,000 on 9 November—it is notable that this increase has been driven primarily by rising rates of cases in the largely unvaccinated population of children under 20 years of age. More recently, in the seven days prior to the conclusion of the summit, case rates have also begun to rise amongst the adult population between 20 and 49 years of age. Notably, throughout the duration of the conference, the 7-day incidence rate of diagnosed infection in Glasgow has remained the lowest of the mainland Scottish NHS Boards. The recent increases in rates in Glasgow over the last week also have been observed in most other mainland Boards.

Whilst the early evidence available to PHS from enhanced surveillance system does not indicate a COP26 contribution to the recent increase in infections incidence nationwide, it is important not to

draw any final conclusions as of yet, given that the summit has only just finished; any potential impact from the wider COP26 events, including protest marches on 5-6 November 2021 will not yet be fully evident in the data. In particular, lags in collecting event location data amongst people responding to interview requests by Scotland's Test and Protect contact tracing system make it difficult to assess the impact of COP26 on wider population rates. Also, some people may opt not to report events that they attended during their interviews. As evidence of these limitations, PHS previously used tags to monitor the potential impact of a large, local music festival marketed at teens on COVID-19. Although only a small number of teens reported attending the festival during a potentially infectious period, an increase in the 7-day incidence rate amongst those 15 and 16 years of age was observed, in contrast to incidence rates that remained static amongst all other age groups.

An important consideration when interpreting the data and test positivity amongst COP26 affiliates is that, whilst the daily LFD testing strategy adopted by COP26 organisers undoubtedly reduced the overall number of people with COVID-19 infection inside the venue, Scotland's Test and Protect data show that 92 people who registered a negative LFD test result reported visiting the Blue Zone during a potentially infectious period. One explanation for this is that the performance of LFDs, even in the hands of trained users, can be less sensitive than PCR-based tests. As a result, early asymptomatic infections may have been missed. Further linkage of LFD and PCR linkage may identify additional people who tested positive only by PCR or, alternatively, people who subsequently tested negative by PCR. Consideration of this additional analysis will be important in refining final estimates of infection rates amongst COP26 affiliates.

It should also be acknowledged that people circulating in the Blue Zone were largely characterised by high vaccination rates and, at least for those travelling from outside the UK to Glasgow, pre-screened as negative for COVID-19 prior to departing and subject to a Day 2 travel PCR test. Furthermore, strict infection control protocols within the venue were in place, including mask wearing and cleaning, which would have further reduced risk. As a consequence of all of these factors, it is not surprising that test positivity in this population was low.

In summary, whilst early analysis of surveillance data available to PHS shows that there is, thus far, no appreciable evidence to indicate that COP26 has had an impact on COVID-19 infections in Scotland, a fuller evaluation, allowing observations and analyses on data for the several weeks following the end of the summit, is required. Accordingly, and as noted in the outset of this report, unless more urgent communication is needed, PHS will publish an update to this report in end-December, 2021.

Glossary

COP26

Is the 2021 United Nations 26th **Conference of the Parties** where for nearly three decades the UN had been bringing together almost every country on earth for global climate summits

COP26 Blue Zone

The primary business area where international negotiations over climate change agreements and actions took place.

COP26 Green Zone

The location next to the COP26 Blue Zone open to the public to attend an extensive programme of events, workshops and performances.

COP26 affiliates

These are people, such as UN Member State parties, UN staff, media, and service staff officially affiliated with COP26 and who have access to COP-26 affiliated test kits or who were provided with a COP26 testing event ID codes during registration.

LFD

Lateral flow device is a self-test for people who do not have coronavirus (COVID-19) symptoms.

PCR

The Polymerase Chain Reaction (PCR) test for COVID-19 is a molecular test that is used in individuals with suspected COVID-19 to check for genetic material (ribonucleic acid or RNA) of SARS-CoV-2, the virus that causes COVID-19.

Test and Protect

Test and Protect is Scotland's way of putting into practice the test, trace, isolate, support strategy for those diagnosed with COVID-19. It will prevent the spread of coronavirus in the community by identifying cases of coronavirus through testing and tracing the people who may have become infected by spending time in close contact with them.

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Further information

Further information and data for this publication are available from the [publication page](#) on our website.

The next release of this publication will be end-December 2021.

Open data

Selected data on COVID-19 in Scotland 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

None

Appendix 2 – Publication metadata

Publication title

Surveillance of the impact of COP26 on COVID-19 infections in Scotland – preliminary report

Description

This release by Public Health Scotland (PHS) provides preliminary findings on the impact of COP26 on COVID-19 infections in Scotland. The preliminary data is sourced from an enhanced surveillance system set up to monitor the impact of COP26 on COVID-19 infections in Scotland up from 15 October to 13 November 2021 (the final day of the summit).

Theme

Health and Social Care

Topic

COVID-19

Format

PDF

Data source(s)

Lateral Flow Device (LFD) and PCR test results

Test and Protect case management system

Date that data are acquired

13 November 2021

Release date

16 November 2021

Frequency

Standalone report

Timeframe of data and timeliness

15 October to 13 November 2021

Continuity of data

Information on COVID19 has been collected nationally since the start of the pandemic. COP26 data collected from 15 October to 13 November 2021

Revisions statement

N/A

Revisions relevant to this publication

N/A

Relevance and key uses of the statistics

Public Health Scotland (PHS) set up an enhanced surveillance system to monitor the epidemiology of COVID-19 infections amongst people with links to COP26 official and unofficial events. Implementing enhanced surveillance of large-scale international gatherings like COP26 can help to quantify and potentially mitigate any extra pressures on local public health infrastructure stemming from these events.

Accuracy

As part of a continual data review and validation process, PHS has identified and excluded 68 positive LFD test results that were erroneously reported by COP26 affiliates from results presented here. Further work to link LFD and PCR test results to describe testing pathways and overall infection rates among COP26 affiliates is ongoing, especially in light of longer specimen processing time for PCRs compared to LFDs.

Completeness

PHS is aware that some COP26 affiliates may not have used LFD or PCR test kits distributed for use during the summit or that may have failed to use the designated unique code. It is not possible to easily estimate the number of people that omitted this information.

Owing to lags in the processing of PCR specimens, some test results submitted up to and on November 13 will not yet be available. Whole genome sequencing data following on PCRs can take up to two weeks for results to be reported. As a result, many specimens have yet to be sequenced.

Accessibility

It is the policy of Public Health Scotland to make its web sites and products accessible according to published guidelines. More information on accessibility can be found on the [PHS website](#).

Coherence and clarity

Key data presented graphically.

Value type and unit of measurement

N/A

Disclosure

The PHS protocol on Statistical Disclosure Protocol is followed.

Official Statistics designation

Management Information

UK Statistics Authority Assessment

N/A

Last published

N/A

Next published

Standalone report

Date of first publication

16 November 2021YYYY

Help email

PHS COP26Surveillance PHS.COP26Surveillance@phs.scot

Date form completed

14 November 2021

Appendix 3 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

UKSHA

NHS Board Chief Executives

NHS Board Communication leads

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

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](#)'.