



John Swinney BPA/MSP
F/T: 0300 244 4000
E: dfmcse@gov.scot

Larry Flanagan
General Secretary
The Educational Institute of Scotland

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Dear Larry

Thank you for your letter of 1 March about the JCVI interim statement on phase 2 of the vaccination roll out.

We have previously discussed at CERG the calls of the education sector for consideration of an occupational approach to vaccination beyond the first priority groups, and the First Minister committed to taking this into account alongside the advice of the JCVI on the next phase of the vaccine roll out.

Having considered the JCVI advice, we have however, in agreement with the other UK governments, decided to take an age-based approach to phase 2 of the roll out. The JCVI advice is clear that this remains the best way to maximise public health benefits, to address the risk of severe illness, hospitalisation and mortality, and will ensure the quickest possible roll out of the programme to all.

The JCVI did consider an occupational approach, but recommended that an age-based approach would remain the most efficient and effective approach which targets those at highest risk. Within occupational groups, age remains a clear factor in susceptibility to the virus. An operationally simple vaccination programme is therefore considered the most effective way to ensure the quickest delivery of vaccines to all adults, adopting a occupation approach to prioritisation would slow down delivery. I appreciate that education staff will be disappointed by this decision but believe it is in all of our best interests to vaccinate everyone as quickly as possible.

The Scottish Government has not chosen to deviate from JCVI priorities in the phase 1 roll out of the vaccination in Scotland. Our approach, including in relation to vaccinations in care homes, has adhered to the JCVI guidance throughout. As the First Minister has indicated it is our intention to ensure everyone within JCVI groups 1-9 will be offered their first dose of the vaccine by mid-April 2021, supplies permitting. A proportion of school staff will fall within the JCVI priority list and will be offered the vaccine in line with this. This includes specific staff working with children and young people with specific complex additional support needs.

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It is also worth highlighting that all eligible adults will be offered their first dose of the vaccine by the end of July 2021.

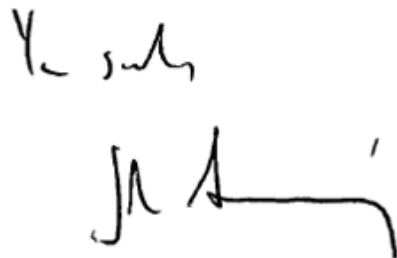
A range of previously published evidence has made clear that schools are low risk environments when the appropriate mitigations (including the new asymptomatic testing programme) and measures to minimise the risk to staff and safety measures outlined in this guidance are implemented, and this remains our judgement – there is to date no evidence that in-school transmission is a significant driver of increasing infection levels. Most recently, the [ONS English school infection survey](#) published on 1 March found that: “The main findings from this analysis are consistent with other published analysis; there was no statistical evidence of a difference between school staff testing positive for coronavirus antibodies compared with the wider working-age population in the same local authorities”.

It is also notable that the JCVI advice is that, even if an occupational group approach were to be adopted, the clinical evidence would not point to teachers specifically being prioritised on grounds of clinical or transmission risk – the JCVI considers the risk of infection in education staff to be in line with the general population, in keeping with the findings of recent studies. The other groups of the education workforce who have been identified as working in greatest proximity to others will, according to JCVI, receive the vaccine most quickly if an age-based roll out strategy is adopted.

I do understand the concerns that many staff have about being in school at this time and I very much appreciate all they are doing to provide in-school and remote learning for children and young people. I also appreciate that providing priority access to vaccinations for education staff would provide additional reassurance to them. I do not however believe, on the basis of this evidence, that providing that priority access is justified in order to keep schools open safely. We have, of course, taken steps to substantially expand the testing programme for staff to help provide further levels of reassurance.

In relation to your comments about continuity of education, it is important to note that vaccination does not change the need to continue all current COVID-19 mitigation measures (for both vaccinated and unvaccinated individuals) to protect staff and children and young people from transmission of the virus. A person’s vaccine status does not change subsequent public health actions or interventions (including the need for self-isolation) at this time. Vaccinated people should continue to comply with all testing regimes as per unvaccinated people, until guidance on this changes.

Yours sincerely,



JOHN SWINNEY

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St Andrew’s House, Regent Road, Edinburgh EH1 3DG
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