

Here is the brief for Wednesday 10 March 2021.

A personal COVID experience We're devoting a large section of the brief today to Dr Laura Clark and her personal experience of the virus. Dr Clark is a consultant nephrologist and clinical lead for the Hospital @ Night team. We're very grateful to her for agreeing to share her COVID story, in particular how the virus is still impacting on her:

"I contracted COVID-19 in March 2020. I had been extra careful and had stopped face to face clinics and was avoiding crowded areas at handovers. Then I developed a very mild sore throat and runny nose but thought nothing more about it. Over the weekend I was aware of palpitations and achiness across my shoulders and neck but put it down to anxiety due to the emerging situation and that I had been sleeping in a funny position. The following day I went to work as normal and as I still had these cold symptoms thought I would check my temp- it was up but I didn't feel fevered. However, I left immediately and requested a test.

"I still thought it couldn't be COVID as I didn't have the "typical" cough and fever symptoms, but on April Fool's Day I had a test and it was positive. I will admit I felt a bit scared as it was such a new illness and no one really knew what it was doing to our bodies. The frightening images and stories from Italy and China were in my head. However, the prevailing message at the time was that I would get better after a week and it would just affect me like a "bad cold".

"That week I continued to work from home as there was an abundance of Teams meetings that I felt I needed to be involved in. I was also feeling guilty about not having my hands on deck while everyone was so busy. In the afternoon I would sleep. I didn't feel too unwell, just tired and achey. I was told by public health that at day 8 as long as I had no fever I could come out of isolation and therefore go back to work. I fully expected to be back to work the following Tuesday. At the end of my isolation period I thought I'd better go for a walk to see how I felt before returning to work. I walked for about an hour and felt okay at the time. Then later that night I developed a pounding headache- what then followed was a constellation of scary symptoms- lower back pain, shooting pains in legs, abdominal cramps, headaches, fatigue and general weakness. The second week I felt much worse than the first was really started to worry about what the virus was doing to my body.

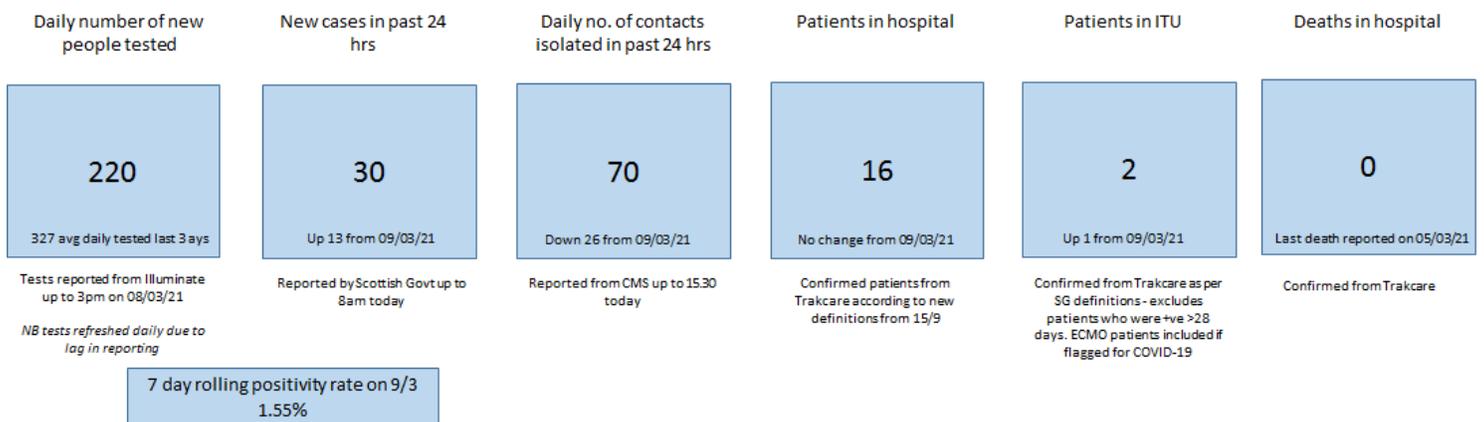
"I went back to work after two weeks off- I still wasn't right but thankfully my colleagues were very supportive and I didn't have too much clinical work to do. Over time I gradually felt better. I'm a keen runner and I was desperate to get out again but quickly realised the virus had caused some major issues with my exercise tolerance. Over the next few months after each attempt at a run/walk or cycle I suffered for days afterwards with fatigue, and upper body aches, something I now realise is part of a phenomenon called post-exertional malaise. Even mental and physical exertion at work was causing similar issues. I would have to go to bed two hours earlier than usual, would sleep right through until morning but waken feeling unrefreshed. I had to adapt my working hours to allow adequate rest.

"I began to hear more and more stories of often young and very fit individuals suffering similar problems. I wasn't going mad- I realised that I was one of the now estimated 10% of COVID sufferers who develop persistent symptoms post-COVID, something that has been now been termed "Long Covid". There are a multitude of persistent symptoms and pathology being attributed to COVID -significant heart and lung pathology, neurological, skin and cognitive effects. What was thought to be "mild cold" illness has

resulted in lingering physical and psychological harm. It's affected my ability to work as I should and perhaps more importantly my ability to enjoy my downtime during these turbulent times.

“Still to this day the media and government focus on hospitalisation and deaths, clearly very important measures, but for most young healthy people not the reality. Less is said of the 10% (and that is a conservative estimate) of those infected who develop persistent post-viral symptoms. These can be very debilitating, and we need to raise greater awareness of this among the general workforce. Its nearly my one-year COVID-versary and I am still not back to my pre-COVID self, although I'm getting there. Please consider this when entering a lift or congregating around the staff base with your co-workers. Keep your distance- you don't know if you are incubating the virus and indeed many are asymptomatic yet still infectious. The chances are you aren't going to die but there is a substantial chance of it leading to prolonged life changing symptoms.”

Grampian data The local figures for today 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.



£500 COVID Payment – Opt-In Staff in receipt of benefits like Universal Credit were allowed to opt out of receiving the £500 COVID payment (paid pro rata for part time staff/bank workers) if they were concerned about the effect it would have on their benefits. The opt out facility was intended to give those staff time to consider their personal circumstances and a deadline of 5 March 2021 was set if staff wanted to opt back in to receive the payment. However, it is acknowledged that this did not allow enough time for staff to gather information and consult with their Work coach. Therefore circular [PCS\(COV\)2021/2](#) extends the deadline for opting back in to receive the Covid payment to 5 July 2021. Staff wishing to opt back in should complete the attached form and send to the Payroll team.

Could you share words of wisdom? The Sandpiper Trust – a charity well known to many of you – are putting together a sequel to their popular book ‘The Swallow, The Owl & the Sandpiper’. This brought together reflections and thoughts to provide inspiration to readers and raise funds for the organisation. This time they are particularly keen to hear from health & social care staff. Poetry and personal reflections alike are welcomed, and the book has five key themes: Perseverance, Endurance, Altruism, Compassion, and Empathy. If you have a piece to contribute or would like to find out a bit more about the project contact Claire Maitland via claire@sandpipertrust.org

Thought for the day Today we are sharing the work of artist Rebecca Strickson. You can find out more about her [here](#).



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.