

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(44th Meeting)

25th January 2021

(Meeting held via Microsoft Teams)

PART A (Non-Exempt)

Note: The Minutes of this meeting comprise Part A only.

Minutes. A1. The Scientific and Technical Advisory Cell received and noted the Minutes from its meeting held on 18th January 2021, which had previously been circulated. Members were asked to provide any feedback thereon to the Secretariat Officer, States Greffe, by the end of 25th January 2021, in the absence of which they would be taken to have been confirmed.

Monitoring metrics. A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 18th January 2021, received and noted a PowerPoint presentation, dated 25th January 2021, entitled 'STAC monitoring update', which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and heard from her in relation thereto.

The Cell was informed that, as at 24th January 2021, there had been 151 active cases of COVID-19 in Jersey, who had been in direct contact with 590 people, who were self-isolating and the 14-day case rate, per 100,000 population, had been 115.96, which was below the 120 threshold employed at the borders to categorise 'Red' areas. Of the active cases, 48 had been identified through contact tracing, 43 through planned workforce screening and 24 had been encountered at the borders. Over the previous 3 weeks, contact tracing (25.28 per cent) and workforce screening (29.43 per cent) had been the primary sources of the positive cases. Between 23rd December 2020 and 8th January 2021, there had been a daily average of 23 cases and this had since declined to an average of 11. When the inbound positive cases were removed from these figures, the daily average dropped further to 9. The Principal Officer, Public Health Intelligence, informed the Cell that there had been 5 positive cases identified on 25th January 2021.

It was recalled that, during much of December 2020, more than 2,000 swabs had been taken on a daily basis, but this had declined just before Christmas and the current rate averaged approximately 1,500. With regard to the number of daily cases of COVID-19, the number of tests and the test positivity rates for various age groups, it was noted that the previously encountered small increase in the test positivity rate for those aged under 18 years had now declined from approximately 3 per cent to one per cent. The test positivity rate for all other groups was also at either one per cent, or just below. For Islanders aged over 70 years, this rate had been below one per cent during the most recent week. Since the start of the year, there had been 37 positive cases in that age group, of which 26 had been identified through cohort screening.

The Independent Advisor - Epidemiology and Public Health, emphasised the importance of focusing on the test positivity rates. The continuing decline was an encouraging picture, but he suggested that the percentages were likely to start to stabilise and potentially not reduce further. He indicated that as there were relatively low numbers of active cases, it would be of interest to glean a better understanding of

their background, noting that a relatively large percentage were being identified through workforce screening. Notwithstanding the decline in positive cases being encountered at the borders, inbound cases posed the greatest threat and he questioned whether people were adhering to the requirement to isolate and not to intermingle in indoor settings, as anecdotally it appeared that there were elements of 'fatigue' in this regard and he suggested that it would be timely to reconsider the messaging and potentially introduce an element of flexibility thereto.

The Interim Director of Public Health indicated that the workforce that had most recently been the focus of testing was associated with staff accommodation. The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department informed the Cell that it would be possible to review the daily output from the Analytical Cell in greater depth for the next meeting and prepare a table with more details of the positive cases over the previous 2 to 3 weeks. He highlighted the importance of the Island's travel policy at the current juncture and indicated that consideration was being given to the introduction of a requirement for pre-departure testing of essential workers, for whom some of the normal isolation requirements were waived. He added that the positivity rate in that workforce had, historically, been low, but acknowledged the relative risk of seeding of the virus, particularly in the context of the new variant of COVID-19. It was noted that there had been 150 essential workers to date in 2021 and the introduction of the requirement for pre-departure screening would have to be undertaken in consultation with the relevant employers. With regard to non-compliance with isolation requirements, he indicated that the Chief Executive Officer, Influence at Work and his team had been asked to review the situation. He did not believe that this issue was widespread, but agreed that it was important to ensure that the isolation requirements continued to work.

Jersey had decided not to pursue an elimination strategy in respect of COVID-19, so a certain level of tolerance of the presence of the virus in the community would need to continue, but not at a magnitude that would result in exponential growth. The Cell was of a view that the reconnection strategy was perhaps too focused on settings, rather than the method of transmission of the virus, such as household mixing. The Interim Director, Public Health Policy, indicated that he would prepare a paper for the next meeting of the Cell in respect of the future steps. People did not want to repeatedly move into and out of restrictions, but wished to attain a point of balance where they were able to earn a living, be connected and be permitted to enjoy a social life to an extent and an informed discussion on the medium term strategy would be helpful.

The Cell noted the Hospital occupancy rates and the daily admissions of people who had been positive for COVID-19 on admission - or in the 14 days prior - and those who had tested positive for the virus after entering the Hospital (based on the definitions used by the United Kingdom ('UK')) for the period from 1st November 2020 to 24th January 2021. The occupancy rate had declined to approximately 5 and the 7-day admission rate had fallen below 5. Since the start of the pandemic, there had been 63 deaths registered in Jersey with COVID-19 referenced on the death certificate, with 31 occurring since 1st October 2020 (during the second wave), of which 21 had died in Hospital and 10 in the community. Those Islanders aged between 80 years and 89 years accounted for 48 per cent of all registered deaths from the virus.

The Cell was provided with the PH Intelligence: COVID-19 Monitoring Metrics, which had been prepared by the Health Informatics Team of the Strategic Policy, Planning and Performance Department on 24th January 2021 and which set out details of the positive cases that had been identified over the previous 2 weeks, of which people identified through contact tracing accounted for 33.6 per cent and routine workforce screening for 31.2 per cent. It was noted that there had been a small number of positive cases in children of school age over the previous week, but they had not contracted the virus in a school setting. The Cell was pleased to note the ongoing decline in active cases on a

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rolling basis since December 2020. As aforementioned, the number of PCR tests that had been undertaken had declined since the same time, but the number of people contacting the Helpline to report symptoms of COVID-19 had increased when compared with the first week of January 2021. The Cell noted the cumulative numbers of COVID-19 deaths over the period from August 2020 to present, by age band and location and recalled, as aforementioned, that the largest number of deaths, viz 30, had been in those aged between 80 and 89 years.

With regard to inbound travellers during the week commencing 18th January, the numbers had increased slightly when compared with the previous week and there had been 700 arrivals. However, there had only been 3 positive cases, which resulted in a decline in the test positivity rate to 0.42 per cent. In respect of testing, it was noted that the local weekly testing rate, per 100,000 population, had decreased to 9,000 during the week ending 17th January 2021, which remained significantly higher than the UK (5,928) and other jurisdictions with which the Island had close links. There had been a decrease in the number of tests undertaken, when compared with the previous week. Inbound travel had decreased from 3,670 to 3,280 and on-Island surveillance from 9,250 to 6,120, whilst the number of people seeking healthcare had slightly augmented from 270 to 300. The weekly test positivity rate locally had declined to 0.9 per cent, as at 17th January 2021, but was now noted to be 0.6 per cent and the rate in the UK had also declined to 7.3 per cent. As previously referenced, there had been an uplift in the number of people calling the Helpline, most notably with 2 or more symptoms of the virus. The Cell noted a graph of the 7-day and 14-day cumulative case numbers, per 100,000 population, which mapped those against certain key mitigating measures that had been introduced since the start of the pandemic. As at 17th January 2021, the 7-day rate per 100,000 population had reduced to 58 and the 14-day rate to 173, but had now declined further to 115.

The Cell was provided with details of additional analysis that had been undertaken in relation to overdispersion and ‘super-spreaders’ by the Senior Informatics Analyst, Strategic Policy, Planning and Performance Department and was informed by her that evidence suggested that the transmission patterns of COVID-19 had a ‘long tail’ of overdispersion, which meant that many cases had little, or no, onward transmission, whilst a small number of cases might transmit to many other people and were ‘super-spreaders’. International studies seemed to indicate that 80 per cent of secondary transmissions had been caused by approximately 10 per cent of infectious individuals and that COVID-19 had more overdispersion than other viruses, such as influenza, SARS and MERS. It was noted, however, that none of the published studies had specifically analysed the behaviour of the new UK variant of COVID-19, which was believed to have different transmission patterns. On the basis that the source of infection of each positive case locally was not known, it was not possible to provide definitive information, but it was estimated that in 45 per cent of cases, the affected individual did not transmit the virus onwards and that 23 per cent of cases were responsible for 70 per cent of the total number of cases. Minimising the risk of super-spreading events was the most effective way to suppress the numbers of positive cases and the social restrictions that had been introduced locally – such as the restriction on gatherings, the hospitality circuit breaker and the closure of non-essential retail – had reduced the number of direct contacts for each positive case. It was not known why some people were super-spreaders and others not and whether that was linked to the virus itself, or because they had a higher viral load than others. With regard to some of the unknown source cases, the Independent Advisor - Epidemiology and Public Health suggested that it might, in fact, be the case that people were aware of where they had contracted the virus – potentially at private social gatherings – but did not wish to admit to this.

The Cell was presented with the graphs that tracked attendance at Government primary and secondary schools, on a daily basis, since the delayed start of the Spring Term on 11th January 2021 and noted that the percentage of primary school pupils that had been

in attendance each day had increased to approximately 95 per cent and approximately 84 per cent of secondary school pupils had been present. It remained the case that fewer than 5 staff and 5 pupils had been identified as having COVID-19 as a result of the PCR testing of school staff and pupils in years 11 to 13 during the period from 1st to 10th January when almost 2,000 staff (including 1,351 teachers) had been swabbed and over 1,500 pupils. As had previously been referenced, some positive cases in school age children had been identified over the weekend of 23rd / 24th January, but they had contracted the virus within the household and there had been no evidence of in-school transmission since the start of term.

The Cell was shown maps, prepared by the European Centre for Disease Prevention and Control ('ECDC'), which set out the geographic distribution of cumulative numbers of reported COVID-19 cases, per 100,000 population, on a European basis, for weeks one to 2 of 2021 (weeks commencing 4th and 11th January) when compared with the previous week. Unfortunately, the most recent map once again did not include the data for the UK, but the high number of cases in Spain were noted, whilst the situation in Eire appeared to be improving. With respect to the areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 5th December 2020 to 26th January 2021, the Cell was cognisant that the decision had been taken that all UK regions should be classified as Red with effect from 22nd December 2020 (to include people transiting through the UK and day trips to and from that jurisdiction), so the information contained in the charts reflected what would have been reported. However, the Cell noted that, as at 26th January 2021, the whole of England, Wales, Northern Ireland, German and Italy would have been categorised as Red. In Scotland, 97 per cent of areas were Red, as was all of mainland France. For those countries and territories that were not included within the regional classification, there had been little change.

The Cell was presented with slides which reviewed the situation in the UK and noted that, over the previous 7 days, there had been a decrease of 22.3 per cent in the number of people testing positive for COVID-19 and the estimated effective reproduction number (R_t) was between 0.8 and 1.0. The daily infection growth rate had declined to between minus 4 per cent and minus one per cent as at 22nd January 2021. The number of virus tests conducted each day had stabilised, but was below the PCR testing capacity, which had increased to 814,525.

The Cell noted the case rates, per 100,000 population, for the various regions of England. These had declined in all areas over the previous week, but remained high in London, the Midlands and the Isle of Wight. With respect to the various age groups, it was noted that there had been a decline in cases across the board. Hospital admissions had decreased by 6.3 per cent during the 7 days to 20th January 2021 and the daily rate averaged 4,013. The admission rates in some areas, such as London and the East had started to decline, but there had been increases in the West Midlands, the North East, South West and North West. Weekly hospital admission rates, per 100,000, for all age groups had started to plateau, or decline, albeit the rates in those people aged over 85 years remained high.

The weekly intensive care unit (ICU) and high dependency unit (HDU) admission rates had also started to stabilise and were similar to the previous week. The highest rate, per 100,000 population, of ICU and HDU admissions remained in those aged between 65 years and 74 years and then those aged between 45 years and 64 years. The number of COVID-19 patients in mechanical ventilation beds continued to increase and was almost 4,000. Over the 7 days to 24th January 2021, there had been an increase of 10.8 per cent in the average daily death rate, per 100,000 population, in people who had tested positive for COVID-19 within the preceding 28 days.

The Cell was provided with information from the local EMIS central records system in

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relation to flu-like illness for the period from 6th September 2020 to 24th January 2021 and noted that, during the last complete week, 6 cases had been encountered, which was the same as the previous week and continued the trend of much lower than normal infection rates when compared with previous years. This was borne out by Flu News Europe, which reported low inter-seasonal levels of flu and no hospitalisations for that virus during the second week of 2021. Of 928 specimens that had been tested for flu during that period, only one had returned a positive result.

With regard to footfall in St. Helier, it had declined 62.9 per cent when compared with the same period in the previous year, but had increased slightly (by 6.8 per cent) when compared with the previous week.

The Cell was presented with new slides, relating to the United Arab Emirates, as at 25th January. It was noted that the 14-day case rate, per 100,000 population, had increased in recent weeks and was currently just below 400. There had been a growth in the number of confirmed cases, the testing rates and deaths had also increased.

As a consequence of a request, the Principal Officer, Public Health Intelligence, indicated that it would be possible to include some high-level information on the vaccine roll-out at each meeting of the Cell. In total, over 8,000 first doses and 3,000 second doses had been administered. Over the previous week, these figures had been 2,300 and 1,000 respectively and 72 per cent of all Islanders aged over 80 years had now received their first dose of the vaccine.

The Cell noted the position and thanked the Principal Officer, Public Health Intelligence and the Senior Informatics Analyst for the comprehensive and interesting update.

COVID-19 –
Health and
Community
Services
Department’s
operational
position.

A3. The Scientific and Technical Advisory Cell (‘the Cell’), with reference to Minute No. A3 of its meeting of 18th January 2021, received a verbal briefing from the Managing Director, Jersey General Hospital, in connexion with the operational position within the Health and Community Services Department.

The Cell was informed that the overall Health and Community Services Department’s escalation status, as at 25th January, remained ‘Green’, which was indicative that the health and care system capacity was such that the organisation was able to meet anticipated demand, within available resources. Bed occupancy was overall at 67 per cent, with 42 per cent in critical care, which was the same as the previous week. However, in mental health settings, it had increased to 98 per cent, but some beds that had been closed could be re-opened, as required. Elective activity had resumed across all specialities and there had been an increase in attendance at the Emergency Department – to 463 – over the previous week. None of the expansion beds within the Hospital, the Nightingale Wing, or St. Saviour’s were in operation. There were currently 4 patients in the Hospital with COVID-19, one of which was currently in the Intensive Care Unit.

The Cell noted the position accordingly and thanked the Managing Director for the update.

Health and
Wellbeing.

A4. The Scientific and Technical Advisory Cell (‘the Cell’), with reference to Minute No. A7 of its meeting of 7th December 2020, recalled that it had previously received a paper in connexion with the effect of lockdown on people’s health and wellbeing. It accordingly received and noted a paper, dated 25th January 2021, entitled ‘Addressing the impacts of COVID on health and wellbeing more prominently in the current and future COVID context’, which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and heard from him in relation thereto.

He indicated that there were concerns that the restrictions that were currently in force

and the cumulative effect of the mitigating measures over the previous 10 months had impacted people's health and wellbeing. These included the impact of loss of earnings, poor housing, a reduction in the availability of some services, such as the Listening Lounge and family relationship breakdowns. It was hoped that the vaccination programme would lead to some of the restrictions being eased and enable more focus to be placed on these non-COVID health and wellbeing issues. In order to obtain a more coherent understanding of Islanders' experience of COVID-19 and what their needs might be in the future, he wished to scope out some preparatory work to obtain a narrative insight from Islanders, together with some qualitative data, which would be used in the preparation of a recovery strategy.

The Managing Director, Jersey General Hospital, indicated that he would be undertaking a COVID health and care impact assessment, in order to develop a clear picture of the effect of the virus on system activity in Jersey, with particular reference to mental health. He would be reviewing the impact on various areas, to include waiting lists, the availability of mental health provision, including commissioned services, such as the Listening Lounge and the workload of the Child and Adolescent Mental Health Service ('CAMHS'). He would be liaising with the States of Jersey Police, who had involvement with some Islanders with mental health issues and with the Customer and Local Services Department, who held data on employment and housing. It was possible that the virus had impacted older persons' pathways and the impact on domiciliary care might have affected institutional placements. He informed the Cell that it would be a relatively complex piece of work to collate and review all the data. He agreed with the view previously expressed by the Independent Advisor - Epidemiology and Public Health, that people were starting to ignore some of the Public Health guidance around COVID-19, because they found it unmanageable. He acknowledged the impact that the restrictions were having on people's mental health and wellbeing and suggested that there might be merit in potentially permitting people to meet up in small groups, or to form 'bubbles' in order to manage the threat posed by the virus in a different way in the future.

The Chief Executive Officer, Influence at Work, indicated that his team had taken steps to glean a better understanding of people's perceptions of the restrictions and how they were coping with them, which he would present to the Cell at a subsequent meeting. The Chief Economic Advisor suggested that people's behaviour would change based on their perception of risk. As a consequence, as the numbers of positive cases of COVID-19 declined, people would be more likely to meet up more often with others from outside their household and in greater numbers.

The Cell noted the position and agreed that it would be helpful for it to receive regular updates on this work, because it was required to consider the balance of harms.

Jersey Reds –
resumption of
play.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A8 of its meeting of 18th January 2021, recalled that it had briefly discussed the Jersey Reds professional rugby team ('the team') being able to resume full face-to-face contact practice in advance of the delayed start of the Championship season on 6th March 2021, subject to certain requirements being met in order to make this as safe as possible for both the squad and the community. These had included the Rugby Football Union ('RFU') protocols being adhered to, the team undertaking a tailored risk assessment, a twice weekly testing regime (once by PCR test and once by antigen) and the players and staff of the Club not eating together. In order to participate in the Championship, the team would need to play in a friendly match off-Island on 8th February and then a further 2 matches before the 6th March. On 18th January, the Cell had indicated its support for the Club to be granted various exemptions to enable the team to participate in the Championship.

The Cell was reminded by the Head of Public Health Policy that the responsibility for granting such exemptions rested with the Minister for Health and Social Services. In

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advance of making that decision, he had requested further advice on the risk of spread of COVID-19 by permitting an exemption from isolation to Jersey Reds and visiting teams, particularly against the backdrop of the potential for seeding of the more transmissible new variant of the virus into the local population through the players, or their households.

The Director General, Justice and Home Affairs Department, suggested that any risks associated with travel on, or off, Island would be reduced because there were currently so few commercial flights in operation that the clubs would be more likely to use private charters and would then be transferred carefully from the airport to the ground. He indicated that he had spoken with the Director of Rugby, whose view was that if the Club could not participate in the Championship, it would be likely to drop a couple of leagues, which could result in the professional players leaving. This would impact upon the club, the players and the Island's reputation. He was not sure that the paper, which had been presented to the Cell, fully reflected how the COVID-19 risks were managed by the RFU in England and it was important for the club's viability that all issues were considered.

The Independent Advisor - Epidemiology and Public Health informed the Cell that his view had changed since December, when the Cell had first been asked for its advice on the Jersey Reds. He indicated that the growing evidence of the new variant and the increase in cases in the United Kingdom reluctantly led him to believe that the team and other visiting teams should not be granted exemptions at the current time. This view was shared by other members of the Cell.

The Chair indicated that the Cell would keep the subject under regular review, but in light of the earlier discussion around the importance of having strong borders, he felt it would be out of alignment to grant the exemptions. Moreover, it was counterintuitive when Islanders were being advised to avoid household mixing. He emphasised that this had been a difficult decision for the Cell to reach.

Article in
Bailiwick
Express.

A6. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 18th January 2021, recalled that the Chair of the Cell and the Consultant in Communicable Disease Control had been sent electronic mail correspondence by Senators K.L. Moore and S.W. Pallett and Deputy S.G. Luce of St. Martin, enclosing a proposal for all-Island testing, which the Cell had subsequently discussed.

The Clinical Lead, Primary Care, indicated that the Chair's letter, which had been sent to Senator Moore to advise her of the Cell's views of the proposal, had been replicated in full online in the Bailiwick Express. He emphasised the need to be cautious with the narrative around the vaccine and linking it to reconnection because this could encourage behavioural changes if people believed that once they had been vaccinated they would be fully protected from COVID-19 and any risk of transmission and contagion would disappear altogether, whereas, the role of the vaccine was to reduce the severity of the illness and protect lives. He suggested that some wider communications in this regard were required. He referenced research from Israel, which had studied 200,000 people who had received the Pfizer vaccine. In the first 2 weeks after vaccination, there had been no change in the risk of serious illness from COVID-19 and there had been no significant change after 3 weeks. Accordingly, it appeared that a minimum of 4 weeks would need to have elapsed for consistent protection.

The Associate Medical Director for Primary Prevention and Intervention stated that eligible Islanders were being given the COVID-19 vaccine in order to save their lives. The stage had not yet been attained where the vaccination would prevent people from catching the virus and there was currently insufficient information about whether it was possible for someone who had been vaccinated to transmit the virus on. It was hoped

that the vulnerable groups would have received the vaccine by Easter, by which time there would be more information available to assist in the formulation of policies.

The Chief Executive Officer, Influence at Work, suggested that most people tended to be optimistic, rather than pessimistic and it was this that was enabling them to cope with the current situation. It was unsurprising that they focused on the good news stories around the vaccine and mentally dismissed any less positive news. As a consequence, when communicating with the public with regard to the vaccine, it would be important to impart the information without negatively impacting their optimism.

The Chair indicated that he agreed with the views expressed and reminded the Cell that he had written the letter to one politician, rather than for public consumption and, as a consequence, the context in which the letter had been written should be considered.

Matters for
information.

A7. In association with Minute No. A2 of the current meeting, the Scientific and Technical Advisory Cell ('the Cell') received and noted the following –

- a weekly epidemiological report, dated 21st January 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 22nd January 2021, which had been compiled by the Office of the Superintendent Registrar;
- an estimate of the instantaneous reproductive number (R_t) for COVID-19 in Jersey, dated 20th January 2021, which had been prepared by the Strategic Policy, Planning and Performance Department; and
- weekly footfall statistics for weeks 1 and 2 of 2021 (4th to 10th January and 11th to 17th January), which had been prepared by Springboard.