KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(22nd Meeting)

28th September 2020

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 of 21st September 2020. Some feedback had already been provided to the Secretariat Officer, States Greffe and the Chair informed the Members that, in the absence of any additional comments by the end of 28th September 2020, the Minutes would be taken to have been approved.

Welcome to the Interim Director, Public Health Policy.

A2. The Scientific and Technical Advisory Cell welcomed the Interim Director, Public Health Policy to its meeting and was informed that he would be participating in future meetings for a period of up to 6 months. Members of the Cell and officers introduced themselves and provided the Interim Director, Public Health Policy, with brief details of their roles.

Attendance at the meeting of the Competent Authority Ministers to discuss RAG ratings and the borders.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 21st September 2020, recalled that the Chair and the Medical Officer of Health and Deputy Medical Officer of Health, had been invited to attend a meeting of the Competent Authority Ministers on that same date, in order to discuss the Red / Amber / Green ('RAG') ratings for countries and areas within countries and the impact of that categorisation.

The Chair informed the Cell that he and colleagues had reiterated their advice that the proposal to extend the Green categorisation from 25 cases per 100,000 population over the preceding 2 weeks to 50 cases would pose a significant risk to the Island, because of the likelihood of more cases of COVID-19 entering the borders, in the light of the increasing cases across the United Kingdom and Western Europe.

Ministers had suggested that not to relax the restrictions would endanger the economy, so a compromise position had been reached. Green would increase to 50, but anyone arriving from an area so designated would be required to undertake PCR tests at days zero and 5 and once it was possible to obtain the results of the test in 12 hours, they would be required to self-isolate until they had received a negative result from the first test. In addition, increased testing within the community would be introduced and the number of cases of COVID-19 entering at the borders would be carefully scrutinised on a weekly basis, to ensure that rapid action could be taken to mitigate the impact if and when required.

Modelling had been undertaken to ensure that there was sufficient capacity on-Island to facilitate the proposed increased number of tests.

The Cell noted the position.

Monitoring metrics.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 21st September 2020, received and noted a PowerPoint presentation entitled, 'Scientific and Technical Advisory Cell monitoring update', dated 28th September 2020, which had been prepared by the Principal Officer, Public Health

Intelligence, Strategic Policy, Planning and Performance Department.

The Cell was informed that the data had been prepared on Friday 25th September 2020 and that, as at that date, there had been 16 active cases of COVID-19 in the Island. These individuals had been in direct contact with 178 people and brought the total number of positive cases for the virus (excluding infections which had subsequently been shown to be 'old', following serology testing) to 400. Over the weekend of 26th / 27th September, 3 people had recovered and 8 new positive cases had arisen – one of which had already left the Island - which resulted in there being 20 active cases. They were all located within the community, 10 were asymptomatic and 10 had symptoms. 13 had been identified as a result of arrivals testing, 6 through contact tracing and one following healthcare screening.

Deaths from COVID-19 in the Island remained static at 32, but the overall number of deaths in the Island for the year to-date had increased to 491, which remained lower than for the same period in 2019 (541) and almost one hundred lower than in 2018, when there had been 586 deaths.

Of the aforementioned 400 positive cases, 368 had recovered and 16 had been active as at Friday 25th September. The majority of positive cases remained in the age group 18 years to 59 years. In respect of the symptoms reported on helpline calls, there had been no significant pattern of one being seen more than others. The number of calls from, or relating to, children aged from birth to 11 years had declined slightly on the previous week.

The number of inbound travellers to the Island had continued to decline significantly, since the peak during the week of 17th August, but it was acknowledged that the data for the week of 21st September only related to arrivals over 5 days, rather than a complete week. Since the start of the pandemic, there had been a total of 112,915 tests undertaken, 84,098 of which had been on inbound travellers. Jersey's weekly testing rate per 100,000 population had increased slightly to 8,600 and far exceeded the rate in the United Kingdom (2,715) and other jurisdictions with which the Island had close links. Jersey's weekly test positivity rate remained static at 0.1 per cent, as did the United Kingdom ('UK') at 1.4, France at 5.4 per cent and Spain at 10.9 per cent.

In respect of the prevalence of the virus amongst non-travellers, it was noted that the current non-inbound rate was 0.123. During July, August and September, a total of 19 cases of COVID-19 had been identified in the Island in people who had not travelled. Since the borders had re-opened on 3rd July 2020, there had been 82,596 arrivals and 81,250 swabs taken. As at 25th September, there had been 59 positive cases for COVID-19 since 1st July (excluding those with 'old' infections), of which 63 per cent had arrived from green countries and 37 per cent from amber / red countries. 85 per cent had arrived by air. The average turnaround time for test results over the previous 7 days had been 23 hours. The Independent Advisor - Epidemiology and Public Health, repeated the request for the Cell to receive graphs which depicted the weekly inbound rate for COVID-19 over time, in order that any changes due to passenger numbers and the force of infection from outside the Island, could be clearly identified. The Principal Officer, Public Health Intelligence, indicated that she had been collating that information and would include it in a graph format for a future meeting. The Consultant in Communicable Disease Control, asked for the Cell to be provided with the actual numbers of cases, in addition to the positivity rates.

Since 3rd July 2020, 75.64 per cent of the positive cases for COVID-19 had been detected as a result of arrivals screening, 17.95 per cent through contact tracing and 2.56 per cent as a consequence of pre-admission screening. Of the 78 positive cases since 3rd July (as at 25th September), 65 had received a positive result from day zero testing, 12 from their day 5 test and one from day 8. Almost 40 per cent of the cases

(30) had been encountered in people aged between 20 years and 29 years and almost 70 per cent in Jersey residents. Of the inbound positive cases since 3rd July, almost 85 per cent had arrived by air. The total inbound rate was currently 0.073 and the non-inbound rate 0.123.

The Cell was presented with maps, which set out the geographic distribution of 14 day cumulative numbers of reported COVID-19 cases per 100,000 population on a worldwide and European basis, as at 27th September 2020. Also included were maps from 7th August, which indicated the changing prevalence of the virus across the world and Europe. These demonstrated that most of South America and much of Europe now had in excess of 120 cases per 100,000 population and the situation in Spain and France had also worsened, most notably in the northern area of the latter, which was close to Jersey. Globally, there had been almost 33 million cases of COVID-19 since the start of the pandemic and almost one million (995,352) deaths.

The Cell noted data, provided by Public Health England for week 39 of 2020 (21st September), which demonstrated that the number of cases in England were steadily rising, most notably in the North West. The confirmed cases for people aged between 20 years and 29 years had increased most dramatically, but all age groups had more recently experienced an uplift in numbers. As the schools had returned in England, there had been a significant growth in colds being reported and the Cell was informed that as at week 37 (7th September) there had been a large number of acute respiratory infection incidents in the care homes, albeit this had slightly declined the following week. During the same period, there had been a rise in confirmed clusters or outbreaks of COVID-19 in the primary and secondary schools and, based on recent media reports, it was likely that clusters in colleges / universities would also significantly increase. In the light of the Cell's previous advice that children were at low risk of COVID-19, it was questioned whether the clusters in cases within the schools were translating into increased illness. It was agreed that this needed to be reviewed and that consideration should be given to the frequency of PCR testing for teachers. Current experience seemed to demonstrate that adults within the home environment would transmit the virus to the children, who would then bring it to school.

On a related note, the Associate Medical Director for Primary Prevention and Intervention, indicated that an increasingly problematic issue was people in the community, who were displaying symptoms of COVID-19, but did not, in fact, have the virus. General Practitioners ('GPs') were, understandably, exercising caution in referring them to the hospital for testing and the numbers were likely to increase. It was agreed that it was important to have the facility to test for the virus centrally, without overwhelming the hospital. The Consultant in Communicable Disease Control indicated that, as the number of incoming passengers declined, it would be possible to place more focus on testing in the community. The testing facility at the airport, which had been established to deal with arrivals, currently had an information technology system that did not align with the one in place at the hospital, but this was being resolved and, consequently, that facility could potentially be used. As the on-Island OpenCell laboratory bedded in, it would be capable of processing 2,000 tests each week, 2,000 could be sent to Micro Pathology in the UK and 200 to Porton Down, which would enable up to 5 per cent of the population to be tested weekly. The swabs would be channelled appropriately, using fast and slow track systems to obviate the need for surgeries to be cancelled whilst GPs were awaiting results.

As the number of positive cases of COVID-19 had increased in England, so the number of hospital admissions had grown, in addition to the levels of admission to intensive care / high dependency units. This was particularly the case in the North West and in those aged 85 years and over and, to a slightly lesser extent, those aged between 75 years and 84 years. Sadly, the death rates from the virus had also increased.

The Cell noted data, which had been provided by the Monitoring and Enforcement Team for the period from 14th to 20th September, including the number of calls made to self-isolating passengers from Red and Amber areas, electronic mail messages sent and visits made to residential addresses.

Since May 2020, in accordance with its RAG categorisation, Jersey had remained Green, with fewer than 25 positive cases of COVID-19 per 100,000 population over the preceding 14 days. The Principal Officer, Public Health Intelligence, indicated that with the move to increase Green to 50 with effect from 29th September, the graph presented to the Cell at its next meeting would reflect this change.

For the period up to 20th September 2020, the number of people registered as actively seeking work (excluding those claiming through the Covid Related Emergency Support Scheme (CRESS)) had increased, when compared with the previous week, because, as the schools had returned, the parents of some children were required to actively seek work. The number of active Income Support claims had continued to fall. Footfall in St. Helier had increased when compared with the previous week – up 3.7 per cent - but remained lower than for the same period in 2019 (down 33.4 per cent).

The Cell noted the position and thanked the Principal Officer, Public Health Intelligence, for the comprehensive briefing.

COVID-19 Phase III Strategy.

A5. The Scientific and Technical Advisory Cell ('the Cell') received and noted a PowerPoint presentation, entitled 'COVID-19 Phase III Strategy', dated 28th September 2020 and heard from the Interim Director, Public Health Policy in connexion with the same.

The Cell noted that the first phase of the strategy in addressing the threat posed by COVID-19 had been in place between March and June 2020 and had established defences. During the summer months, the next phase had centred around exiting lockdown. In the light of the growing external threat posed by increasing cases of the virus in the United Kingdom ('UK') and other neighbouring jurisdictions, which were experiencing second waves, in conjunction with the need to prepare for Winter and for a COVID-19 vaccine, it was mooted that it was perhaps the opportune time to prepare a strategy for the period between October 2020 and March 2021.

The Interim Director, Public Health Policy, informed the Cell that work was underway on the drafting of a written strategy, but he wished to obtain the views of members of the Cell on whether that strategy was founded on sound logic and would facilitate the rapid escalation of measures, if required. He indicated that he was aware that the Cell had previously expressed a desire to have a flexible approach to any re-escalation, rather than a rigid framework. The main assumption around which the strategy was based was that between October and March 2021 there would be an increased number of contained and community cases of COVID-19, with the associated potential for unlinked cases and clusters forming, as the Island moved from a 'safe and steady' position, to 'early warning' and then a 'pandemic response'. The threat could be mitigated by restricting access through the borders, but Ministers had decided not to take that step at this juncture. Accordingly, in order to address the risks, it was necessary to introduce policy measures in the following areas –

- Taking pre-emptive public health precautions, such as strengthened testing at the borders, requiring the wearing of face coverings and the preparation of a care home visiting protocol;
- Preparing to take further public health restrictions if the risk increased, including the review and recommencement of shielding;
- Ensuring that the contain strategy was effective, enforced and supported by legislation;

- Increasing the eligibility for the flu vaccine and encouraging take-up;
- Ensuring preparedness for the COVID-19 vaccine, by agreeing priority groups and deciding the approach to be taken in delivering the same; and
- Increasing 'testing to understand' in the community, including surveillance testing and workforce screening.

It was noted that unlinked community cases could be indicative that enhanced or widespread escalation might be required. In introducing measures to address an increase in cases, they would need to be proportionate, rapid and based on evidence and would be informed by the weekly meeting of the Scientific and Technical Advisory Cell. The Analytic Cell would review cases on a daily basis and in the event that a potential threat was identified, an expanded Analytical Cell meeting could be convened in short order. The COVID-19 Tactical Co-ordination Group ('CTCG') which was chaired by the Director General, Justice and Home Affairs Department, could hold a meeting within a matter of hours – as had recently been evidenced - and would comprise representatives from Public Health, the Health and Community Services Department and operational departments, as required, taking responsibility for managing small outbreaks and that Group's role would be to seek to 'place a protective ring' around the threat. The Strategic Co-ordination Group ('SCG'), which was chaired by the Chief Executive, was the lead body for emergency arrangements in Government and the CTCG was, effectively, a sub-Group of that body. The CTCG would be accountable to the SCG, which would make recommendations to the Competent Authority Ministers, who would ultimately take responsibility for authorising action.

The Cell suggested that the strategy should include details on how those working within health care would respond and adapt to different ways of delivering care to meet the pressures, particularly as Winter approached. The Interim Director, Public Health Policy, was reminded that, in Jersey, there was a lack of resilience in the Health and Community Services Department, because it was not possible to draw staff in from other hospitals to address need.

The Interim Director, Public Health Policy, indicated that he hoped to be able to distribute the draft strategy in time for the Cell to consider it at its next meeting and the Cell thanked him for the presentation.

Pre-emptive measures.

A6. The Scientific and Technical Advisory Cell ('the Cell') was informed by the Head of Public Health Policy, that the Council of Ministers had previously considered a range of pre-emptive measures to target COVID-19 and had sought clarity around when they might be introduced in the Island. Accordingly, he had endeavoured to prioritise the list, in discussion with the Consultant in Communicable Disease Control.

It was noted that with effect from the week commencing 5th October, it was intended to concentrate on communications, with a view to seeking to achieve greater adherence to public health guidance. This would coincide with increased enforcement activity and the re-publishing of activity and updates on monitoring. Thereafter, during the week of 12th October, there would be a focus on increased testing and tracing, using the Open Cell on-Island laboratory, additional PCR testing in the community, particularly of those aged between 20 years and 39 years, who were largely asymptomatic and an updated border testing programme for the Winter. From the week of 18th October, on or before 23rd October, when half term commenced, it was proposed to mandate the wearing of masks in indoor public places and to consolidate the hospitality closing times.

In respect of the latter, it was acknowledged that the night time economy was considered to be a higher risk activity for the transmission of COVID-19. As evenings progressed, it was increasingly difficult to ensure that people maintained a physical distance of at least one metre and adhered to public health guidance. Depending on the category of

licence held by a venue, the closing times would vary, so it was suggested that they should be consolidated at 11.00 p.m., with people being required to finish their drink from 10.30 p.m. onwards and to vacate the premises from 10.50 p.m. It was proposed that this measure should be introduced before half-term commenced and it was noted that some Ministers had been keen to be assured that a support package was in place for businesses in the event that this measure was introduced.

It was suggested that the key was to reduce crowding and that changing the closing times might not achieve the desired effect and might, in fact, encourage people to drink more during the shorter opening times. Younger people gathered in crowds and drank alcohol and this would appear to be increasing the spread of COVID-19 in that demographic. As Winter approached and they moved indoors, this risk would increase. The Environmental Health Consultant informed the Cell that over the previous weekend, Environmental Health Officers had found that there was little physical distancing within some establishments and others were no longer collecting contact details. Indeed, some businesses appeared determined to flout the rules. The Consultant in Communicable Disease Control suggested that if the pre-emptive measures did not achieve the desired outcome, it was possible that reactive interventions would be required, which would be more akin to 'lockdown'. He proposed that there would be merit in filming people in Town on Friday and Saturday evenings – with their faces obscured – to demonstrate that they were not keeping a safe distance from each other and to send a mobile swabbing unit to the Weighbridge to serve as a reminder to people of the risk that COVID-19 continued to pose. The Cell agreed that a stark message was required to encourage adherence to the public health measures.

The Cell noted that a policy on care homes had initially been included in the list of pre-emptive measures, but had since been removed on the basis that some policies in respect of care homes were, in fact, being relaxed with a view to balancing the need to protect residents with the wellbeing that was obtained from allowing visits. It was agreed that a discussion should be held with representatives from the care home sector in this respect. It was noted that 2 named visitors were currently permitted per resident, but it was not clear whether those names could be changed for different visitors. Also, there was evidence to the effect that care home residents with dementia had particularly suffered from isolation, leading to increased mortality. Some legal changes had been made in the United Kingdom to prevent discrimination against that particular group. It was also queried why people were required to book visits to their friends / relatives many weeks ahead and it was suggested that thought should be given to ensuring that care home residents were able to receive visits on a regular basis.

The Cell was cognisant that the greatest risk posed within care homes was of transmission from staff to residents and that was why the care home staff would be treated as frontline staff in respect of testing for the virus and would be afforded priority for vaccination from COVID-19.

Matters for information.

A7. In association with item No. A4 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- A report entitled 'PH Intelligence: COVID-19 Monitoring Metrics', dated 25th September 2020, which had been produced by the Strategic Policy, Planning and Performance Health Informatics Team;
- A weekly epidemiological report, dated 24th September 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- Death statistics for the week to 23rd September 2020, from the Office of the Superintendent Registrar;
- A report on the economic indicators for week 38 of 2020 (14th September to 20th September), which had been prepared by Statistics Jersey; and
- A weekly footfall report for week 38 of 2020, provided by Springboard.

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28.09.20