KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(28th Meeting)

9th November 2020

(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 meetings of 26th October and 2nd November 2020, which had previously been circulated. The Minutes of 26th October were confirmed and in respect of those of 2nd November 2020, members were asked to provide feedback to the Secretariat Officer, States Greffe, by close of business on 9th November 2020, in the absence of which they would be taken as read.

In respect of Minute No. A3 of the meeting of 2nd November 2020, relating to potential options for consideration on the ways to reduce the need for care staff to work in several venues, the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department indicated that he anticipated that this paper would be available for the meeting of 16th November 2020.

Monitoring metrics.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 2nd November 2020, received and noted a PowerPoint presentation entitled 'STAC monitoring update,' dated 9th November 2020, 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 noted that the data had been prepared on Friday 6th November 2020 and that, as at that date, there had been 106 active cases of COVID-19, who had been in direct contact with 1,066 individuals and the 14 day rate per 100,000 population had been 89.1. Of the 106 cases, 41 had been identified through arrivals screening, 49 as a result of contact tracing, 13 had sought healthcare after experiencing symptoms of the virus and 3 had been identified during workforce screening. The Principal Officer, Public Health Intelligence informed the Cell that, of the active cases over the previous week, 56 per cent had been female and 44 per cent male and it was agreed that a breakdown by gender would be included in the data for future meetings of the Cell. It was noted that there had been a disproportionate number of cases of COVID-19 in females of working age, which was thought to relate to the likelihood of them being employed in high exposure occupations, such as health and care settings. The Head of Policy, Strategic Policy, Planning and Performance Department, indicated that local cases to-date were being reviewed and key information captured, such as occupation, gender, age and ethnicity and he hoped to receive the data by the end of the current week.

It was noted that during September 2020, 78 per cent of the positive cases had been identified through arrivals screening. This had dropped to 62 per cent in October and to 28 per cent in November. Since 1st September 2020, 38 positive cases had been identified in people aged under 20 years and 59 in those aged between 20 years and 29 years. The Cell noted bar graphs which showed that positive cases were increasing in those individuals aged 20 years and under. During October, the rates for those aged in their 20s, 30s and 50s had been relatively similar.

Deaths from COVID-19 remained static in the Island (32), but the overall number of deaths in Jersey for the year to-date had increased to 558, which remained lower than for the same period in 2019, when there had been 615 deaths and more than one hundred lower than in 2018 (668). Since the start of the pandemic, there had been 643 positive cases for the virus and 515 people had recovered. Over the preceding week, there had been an increase in positive cases in those aged between 12 years and 17 years and under 11 years, with relatively few cases in those aged over 60 years. There had also been an increase in the number of positive cases where the individual had an underlying medical condition.

The number of inbound travellers had continued to decline, but the positivity rate per 100,000 was increasing. During the last, incomplete, week (2nd November) there had been 14 positive cases, which equated to a positive rate per 1,000 arrivals of 15.35, or a positivity rate of 0.88 per cent. With regards to testing, the combined rate per 100,000 population of both arrivals and non-travellers had decreased to 5,200, as a result of a drop in the number of arriving passengers (down from 4,550 to 3,510) and a slight decrease in the on-Island screening (down from 2,230 to 1,970). The Cell was informed that this data had been generated on 5th November and related to information from the previous, complete, week (26th October to 1st November). This figure still far exceeded the United Kingdom ('UK') (3,304) and other jurisdictions with which the Island had close links, mindful that the UK did not undertake on - arrival testing. The weekly test positivity rate in Jersey had increased to 0.7 per cent and in the UK to 7.2 per cent. France was at 20.6 per cent and in Poland the rate was over 25 per cent. The Cell was remined that Poland was categorised as Red, so anyone arriving from that jurisdiction would be required to self-isolate for 14 days. Generally, the number of arrivals was decreasing and the RAG (Red / Amber / Green) classification of countries and areas was now being updated on a weekly basis.

The Cell was presented with a map, 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 43 to 44 of 2020 (19th to 26th October). It was noted that the ECDC had changed the day of the week on which it provided the information, so the map related to the previous 13 days only (rather than the normal 14 days). Also included was a map for weeks 42 to 43 and an increase in cases in Germany over the intervening period was highlighted. The Cell viewed charts, which showed the proportion of areas within the British Isles, France, Germany and Italy by RAG categorisation for the period from 29th September to 7th November and noted that 94 per cent of areas in England were now Red, Scotland had retained 16 per cent of its areas as Green, 91 per cent of Wales was Red and Northern Ireland had remained totally Red. On a positive note, Eire had changed from 100 per cent Red to 92 per cent. For those countries and territories that were not included within the regional classification, there had been a slight decrease to 57 per cent which were Green.

According to data from Public Health England, the decline in cases of COVID-19 amongst those aged between 10 years and 19 years continued. Also, the percentage of total weekly cases for the virus in residential institutions (which included halls of residence) had declined from 0.9 per cent to 0.6 per cent and in houses of multiple occupancy (in which students would often be accommodated) the percentage had remained static at 0.6 per cent. As had been mooted at the previous meeting of the Cell, it was hoped that this was evidence that the peak of COVID-19 cases amongst the university students was now subsiding.

The Principal Officer, Public Health Intelligence informed the Cell that data from the local EMIS central records system in relation to flu like illness was currently unavailable. Information from Flu News Europe showed that of 31 areas that reported

on the intensity indicator, 28 had signified activity at baseline levels for week 44 of 2020 (26th October), whereas 3 had reported low intensity levels (in Azerbaijan, Serbia and Slovakia).

The weekly epidemiological update demonstrated that there had been an uplift in positive cases over the past few weeks, with calls to the helpline from symptomatic individuals slightly increasing. It was noted that more symptomatic individuals were being screened and the staff at the helpline had been informed that anyone who made contact, who had a viral type illness, should be swabbed for COVID-19 in order to exclude that virus, where possible, and to facilitate contact tracing in the event that they tested positive. It was questioned whether family members of symptomatic individuals, who contacted the helpline, were being asked to self-isolate. The Consultant in Communicable Disease Control, indicated that he would check with the helpline. In the early stages of the pandemic, family members had been asked to self-isolate, but he did not believe that was currently the situation and many people who had some symptoms would not, ultimately, be positive for COVID-19.

The Cell was informed that, locally, the 14 day cumulative case number per 100,000 population had stood at 78.9 on 1st November 2020 and had plateaued at this rate over the past few weeks. It was noted that there had been a decrease in cases in Belgium and the Czech Republic.

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

Active Cell mapping of recent positive cases of COVID-19.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 2nd November 2020, was provided with data by the Senior Health Analyst – COVID-19, Strategic Policy, Planning and Performance Department, relating to the current cases of COVID-19 within the Island.

The Cell was shown infographics, which had been prepared by the Active Cell and which mapped the direct contacts of the positive individuals, all of whom would be the subject of PCR tests.

The Cell noted the position and thanked the Senior Health Analyst – COVID-19, for the presentation.

Denmark – arriving passengers.

A4. The Consultant in Communicable Disease Control, informed the Scientific and Technical Advisory Cell ('the Cell') that the Chief Medical Officer of Health in the United Kingdom ('UK') had recently issued a statement in relation to a mutant form of COVID-19, which had been linked to mink farms in Denmark.

He indicated that when Sars-CoV-2 entered the mink, it mutated in order to adapt to the host and could then be transmitted back to humans. It had been discovered that one particular variant could be less effectively neutralised with antibodies from people who had recovered from COVID-19. Accordingly, the UK had taken the decision to remove the air corridor to Denmark and to require any returning British national, visa holder or permanent resident in the UK to self-isolate - along with their household - for 14 days and to undertake a PCR test. All other arrivals from Denmark would not be permitted to enter the UK. In the event that someone, who had returned from Denmark, required medical treatment, they would be sent to a specialist infectious disease centre and the Consultant in Communicable Disease Control explained that this requirement could be problematic in that it would be necessary to transfer such a person by a military aircraft from Jersey to the UK.

The Cell was reminded that Denmark was currently categorised as Red under the local RAG (Red / Amber / Green) classification and decided that it wished to adopt the same

stance as the UK and only permit Jersey residents to return from Denmark at the current time.

Compliance review – hospitality.

A5. The Scientific and Technical Advisory Cell ('the Cell') was provided with a PowerPoint presentation by the Director, Testing and Tracing, Justice and Home Affairs Department, in relation to a high level overview of the ease with which customers in hospitality settings could leave their details for the purpose of contact tracing. The Cell was informed that the review had not been a scientific analysis, or assessment, but rather a 'snapshot' of current practice.

The Director, Testing and Tracing indicated that between 30th October and 8th November 2020, officers from the States of Jersey Police and Honorary Police forces had visited 332 locations in order to undertake a visual check and to speak with staff. The premises were then rated 'low' where limited effort had been made to provide effective mechanisms to capture contact details, 'medium' where there was some room for improvement and 'high' where the setting made significant efforts and a wide range of mechanisms were available, for example the QR codes were displayed and contact details were taken in an appropriate manner. Some venues had also displayed the 'You have our number, can we have yours?' contact tracing poster. Of the premises which had been visited, 43 per cent had been rated as 'high'. Most places had some mechanism for recording patrons' contact details, but in some cases, these had all been written on one sheet of paper, which had data protection implications.

In approximately a quarter of the settings that had been visited, staff had been wearing masks. In others, masks were available and officers had been informed that staff would wear them as and when it became mandatory to do so, but were not requiring them to be worn at the current time. In some locations, staff were given temperature checks each day and others undertook them for customers, or required proof of a negative PCR test from recent arrivals in the Island before permitting them to enter the premises. Whilst most venues were aware of COVID-19 guidance, some had informed officers that they were not fully aware thereof. Overall experience had been that customers had generally been compliant with the request to provide contact details, but some had refused to do so.

The Director, Testing and Tracing informed the Cell that the visits had been a good opportunity to engage with the hospitality venues and to raise awareness and the Cell thanked her for the presentation and noted the significant efforts expended by the officers who had undertaken the visits.

COVID-19 case analysis and escalation.

A6. The Scientific and Technical Advisory Cell ('the Cell') received and noted a briefing paper entitled 'Case Analysis and Escalation', which had been prepared by officers from the Strategic Policy, Planning and Performance Department and heard from the Interim Director, Public Health Policy.

The Interim Director, Public Health Policy indicated that, during the week commencing 2nd November 2020, there had been a significant increase in positive cases of COVID-19 and, as at 6th November, the 14 day rate per 100,000 population had been 89.05, which was likely to rise. This, together with the type of case, was a cause for concern. Despite the volume of inward travellers declining, the number of positive cases being encountered at the borders was increasing, there had been an uplift in the number of cases without an identifiable source, there was growing evidence of spread outside households and several complex clusters of cases had come to light. Mindful that the key objective in the Winter Strategy was to keep rates of COVID-19 low, whilst minimising the adverse impact on Islanders' lives and work, he opined that it was an appropriate time for the Cell to consider the position because Jersey was at a stage where there was potentially the need to introduce whole Island measures to protect Islanders, due to the unlinked community cases and complex clusters.

The Cell was informed that the Competent Authority Ministers were due to meet on 11th November 2020 and was asked to provide advice on priorities in relation to –

- the use of service capacity, including testing, contact tracing, enforcement and helpline support;
- adherence to infection control guidance;
- non-pharmaceutical interventions ('NPIs'), which included physical distancing and limiting attendees at gatherings;
- the implementation of forthcoming legislation;
- potential for infection and the protection of high risk groups; and
- fiscal measures to mitigate direct and indirect harms, particularly for Islanders on lower incomes who were required to self-isolate or shield.

The Cell reiterated its view that it was key to balance the risk of harms and to consider what impact any measure taken to protect Islanders would have on their health and wellbeing. It was important to target communications in respect of risky behaviours in certain groups which were known to have disproportionately impacted the transmission of COVID-19 and to discourage Islanders, in general, from frequenting enclosed, crowded venues, where there was an increased risk of spread of the virus. Targeted enforcement of public health guidance was desirable.

The Cell agreed that there was significant dependence on the test and trace team to identify and contain individual cases and expressed concern that it should be adequately resourced, particularly as the number of positive cases increased. The Director, Testing and Tracing, Strategic Policy, Planning and Performance Department, informed the Cell that the resilience of the team was closely monitored and would be bolstered by the employment of additional people on zero-hours contracts. The Cell also expressed the view that the PCR testing of essential workers in care homes and frontline healthcare settings should be increased from every 4 weeks to every 2 weeks.

With regard to adherence to infection control guidance, it was noted that this was enforced in the Hospital, but to a lesser extent in some of the care homes. These homes had been visited by staff from the infection control team, but additional resources were required. The Cell recalled that the funding had been agreed, but recruitment to the positions had not yet occurred.

In respect of NPIs, the Cell was of the view that the current requirement to adhere to one metre's physical distance from people outside the household was not well observed and discussed whether there would be merit in re-introducing 2 metres' distance, in order to remind the public of the importance of keeping apart, particularly as Winter approached. The Consultant in Communicable Disease Control, suggested that people should maintain a distance of 2 metres where practicable and, if not, should take precautions, but indicated that he did not wish for certain settings, such as hairdressers, where it would not be possible to maintain a distance of 2 metres, to be required to close. The Independent Advisor - Epidemiology and Public Health, opined that requiring people to maintain a distance of 2 metres would be challenging in many settings and would make little impact on the transmission of the virus, particularly outdoors. He suggested that adherence to the extant guidance was key. The Director General, Children, Young People, Education and Skills Department, informed the Cell that if the requirement to adhere to 2 metres' distance was reintroduced, his Department would need to revisit how this could be implemented in a way that was acceptable for the schools.

With regard to household mixing and gatherings, the Cell reiterated the view which it had previously expressed (Minute No. A6 of its meeting of 26th October 2020 referred) that the maximum number permitted for informal gatherings should be reduced down

from 20 to 10 and for organised gatherings down from 40 to 20. As to whether there would be merit in introducing consolidated closing times in the hospitality sector, mixed views were expressed by members of the Cell. The Independent Advisor - Epidemiology and Public Health, felt that this would not change people's behaviours and would place restaurants under pressure to provide more covers if their opening hours were restricted. He suggested that it would be preferable to enforce compliance with current guidance, to ensure that tables were adequately spaced and that table-only service was offered. The Environmental Health Consultant, agreed that he would prefer to see people well distanced within venues and receiving table-only service than gathering in large groups and returning home for parties. The Interim Director of Public Health, supported the introduction of earlier closing, indicating that the longer the venues were open, the more alcohol would be consumed, resulting in reduced adherence to public health guidance. In light of the differing opinions, the Interim Director, Public Health Policy, indicated that he would discuss with the Director, Testing and Tracing, what additional measures could be introduced around enforcing compliance with public health guidance in the night time economy to reduce the threat posed by that sector.

In relation to high risk groups and sectors, the Cell was reminded that it would be receiving a briefing from the Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, at item A9 of the current meeting.

In terms of fiscal measures to mitigate the direct and indirect harms, the Cell was of the view that if members of the public were expected to adhere to the measures that were introduced to keep them safe, it was important to ensure that they were supported. As an example, those working in health and care settings, who, for financial reasons, might have more than one job, which resulted in them working in more than one location, with the attendant risk that posed. It was agreed that a Sub-Group should be established to consider this issue, which would comprise some members of the Cell and other officers and the Interim Director, Public Health Policy, invited expressions of interest.

The Cell noted the position accordingly.

Children, Young People, Education and Skills Department – request for advice.

A7. The Scientific and Technical Advisory Cell ('the Cell') welcomed the Director General, the Group Director and the Head of Office (Education) from the Children, Young People, Education and Skills Department, in order to discuss how the schools could continue to remain open in a safe manner for pupils, mindful of the expressed wish of Senator T.A. Vallois, Minister for Education, that they should not close and in light of a number of recent cases of COVID-19 amongst pupils.

The Cell's views were sought on whether it would be appropriate to require the wearing of masks by teachers and pupils in years 11 to 13 at this time. It was noted that there had been positive cases in this age group and it was felt that the masks would serve as a helpful visual reminder of the threat posed by the virus and might change pupils' behaviours outside the classroom, where the risk of contracting COVID-19 was higher. In the classroom, the desks were spaced and the teacher regulated behaviour, but in the common room, on the school bus and between lessons crowding could occur. The Cell was mindful that there was little in-school transmission, but the young people were contracting the virus in social settings. The Cell agreed that it would be an opportune time to require the wearing of masks by teachers and the aforementioned year groups outside the classrooms. It was suggested that it might be easier for the teachers to wear visors.

The Cell also felt that it would be sensible to reduce the number of visitors to schools by curtailing parent / teacher evenings, which resulted in large numbers of people gathering in enclosed spaces. It suggested that these could be conducted online, but urged care to ensure that those parents, who did not have access to the internet, would not be disadvantaged. It further agreed that there would be merit in reducing the mixing

of bubble groups in the schools and the interaction of pupils between schools.

The Cell recalled that it had previously discussed the issue of the Jersey students who were likely to return to the Island for Christmas. It was noted that approximately 1,800 were currently off-Island and, as a consequence, large numbers were likely to return within a relatively short period of time. The Consultant in Communicable Disease Control, informed the Cell that returning students over the half-term in October had created a significant amount of work, albeit the numbers had been relatively low. The 1,800 returnees would pose a significantly higher risk, which could only be mitigated by appropriate testing and tracing and an element of quarantine. It was suggested that returning students – and indeed anyone returning from an area categorised as Red – should, instead of taking a PCR test at day zero and then isolating for 14 days, be required to take PCR tests at days zero, 5 and 8 or 10. Public Health England estimated that a 14 day quarantine period resulted in a 99 per cent reduction in the number of infectious arrivals released into the community, whilst testing at days 8 or 10 resulted in a 94 or 95 per cent reduction respectively. It was acknowledged that the longer the young people were required to self-isolate, the more challenging it became and the less likely they were to comply.

Officers from the Children, Young People, Education and Skills Department informed the Cell that they had been contacted by some young people to highlight that they would not be able to self-isolate at their home address on return from university because of having family members who were shielding, or who were essential frontline workers and Deputy J.M. Maçon of St. Saviour, Assistant Minister for Education, was keen to offer accommodation for those students. It was noted that Guernsey had undertaken a survey of students, enquiring how many might require accommodation and the numbers had decreased from 90 to 6 through discussions with officers. The Cell was informed that the Children, Young People, Education and Skills Department had conducted its own survey, the results of which would be released on 10th November.

On a related note, the Cell noted electronic mail correspondence between Deputy J.H. Perchard of St. Saviour and the Independent Advisor - Epidemiology and Public Health, in which the former had questioned whether children aged under 11 years should be tested for COVID-19 on return to the Island. The Cell was of the view that it was more important to ensure that there was sufficient capacity to undertake workforce screening and was not minded to test children under the age of 11 years at this juncture. It was suggested that the Chair should make the Minister for Health and Social Services aware of the exchange of correspondence.

Arrival testing from Red areas.

A8. The Scientific and Technical Advisory Cell ('the Cell') received and noted a briefing paper, entitled 'Safer Travel Policy – Revision of Testing and Self-Isolation' and heard from the Head of Policy, Strategic Policy, Planning and Performance Department, in connexion with a proposed revision of the testing and self-isolation controls applied to arrivals from areas categorised as Red under the Island's RAG (Red / Amber / Green) classification.

The Head of Policy informed the Cell that growing levels of COVID-19 infection across the United Kingdom ('UK') and other neighbouring European countries had resulted in an increase in the relative risk of infection from arriving passengers. Most arrivals into the Island now came from areas designated as Red or Amber and, as a consequence, they were required to self-isolate for either 14 days, or until they received a negative day 5 test result. However, evidence locally and from Public Health England was that compliance with that requirement was 'patchy' and the longer the requisite period of self-isolation, the less likely people were to comply. The current regime, whereby arrivals from Red areas were only tested at day zero, meant that any late development of COVID-19 was not being captured, whereas it was the case that increasing numbers of people were giving a positive result at day 5. Accordingly, it was an opportunity to

change the policy and to introduce additional PCR tests for those who arrived from Red areas at day 5 and then at day 8 or 10 and to also, potentially, reduce the self-isolation period until receipt of a negative result from the last PCR test, which would benefit the returning students (referenced at item No. A7 of the current meeting) and others.

It was noted that Public Health England estimated that a 14 day quarantine period resulted in a 99 per cent reduction in the number of infectious arrivals released into the community, whilst testing at days 8 or 10 resulted in a 94 or 95 per cent reduction respectively. The Head of Policy suggested that there might be merit in replicating the proposed amended regime with direct contacts of positive cases, in order to ensure a consistency of approach and to avoid confusion. The Cell was reminded that direct contacts were tested at days zero, 5 and 8 and were released from the requirement to self-isolate once they tested negative at day 8.

The Cell asked the Director, Testing and Tracing, Strategic Policy, Planning and Performance Department, whether there was sufficient test and trace capacity for these additional PCR tests to be undertaken. She indicated that the decrease in the number of arriving passengers meant that it would be manageable, but if an uplift in arrivals occurred, it could become more challenging. She had prepared some projections, which she would refresh.

Having considered the foregoing, the Cell agreed to recommend that those people arriving from Red areas should be required to undertake PCR tests at days zero, 5 and 10 and that the testing regime for direct contacts should be aligned therewith.

High risk individuals.

A9. The Scientific and Technical Advisory Cell ('the Cell') received and noted a report, dated 9th November 2020, entitled 'Re-escalation guidance for Islanders at higher risk,' which had been prepared by the Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department and was provided with a brief PowerPoint presentation in relation thereto.

The Head of Policy (Shielding Workstream) informed the Cell that the English Government had recently issued guidance that those who were identified as clinically extremely vulnerable should shield. It was noted that those with Down's Syndrome had recently been added to this categorisation and the Head of Policy (Shielding Workstream) would review this and prepare a paper for the Cell. The Welsh and Scottish Governments had not re-introduced shielding, but adopted a risk-based approach.

It was acknowledged that shielding could create anxiety and social-isolation, in addition to having a financial impact on those people who fell into the high risk category, of which there were 3,000 locally. In Level One, the guidance for these individuals had been that they should make personal decisions with the support of the 'Activity Risk Guide', which provided advice on which activities were higher, or lower, risk and in consultation with their General Practitioner. As the number of cases of COVID-19 had increased, the Head of Policy (Shielding Workstream) had been working with the Consultant in Communicable Disease Control, to review the guidance to be released in the event of the threshold being attained at which the Cell believed it was no longer safe to continue with the current advice for those Islanders. It was noted that any shift in guidance could cause significant anxiety to that group.

In the event of re-escalation advice being issued to high risk individuals, the Cell was cognisant of the need to ensure that those who needed to shield were financially able to do so. It was noted that the Sub-Group, which would be established and was referenced at Minute No. A6 of the current meeting, would discuss this matter. The Head of Policy (Shielding Workstream) indicated that the Customer and Local Services Department had undertaken a survey over the Summer and had only been informed by a few

individuals that they had suffered financial hardship as a result of COVID-19. However, there had been a low level of responses to the survey.

The Cell acknowledged that it was important to consider when the right time might be to provide the re-escalation advice and clear communications would be required for the GPs and other Healthcare professionals. It was agreed that there would not be a pre-determined number of positive cases at which the re-escalation measures should be introduced, but that it was around the complexity of the cases and that the Cell would 'feel' when the time was right. In the meantime, it was appropriate for vulnerable individuals to pay a little more attention to avoiding higher risk activities.

The Cell agreed that the timing of the introduction of the re-escalation measures should be a standing item on its agenda and thanked the Head of Policy (Shielding Workstream) for the presentation.

Matters arising

A10. The Scientific and Technical Advisory Cell ('the Cell') was informed by the Chair that in communication with General Practitioners ('GPs'), they had highlighted that they felt 'unsighted' on new cases of COVID-19 and this was particularly relevant if they were asked to make a house call and did not know if someone in the property was positive for the virus. Accordingly, they wished to be informed of the location of the positive cases in a more responsive way.

The Associate Medical Director for Primary Prevention and Intervention, informed the Cell that when an individual tested positive for COVID-19, their GP would be notified through the primary care governance team. However, there was only one individual who could undertake this work. It was agreed that GPs should have the results communicated to them as soon as possible and that it would afford them the opportunity to be more pro-active if they were aware of their patient's result. It was agreed that the Associate Medical Director for Primary Prevention and Intervention and the Consultant in Communicable Disease Control, would discuss this matter further outside the formal setting of the meeting.

The Independent Advisor - Epidemiology and Public Health, questioned whether it was the appropriate time for the Prison to close to visitors. The Consultant in Communicable Disease Control suggested that rather than stopping visits, it might be preferable to reduce the number of visitors who attended at any one time and to construct Perspex barriers to facilitate visits in a safer way. It was agreed that the matter would be discussed further after the meeting.

Matters for information.

A11. In association with item No. A2 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 6th November 2020, which had been produced by the Strategic Policy, Planning and Performance Health Informatics Team;
- a weekly epidemiological report, dated 5th November 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- death statistics for the week to 1st November 2020, from the Office of the Superintendent Registrar; and
- the Public Health England weekly national influenza and COVID-19 surveillance report, dated 5th November 2020.