

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(31st Meeting)

30th November 2020

(Business conducted 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 of 23rd November 2020, which had previously been circulated. Those in attendance were asked to provide feedback to the Secretariat Officer, States Greffe, by close of business on 30th November 2020, in the absence of which they would be taken to have been approved.

Monitoring metrics. A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 23rd November 2020, received and noted a PowerPoint presentation, dated 30th November 2020, entitled 'STAC monitoring update', which had been prepared by the Principal Officer, Public Health Intelligence and the Senior Health Analyst – COVID-19, Strategic Policy, Planning and Performance Department and heard from them in relation thereto.

The Cell was informed that, as at Friday 27th November 2020, there had been 200 active cases of COVID-19. 84 new cases had been identified since that time and the information contained within the 'Active Cases Overview' slide was representative of the situation midway through the weekend of 28th / 29th November, when there had been 228 active cases. Of these, 71 per cent (162 individuals) had symptoms of the virus, 61 were asymptomatic and in 5 cases it was not known if they were symptomatic. The largest reported test reasons were contact tracing, which accounted for 125 cases and 56 people had sought healthcare after experiencing symptoms of the virus.

The Cell was shown a graph, which provided a 'snapshot' of the current known active cases and their direct contacts over the period from 1st September to 29th November 2020 and mapped these against dates when it was known that parties had taken place, at which transmission of the virus had occurred. It was noted that the number of direct contacts had increased significantly over time. The Cell was presented with slides which provided an overview of a recent large cluster and which demonstrated how one event could cause spread of the virus into the whole community. It was recalled that gatherings in enclosed spaces had the propensity to result in transmission of COVID-19.

The Cell further recalled that, at its meeting of 23rd November 2020, some concern had been expressed at the increase in the test positivity rate in people aged 60 years and over and officers had been asked to review this. Accordingly, the Cell was shown slides, which had been prepared by the Senior Policy Officer, Public Health and Wellbeing. It was noted that, in September, there had been one positive case in a person aged over 60 years, not linked to travel, where the source of the infection had been unknown. This had increased to 5 cases in October and 56 in November. The majority had come to light as a consequence of contact tracing and seeking healthcare on experiencing symptoms of the virus. However, this was not specific to that age cohort and reflected the situation across all age groups. Those aged over 60 years accounted for between 16 and 18 per cent of all cases with an unknown source. In November, the majority had

been linked to large and small clusters and arose as a consequence of interactions with friends and family outside the home.

The Cell was informed that there had been no new deaths from COVID-19 since the last meeting (32) and that the overall number of deaths for the year to-date had increased to 596, which remained lower than for the same period in 2019 (659) and more than one hundred lower than in 2018, when there had been 702 deaths. The Cell noted 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 Friday 27th November, when there had been 200 active cases, which brought the total number of positive cases to 928. The Cell was informed that that figure had now increased to over one thousand. At that juncture, the 14-day case rate per 100,000 population had been 166.98, but it now stood at over 200. It was noted that of the aforementioned 928 cases, the majority had been in people aged between 18 years and 59 years (665) and there had been 22 cases in children aged from birth to 11 years. Over the last 2 weeks, almost half of the positive cases (99) had been identified through contact tracing, 49 had sought healthcare with symptoms and only 9 had tested positive on arrival into the Island.

The Cell noted graphs which showed the recent increase in positive cases, including people with underlying medical conditions, of which there had been 239 and also graphs which set out the reasons for PCR testing from 1st June 2020 onwards. Whilst inbound travel had been the prime reason for testing through the Summer, there had recently been a growth in testing of direct contacts and people seeking healthcare, in addition to workforce screening. Of those people who had made calls to the COVID-19 Helpline, 98 per cent had been symptomatic and the Cell was provided with a breakdown of the various symptoms that had been reported. The Principal Officer, Public Health Intelligence, informed the Cell that there appeared to have been a recent decline in callers reporting sore throats, tiredness and gastrointestinal problems, so she would check with the Helpline to ascertain if there had been recent changes to the reporting form, which could account for this.

The Cell was presented with a graph, which set out the number of patients with COVID-19 in the Hospital, by date and was informed that there would be an update to these figures. With regard to inbound travel, the number of arrivals had dropped significantly and it was noted that the number of positive cases identified through arrivals screening had been fewer than 10 each week during much of November.

Since 1st July 2020, the cumulative number of COVID-19 cases in the Island, when excluding inbound travel, was now at a rate where it was doubling every 14 days, whereas the rate associated with inbound travel alone had plateaued. With regards to testing, the combined rate per 100,000 population of both arrivals and non-travellers had decreased to 6,000, which still far exceeded the United Kingdom ('UK') (3,482) and other jurisdictions with which the Island had close links. During the last complete week (the week ending 22nd November 2020), 1,030 tests had been carried out on inbound travellers - recalling that arrivals from all categories of areas were now required to submit to testing at days zero, 5 and 10 – 4,940 as part of the on-Island surveillance screening (which included workforce screening, admissions testing and contact tracing) and 470 on symptomatic individuals, who had sought healthcare. The Cell was informed that the level of on-Island surveillance screening had declined by over 1,000 when compared with the previous week. The weekly test positivity rate in Jersey had decreased to 1.1 per cent and to 6.4 per cent in the UK. In France, the rate had declined from over 20 per cent to approximately 14 per cent.

The Cell was shown a graph, which set out the positivity rates amongst different testing cohorts, since 6th October 2020, on a 7-day moving average and noted that workforce and Hospital admission screening and inbound travel had remained at around one per

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cent. Amongst direct contacts of symptomatic individuals, the rate had increased over the preceding week and was now approximately 5 per cent, whereas the positivity rate amongst those seeking healthcare had increased tenfold and was now over 20 per cent. The Cell noted the weekly epidemiological update, which demonstrated that there had been a decrease in the number of positive cases over previous weeks, but that the numbers were now increasing. The most recent surge in cases had not been included because the reporting had been for the week ending 22nd November. There had been a decline in the calls to the Helpline by both those reporting symptoms of a fever and other symptoms of COVID-19. The 14-day number of cumulative cases per 100,000 population for the same period had plateaued at 154, but, as aforementioned, had now increased to over 200 as a consequence of the new cases that had been identified over the weekend.

The Cell was presented with a new graph, which laid out daily estimates of instantaneous reproductive number ( $R_t$ ) for COVID-19 in Jersey in November and also the daily incidence rate and daily testing rate per 1,000 population. The Principal Officer, Public Health Intelligence, informed the Cell that this graph had not previously been published, because the model was predicated upon a constant testing rate, but the testing regime locally had changed as a result of the enhanced workforce testing programme and the testing of students in years 11 to 13, which had resulted in a mixed picture. The daily testing rate had now become fairly stable and it was noted that there had been an increase in the  $R_t$ , which was estimated at between 1.4 and 1.8 as at 29th November 2020.

The Cell noted 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 46 to 47 of 2020 (9th to 16th November) when compared with 14 days during weeks 45 to 46. The rate per 100,000 population was seen to have improved in some areas of France, Poland and Eastern England.

The Cell viewed charts, which showed the proportion of areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 29th September to 28th November 2020 and noted that 99 per cent of areas in England remained Red, Scotland now had 16 per cent of its areas as Green, 82 per cent of Wales remained Red and Northern Ireland had remained totally Red. On a positive note, Eire – which had 5 weeks previously been totally Red – was now only 23 per cent Red and had 73 per cent of its areas Amber and 4 per cent Green. All of mainland France remained Red, as did 100 per cent of Italy and 88 per cent of Germany. For those countries and territories that were not included within the regional classification, there had been a slight decrease to 55 per cent of areas which were categorised as Green.

The Cell noted information from the local EMIS central records system in relation to flu-like illness for the period from 6th September to 29th November 2020 and was informed that during the last complete week, 19 cases had been encountered, which was an increase on previous weeks, but still far lower than other years, most notably the Winter of 2019/2020. Information from the World Health Organisation also demonstrated that there were low levels of flu globally.

In respect of footfall in St. Helier, it was noted that there had been a 2.6 per cent increase on the previous week, but it remained over 30 per cent lower than for the same period in 2019.

The Cell noted the position and thanked officers for the update.

COVID-19  
case surge

A3. The Scientific and Technical Advisory Cell ('the Cell') received and noted PowerPoint slides, which had been presented to the Competent Authority Ministers at

analysis and  
policy  
responses.

a meeting of that body on Sunday 29th November 2020, entitled ‘Competent Authority Ministers COVID case surge analysis. Policy responses’ and was informed that the slides had been updated subsequent to that meeting, in order to reflect the decisions taken.

The Cell recalled that, as referenced at Minute No. A2 of the current meeting, midway through the weekend of 28th / 29th November 2020, there had been 228 active cases of COVID-19 in Jersey and the 14-day rate per 100,000 population had stood at 204.08. When considering the active cases by age (divided up into decades, rather than in line with the Office of National Statistics breakdown), the largest number were in those aged between 41 years and 50 years and then those aged between 21 years and 30 years. With regard to the positive cases by reason for swab, there had recently been a significant increase in the testing of direct contacts of positive cases, whilst people seeking healthcare now accounted for a quarter of the active cases.

In respect of the positive cases with no identifiable source for the period from September to November, it was noted that there was a rapidly evolving picture and that, as at the evening of 28th November, there had been 72 cases of unknown source, mindful that each group, or cluster of cases, was counted as just one unknown source case. Of these, 38 were single cases, 6 were household groups, there had been 15 small clusters (which comprised between 2 and 5 cases) and 13 large clusters (which comprised more than 5 cases and in some instances more than 20). Most cases, groups and clusters came to light when a symptomatic person sought healthcare and then the Contact Tracing Team would identify their direct contacts. 331 cases in November had been associated with an initial index case which did not have a known source, with 64 per cent within large clusters of more than 5 cases. During the period from 23rd to 28th November, 70 new cases had been identified through contact tracing, of which 25 were linked to a significant cluster, but it was noted that this was not the only one.

The Cell was shown a graph of clusters that had formed over time and noted that there had recently been an increase in small and large clusters, whereas the number of household cases had remained small. In terms of the escalation context, which had been contained within the Winter Strategy, the Cell was informed that the increase in the number of complex, multiple clusters and outbreaks was indicative of the potential need to escalate whole-Island measures. It was noted that transmission of the virus appeared to be frequently occurring in environments which included poor ventilation, enclosed spaces, close contact and prolonged exposure over a period of time, such as gatherings in family homes, private functions, pubs and restaurants. It was also resulting from sharing vehicles and offices, albeit it was noted that this was primarily linked to work colleagues socialising after work, rather than the working environment *per se*. Accordingly, community behavioural change would be a potential key component to any response.

The Cell was advised that the recent uplift in cases could not be attributed to one single cluster, as they were being encountered every day. An insufficient number of cases were being identified before the individuals developed symptoms of COVID-19, so they would have been transmitting the virus before becoming symptomatic. It was suggested that many people, who had experienced symptoms before being swabbed, had believed them to relate to another illness, such as the common cold and had only contacted the Helpline when they had lost their sense of smell and taste. The number of positive cases being identified by the Contact Tracing Team would appear to suggest that there were a large number of clusters and outbreaks in the community, on which officers were not wholly sighted. On the basis of evidence from other jurisdictions, it was anticipated that this would now translate into an increase in people requiring hospitalisation in the coming weeks and then, potentially, deaths. The situation would be compounded in the future by large numbers of returning students from the UK, an increase in social activity linked to Christmas and colder weather, which would result

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in people staying indoors. Action was required to protect the vulnerable in society and health services, to identify more cases and clusters and to slow the spread of the virus by all means possible.

The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, informed the Cell that he had planned to bring a paper on patterns of transmission to the Cell at its current meeting, but a meeting of the Competent Authorities had been convened on Sunday 29th November and they had been provided with the analysis detailed above and had been presented with various policy measures to avoid placing the Island into lockdown, which addressed the 3 areas where action was required. Accordingly, in order to protect the vulnerable and the health services, it had been agreed to require any person working in a patient-facing role within a health or care setting to provide proof of a negative PCR test, if they wished to continue working in that *locus*; to move to 2 weekly testing for staff within the Health and Community Services Department and the care homes when capacity allowed; to step up shielding guidance for high risk Islanders and to start screening those Islanders aged over 60 years with increased risk or vulnerability, although it was noted that this latter point would be reworked and the purpose of testing that cohort would be to prevent spread, rather than because they were at higher risk. It was key to locate clusters in that age group, because they were less likely to be located through the workforce screening programme.

In order to identify more cases and clusters, it had been agreed to move all Health and Community Services Department staff, that were currently within the workforce screening Group C (testing every 8 weeks) to Group A (currently being tested every 4 weeks, but, as aforementioned, due to be tested more frequently) because of the likelihood of them moving between various settings, with the associated risk of spread of the virus. People working in the legal and finance sectors would be included within the workforce screening (Group C), based on case evidence, because they were not currently eligible for testing unless they developed symptoms. Work would continue to screen indirect contacts of people within clusters on a risk-based basis.

In order to prevent the spread of COVID-19, it was noted that Ministers would recommend that people should work from home unless necessary, would advocate the wearing of masks by people from different households in shared cars and would enforce the Orders, made by the Minister for Health and Social Services, which mandated the wearing of masks in indoor, public, spaces – to include taxis - and would restrict the size of gatherings. The Interim Director, Public Health Intelligence, informed the Cell that policy officers had also recommended the reintroduction of 2 metre physical distancing in all settings unless specified and the creation of guidance on household bubbles, to cover the Christmas period. In respect of these latter proposals, Competent Authority Ministers had requested policy officers to undertake additional work, which might include further restrictions within the hospitality sector as a result of the increase in cases.

The Independent Advisor - Epidemiology and Public Health, proposed that it would be helpful to offer screening to inter-generational families and households to prevent transmission. He also suggested that more spacing was required between tables in hotels and restaurants and that the maximum number of people who could sit at a table should be reduced. In respect of shielding, he suggested that there was a risk that the virus would transmit into the older age groups and then hospitalisations would increase. He mooted that the shielding criteria should be radically changed and 65 years or 70 years of age could be used as the 'cut off'. It was critical to protect the vulnerable and whilst the aforementioned interventions would be of assistance, the best way was through screening and addressing personal behaviour. These views were echoed by the Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, who agreed that age was now acknowledged to be a significant risk factor.

The Group Director, Financial Services and Digital Economy, indicated that if the 2 metres physical distancing was reintroduced, this would restrict the numbers attending hospitality settings and adversely impact their viability. Some Ministers were of the view that restricting capacity would lead to people socialising in their homes, where they would not be supervised and physical distancing would be more difficult to police. He indicated that he would prefer to see enforcement of the current guidelines improved and for those venues that were not complying to be made an example of. He suggested that the poor behaviour that had been evidenced in some discreet venues was not indicative of the way in which the whole sector was operating.

The Consultant in Communicable Disease Control, reminded the Cell that the testing capacity on-Island and by using laboratories in the United Kingdom ('UK') was 4,600 per day. However, the testing rate currently only stood at an average of 1,000 swabs per day. He suggested that the Contact Tracing Team was 'profitable' in terms of identifying cases and suggested that the efficiency of the contact tracing should be enhanced, because it was clearly paying huge dividends. He enquired how long it took between the name of a direct contact being provided and them receiving a notification. He also expressed the wish for the notification exposure App to be used to its full potential, noting that whilst over 45,000 people had downloaded it onto their smart phones, it was possible that many had turned off the notifications. In order to protect the vulnerable, he also opined that screening of those working in health and care settings should be mandatory.

The Director General, Justice and Home Affairs Department, indicated that the resources within the Contact Tracing Team were kept under constant review. By 7th December 2020, there would be 89 FTE (full time equivalent) employees and 12 vacancies within the Contact Tracing Team and he had requested additional resources, which would generate its own challenges in terms of identifying a suitable office location for them. It was intended to set out, in service standards, the length of time for positive cases to be contacted – likely to be one hour - and then their direct contacts – anticipated to be between one and 2 hours.

The Cell noted the position.

Christmas  
travel  
expectations.

A4. The Scientific and Technical Advisory Cell ('the Cell'), received and noted a paper, dated 30th November 2020, entitled 'Air and Sea Connectivity – December 2020', which had been prepared by the Director of Partnerships, Office of the Chief Executive and the Chief Executive Officer, Ports of Jersey and heard from them in connexion therewith.

It was recalled that the introduction of lockdown measures across the United Kingdom ('UK'), as a result of the second wave of the COVID-19 pandemic, had negatively impacted the demand for air travel and when combined with the requirement for passengers arriving in Jersey to self-isolate for a period of time, had led to a significant reduction in demand for flying, with passenger numbers currently 95 per cent lower than during the same period in 2019, with approximately 400 passengers travelling to the Island each week. The recent announcement in the UK that arrivals testing would be introduced had been met favourably by the airlines, but the situation was fluid and it was not possible to draw conclusions around how many flights would be available before Christmas.

The paper detailed that the uncertainty around the commercial flights had resulted in the Government reactivating the contract for the provision of lifeline services with Blue Islands, to enable regular and reliable flights, from Monday 30th November, to and from Southampton initially. These flights would be available to all Islanders, rather than just essential workers and non-emergency medical patients, as had previously been

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the case and would run daily from Monday to Friday.

The Cell noted the position and indicated that it would be useful to receive a further update from the Chief Executive Officer, Ports of Jersey, once there was more clarity around the availability of flights over the festive period.

Re-escalation  
guidance for  
Islanders at  
higher risk.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A9 of its meeting of 9th November 2020, recalled that it had been presented with a set of guidelines for Islanders at higher risk, which would be laid before Ministers in the event that the Cell felt it was time to escalate the shielding guidance. At that juncture, the Cell had been of the view that no change should be advised.

The Cell received and noted a paper, dated 30th 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 heard from her in relation thereto. She reminded the Cell that there were currently 3,000 people locally who fell into the high-risk category, of which 1,000 were under the age of 65 years. Throughout the Summer, these individuals had been adopting a risk-based approach to engagement with daily activity and routine to align with their lifestyles, supported by a package of advice and guidance. If re-escalation advice were to be adopted for those at higher risk, this could be viewed as a significant universal measure for those 3,000 Islanders and cause them anxiety. Further, with the recommendation that those at high risk should avoid indoor spaces, this would impinge on the ability of many of those of working age to attend their workplace and there was currently no financial package in place to support those who were unable to work from home.

Moreover, as more was learned about COVID-19, it had emerged there was published evidence that those people aged over 80 years were more likely to die from the virus if they contracted it, with the risk assessed at between 16 and 17 per cent. The Consultant in Communicable Disease Control, indicated that people aged over 70 years should be encouraged to reduce contact with people from outside their household, particularly in indoor environments and he emphasised the importance of protecting vulnerable people and sites, such as care homes. The Cell felt that it was important for there to be clarity around what constituted a 'household' and that inter-generational mixing should be avoided if family members did not live in the same home. The Consultant in Communicable Disease Control agreed with the suggestion made by the Independent Advisor - Epidemiology and Public Health, at Minute No. A3 of the current meeting, that inter-generational testing would be useful to avoid the spread of the virus to the older age groups. It was noted that some detailed work had been undertaken to calculate mortality rates for various groups and to align comorbidities with the various age groups, when determining the vaccine deployment. He believed that the relevant age was between 70 and 74 years, so people of this age and above would be vaccinated at the same time as the extremely vulnerable (excluding young people under the age of 18 years and pregnant women).

The Chair of the Cell questioned what work was underway to provide financial support to high-risk Islanders of working age, to prevent them feeling compelled to go to work if they should be shielding. The Group Director, Financial Services and Digital Economy, indicated that the Director General, Customer and Local Services Department, had been reviewing measures, particularly for the lower paid workers in this regard and he would liaise with him and report back to the Cell. The Chief Economic Advisor, emphasised the importance of avoiding people in high risk groups having to make difficult choices around their finances and was supportive of them receiving assistance.

The Cell noted the position and was informed that officers would discuss the matter outside the formal setting of the meeting to determine the appropriate age from which

people should be encouraged to shield.

Lockdown options update. A6. The Scientific and Technical Advisory Cell ('the Cell'), received and noted an undated paper, entitled 'STAC Research Paper. High restriction (lockdown) evidence' and heard from the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, in relation thereto.

The Interim Director, Public Health Policy, emphasised that the paper was a research paper, which did not contain any policy recommendations. He informed the Cell that it had been provisionally agreed that a counterpart paper on the wider harms caused by a lockdown – namely on the economy and people's wellbeing - should be prepared for the Cell's meeting of 7th December. The current paper focused largely on the evidence of high restriction options in terms of controlling the spread of the virus.

The Cell was reminded that Ministers wished to use all measures available to them to avoid a lockdown, based on the balance of harms policy, which recognised that such measures could adversely affect the economy, people's wellbeing and family life. For a lockdown, there were 3 triggers, as follows: uncontained transmission at an epidemic level; significantly reduced effectiveness of contact tracing and compromised capacity within the Intensive Treatment Unit ('ITU') of the Hospital. It was noted that Ministers would seek the advice of the Scientific and Technical Advisory Cell on the evidence supporting those triggers.

The paper contained various country specific examples of lockdowns during the second wave of the COVID-19 pandemic and it was noted that there were different types of lockdown, *viz*, reactive, 'stay at home' orders, such as had been experienced in England, France and the Netherlands, pro-active 'circuit breaks', such as had been introduced in Wales and Germany and 'local lockdowns', which had been used in Scotland and Iceland. In Iceland, which was an island with a relatively small population – and thus potentially bore comparison with Jersey - no full lockdown had been introduced, but non-essential businesses had closed and gathering sizes had been restricted, in addition to there being a high rate of testing. The Cell was informed that Iceland's current 14-day rate per 100,000 population stood at 51.8. In the paper, work had been done to include information on infection rates and deaths, to enable the context of the period during which the lockdown had been implemented to be understood. The Interim Director, Public Health Policy, indicated that mass testing could also be considered in tandem with some form of restriction, an approach that had been adopted in the Vo region of Italy. It was agreed that the earlier the lockdown was introduced, the shorter the duration thereof.

With regard to the third aforementioned trigger, the Chair of the Cell indicated that there would be a significantly adverse effect on the Hospital and the ability of the Health and Community Services Department staff to cope before the ITU capacity was compromised. He reminded the Cell that even as few as 10 positive cases of COVID-19 would result in the Nightingale Wing of the Hospital being opened, which would impact the ability to deliver planned care. Consequently, he suggested that the trigger should be at a much lower level and the Interim Director, Public Health Policy, undertook to include this in the paper.

The Cell noted the position and indicated that it wished to receive a paper in relation to the economic impacts of a lockdown at its next meeting.

Singing. A7. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A8 of its meeting of 19th October 2020, recalled that when it had discussed the move to Level One of the Safe Exit Framework, some activities, including singing, had remained restricted and officers had been asked to explore various options in connexion therewith in preparation for Christmas, whilst advocating the retention of the



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*status quo* at that juncture. The Cell received and noted a paper, dated 9th November 2020 entitled ‘Covering note for STAC’, which had been prepared by the Head of Public Health Policy.

The Cell was informed that Deputy R.J. Renouf of St. Ouen, Minister for Health and Social Services, had considered its previous advice and had presented potential and wider options for relaxations to the States Assembly. Deputy L.M.C. Doublet of St. Saviour had subsequently lodged a Proposition ‘*au Greffe*’ entitled, ‘Safe singing during COVID-19’ (P.159/2020 referred). Therein, she advocated that the guidelines relating to singing should be amended to permit it within schools in established class bubbles and that the Minister for Health and Social Services should consult with a representative group of Jersey singers and musicians in the development of those and future guidelines relating to safe singing policies during the pandemic.

The Cell recalled that singing in pre-school children was an important way of teaching them, as was also the case for primary school children. Accordingly, it was agreed that bubbles of pre-school children and up to 15 primary school children could engage in singing and that singing in secondary schools would not be permitted, except in small numbers and for exam purposes. The Head of Public Health Policy informed the Cell that Deputy Doublet had indicated that she might be inclined to withdraw her Proposition if she had the support of the Minister for Health and Social Services, the Consultant in Communicable Disease Control and the Cell to bring forward such guidance.

In light of the recent significant increase in the number of positive cases of COVID-19, the Cell was not minded to advise any further relaxation of the guidance in respect of singing at the current time and emphasised that any singing by pre-school and primary school children should not be with a live audience.

List of Aerosol  
Generating  
Procedures. A8. The Scientific and Technical Advisory Cell (‘the Cell’) received and noted a list of Aerosol Generating Procedures (‘AGP’), dated 22nd October 2020, which had been prepared by Public Health England. The Consultant in Communicable Disease Control, mooted that rather than try to work from the lists produced by every college and society, it would be more consistent to use the Public Health England summary within the Hospital and this proposal was endorsed by the Cell.

Matters for  
information. A9. In association with item No. A2 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- a paper for information, dated 27th November 2020, entitled ‘COVID-19 – weekly operational snapshot;
- a report entitled ‘PH Intelligence: COVID-19 Monitoring Metrics’, dated 27th November 2020, which had been produced by the Strategic Policy, Planning and Performance Health Informatics Team;
- a weekly epidemiological report, dated 26th November 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- death statistics for the week to 26th November 2020, from the Office of the Superintendent Registrar; and
- a football report for King Street, St. Helier for week 47 2020 (16th to 22nd November), which had been prepared by Springboard.