KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(40th Meeting)

4th January 2021

(Meeting 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 meetings of 14th, 17th, 18th, 21st, 22nd and 29th December 2020, which had previously been circulated. Members were asked to provide any feedback thereon to the Secretariat Officer, States Greffe, by the end of 6th January 2021, in the absence of which they would be taken to have been confirmed.

Monitoring metrics.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 29th December 2020, received and noted a PowerPoint presentation, dated 4th January 2021, entitled 'STAC monitoring update' which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and heard from her in relation thereto.

The Cell was informed that, as at 3rd January 2021, there had been a total of 2,821 positive cases of COVID-19 in the Island since the start of the pandemic. There were 440 active cases, who had been in direct contact with 1,152 individuals. Of the active cases, 191 had been direct contacts of symptomatic individuals, 101 had been identified through planned workforce screening and no test reason had been allocated in 58 cases. Just over one third of the active cases (33.86 per cent) were asymptomatic, whilst 269 people were experiencing symptoms of the virus. The Cell was provided with a breakdown of the number of active cases by age range – in 10 year blocks - and gender. With regard to the positive cases by the test reason category over the previous 3 weeks, it was noted that the majority had been identified through contact tracing (36.18 per cent), workforce screening (29.7 per cent) and people seeking healthcare on experiencing symptoms of the virus (19.94 per cent). The Principal Officer, Public Health Intelligence, informed the Cell that there remained some issues around the reasons allocated for the swabs, but improvements had been made.

Since 23rd December 2020, there had been a daily average of 23 cases, which was a drop from the period between 10th and 22nd December when there had been an average of 78. It was noted that when the inbound positive cases were removed from these figures, the daily average was currently approximately 20. During much of December, more than 2,000 swabs had been taken on a daily basis, but this had fallen just before Christmas and whilst now increasing, remained below that rate. With regard to the number of daily cases and tests and the test positivity rates for various age groups (those under 18 years, from 18 years to 39 years, from 40 years to 59 years and those aged over 60 years), it was noted that there had been fewer tests on those aged under 18 years than any other group, but the test positivity rate in that cohort was the highest and was currently at 4 per cent. The positivity rate in the group aged from 18 years to 39 years had remained relatively stable, at around 2 per cent. Despite a large number of tests having been taken from those aged between 40 years and 59 years, that group's test positivity had significantly declined and this was also noted to be the case for the over 60s.

The Cell was shown a new slide, which set out the Hospital occupancy rates and the daily admissions of people who had been positive for COVID-19 on admission, or in the 14 days prior and those who had tested positive for the virus after entering the Hospital, based on the definitions used by the United Kingdom ('UK'). It was noted that the 7-day admissions rate, per 100,000 population was currently 20 in the UK, whereas in Jersey it had recently declined from 29 before Christmas to 11. Members of the Cell expressed some surprise at the relatively low rates for the UK in light of recent media coverage, but the Principal Officer, Public Health Intelligence, reminded them that the figure was for the whole of the UK and some areas were less significantly affected than others. It was suggested that it would be useful for the Cell to continue to be provided with the figure for the whole of the UK, but also London and another area which was comparable with Jersey. It was also proposed that it would be helpful for the Cell to receive the incidence rates per 100,000 population, because this would make allowances for the difference in testing rates. The Managing Director, Jersey General Hospital, urged some caution when making comparisons with the UK in this regard as a consequence of the difference in the ways that hospitals operated and the huge pressures faced in that jurisdiction's 'out of hospital' system. He suggested that it might be preferable to compare the numbers of patients receiving critical care and the community caseload.

Since the start of the pandemic, there had been 44 deaths registered with COVID-19 referenced on the death certificate, with 12 occurring during the second wave, which had commenced in October 2020. For 2020, to December 27th, there had been 674 deaths, which was lower than for the same period in 2019 (735) and over one hundred fewer than in 2018, when there had been 779 deaths. The Principal Officer, Public Health Intelligence, informed the Cell that she hoped to present her research on local changes to death patterns at the next formal meeting. The Cell was provided with the PH Intelligence: COVID-19 Monitoring Metrics, which had been prepared by the Health Informatics Team of the Strategic Policy, Planning and Performance Department on 3rd January 2021 and which set out details of the positive cases that had been identified over the previous 2 weeks. With regard to the ages of those people who had tested positive for the virus, it was noted that there had been a recent decline in cases in those aged between 12 years and 17 years, whereas there remained some cases in those aged under 11 years. There had also been a drop in positive cases in those aged over 60 years.

The total number of confirmed positive cases since the start of the pandemic had started to plateau and there had been a decline in the number of current active cases. In line with this, there had been a downturn in the number of positive cases where the individual had an underlying medical condition. The number of calls made to the Helpline by people experiencing symptoms of COVID-19 had been low on Christmas Day and Boxing Day and with the exception of one busy day, had remained relatively low over the previous 2 weeks. The Cell noted a graph, which set out the number of patients in the Hospital who had tested positive for the virus and which showed that there had been a decrease in the daily average from 30 in mid-December 2020 to 24 at the start of 2021. With regard to inbound travellers, it was noted that for the last available complete week of data (week commencing 28th December), there had been 900 arrivals and 17 people had tested positive for COVID-19, which equated to a test positivity rate of 1.89 per cent, which was lower than for the previous week.

In respect of testing, it was noted that the local weekly testing rate, per 100,000 population, had been 10,700 during the week ending 27th December, which was significantly higher than the UK (4,219) and other jurisdictions with which the Island had close links. During the same period, there had been a downturn across all areas in the number of tests undertaken when compared with the previous week. Inbound travel had declined from 3,660 to 2,810, those seeking healthcare from 470 to 290 and on-Island surveillance from 9,450 to 8,420. The weekly test positivity rate locally had

declined to 3.3 per cent and had increased in the UK to 10.3 per cent. On a 7-day moving average, the test positivity rate had declined to 1.62 per cent on 3rd January, down from a peak of 5 per cent in mid-December. The Cell noted a graph of the 7-day and 14-day cumulative case numbers per 100,000 population, which mapped those against certain key events since the start of the pandemic. As at 27th December, the 7-day rate per 100,000 population had been 161 and the 14-day rate 606.

The Cell was shown maps, prepared by the European Centre for Disease Prevention and Control ('ECDC'), which set out the geographic distribution of cumulative numbers of reported COVID-19 cases per 100,000 population on a European basis, for weeks 51 to 52 of 2020 (weeks commencing 14th and 21st December) when compared with the previous week. Of particular note was the significant increase in cases in the East and South East of England (including London) and the Midlands. With respect to the areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 7th November 2020 to 2nd January 2021, the Cell recalled that the decision had been taken that all UK regions should be classified as Red with effect from 22nd December (to include people transiting through the UK), so the information contained in the charts reflected what would have been reported. However, the Cell noted that, as at 2nd January 2021, the whole of England would have been categorised as Red. There had been an increase in Amber areas in Scotland, Northern Ireland remained totally Red and the whole of Wales had become Red. In Eire the situation had declined further, with 73 per cent of areas now Red. France remained stable, with 85 per cent of areas Red and all of Italy and Germany remained Red. For those countries and territories that were not included within the regional classification, there had been a very slight increase in those designated as Green.

The Cell was provided with information from the local EMIS central records system in relation to flu-like illness for the period from 6th September 2020 to 3rd January 2021 and noted that, during the last complete week, only one case had been encountered, which represented a significant reduction on the previous week and continued the trend of much lower than normal infection rates when compared with previous years.

The Cell was provided with an analysis of cases of COVID-19 in those aged over 70 years and noted that there had been a significant decline in the positivity rate for that cohort, notwithstanding that there had been a slight downturn in the daily testing rate per 100,000 population. For the period from 29th September to the end of December 2020, the cases in those aged over 70 years had been divided out into those in the community, in care homes and in Hospital. Of those in the community, there had been 93 cases, of which 48 had been female, 41 male and 4 unknown and almost three quarters (74 per cent) had experienced symptoms. 38 per cent had contracted the virus in their household, for 23 per cent there had been an unknown source of infection and for 18 per cent the transmission had been in the community, which included hospitality, visits to people in Hospital, attendance at church and parties. Of the aforementioned 93 cases, 50 had been in people aged between 70 and 74 years and 21 in those aged between 75 and 79 years. It was felt that this could be indicative that the younger Islanders in the over 70s age group, which had been advised to shield, were less likely to take that advice as seriously as the older and more vulnerable.

The Cell noted the position and thanked the Principal Officer, Public Health Intelligence, for her excellent work.

Re-connection.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 29th December 2020, recalled that, over the period from late November to mid-December 2020, Ministers had implemented a range of non-pharmaceutical interventions, which had the effect of introducing an extended 'circuit break', with a view to restricting the transmission of COVID-19 within the Island. These had included the closure of non-essential retail premises, hospitality

settings and close contact services, the advice to work from home if possible, the requirement to wear masks in indoor public settings, restrictions on the size of gatherings, the decision to categorise the whole of the United Kingdom as a 'Red' area – which included day trips to and from that jurisdiction and anyone transiting through it - and advice to avoid intermingling with other households. Some of these were enshrined within legislation and others took the form of guidance and were supported by the ongoing test, trace and isolate policy. Mindful that these measures restricted people's life and livelihoods, they would not be sustainable in the long term, so Ministers would wish to exit some, or all, of them at some juncture, based on evidence that it was appropriate to do so. The Cell was cognisant that Ministers had publicly indicated that certain measures would be reviewed from 11th January 2021 and they would, accordingly, need to make a decision at that juncture, even if it was that the *status quo* should remain.

The Cell received and noted a PowerPoint presentation, dated 4th January 2021, entitled 'Circuit Re-connection version 2 (updated with RAG rating)', which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, who informed the Cell that this represented an updated version of the presentation that he had given to the Cell on 29th December 2020, with which there had been broad agreement, subject to certain caveats. The Cell recalled that some of the key considerations underpinning a re-connection policy might include the timeline for the COVID-19 vaccine by cohort; the research into the effectiveness of lockdowns and circuit breaks in other jurisdictions, which had previously been presented to the Cell; any evidence from the Analytical Cell in relation to unlinked cases and clusters and the perceived relative effectiveness and degree of risk associated with each measure individually. These would be considered against a backdrop of non-Covid harms to the Island's economy and Islanders' health, wellbeing and livelihoods. The criteria used in determining re-connection might include the 7-day case notification rate, the 7-day positivity rate and daily positivity rates in older adult populations – notably those aged over 70 years - and evidence of significantly reduced unlinked case clusters from the Analytical Cell.

The Cell recalled that it had been proposed that a staged approach should be adopted to the re-connection, with the most recently imposed measures the first to be relaxed, such as permitting non-essential retail premises to open. The Interim Director, Public Health Policy, informed the Cell that he had now allocated a RAG (Red / Amber / Green) rating to each of the re-connection priorities, with those priorities that had been identified as Stage 1 being Green, those in Stage 2 as Amber and those in Stage 3 and post-vaccination as Red. It was important that the relaxation of any measures that would improve the economy and people's wellbeing did not compromise Islanders' health, or the COVID-19 vaccination programme.

The Chair of the Cell suggested that in light of the speed with which the situation could worsen, as had been recently experienced in the United Kingdom ('UK'), a cautious approach should be adopted, because if too many measures were relaxed at any one juncture, it would be difficult to assess which one was having an adverse impact on the active cases. This view was shared the Consultant in Communicable Disease Control, who emphasised the need to afford precedence to essential services, which included the re-opening of the schools in physical form, which was scheduled to take place on 11th January 2021. He urged extreme care and did not wish for any steps to be taken which could undermine their safe re-opening and which could result in large numbers of pupils having to stay home, with the attendant impact on the economy as a consequence of parents, or carers, being required to also remain at home in order to look after them.

The Independent Advisor - Epidemiology and Public Health, suggested that caution should be exercised when comparing Jersey with other jurisdictions, because the transmission context was different in the Island than in the UK. There was improved

adherence to public health guidance, the test and trace system was better and there were strict controls at the borders. He opined that the true levels of transmission of COVID-19 during November and December 2020 had been less than had appeared and that this was also the case for the apparent recent decline in cases. The introduction of multiple interventions had contributed to the plateauing, but it was important to weigh up the economic impact of the restrictions and their perceived impact on the transmission of the virus. As an example, the closure of non-essential retail premises had adversely affected the Island's economy to a large extent, but had little impact on the disease. However, the Cell was reminded that during December an analysis of the active cases had been undertaken and 300 had been from an unknown source, so it was not possible to definitively state that they had not originated from retail premises. Moreover, the full impact of Islanders gathering on Christmas Day and Boxing Day had also not yet been seen, mindful that inter- and intra-household mixing was known to be a vector for transmission.

The Chair of the Cell proposed that there might be merit in articulating the risk and benefit posed by each measure contained within the various re-connection stages and potentially including more frequent, smaller, steps in order to provide Islanders with a source of some optimism. The Independent Advisor - Epidemiology and Public Health, indicated that people would also need to be reminded that they should expect there to be an ongoing level of transmission of COVID-19 over the coming months and that it was unlikely that the numbers of active cases would decline to extremely low levels for some time.

The Chief Executive Officer, Influence at Work, informed the Cell that the Behavioural Science Design Group would be meeting on the afternoon of 4th January and would allocate some time to discuss the circuit re-connection policy. He indicated that, at New Year, people were mindful of progress, so it would be important to communicate that steps were being taken, albeit in a slow and safe way and he would report back to the Cell on the outcomes from the meeting.

The Interim Director, Public Health Policy, indicated that he could undertake some further work on those measures currently contained within Stage 1 and that relevant colleagues could potentially carry out an economic impact analysis. He agreed that a degree of caution should be exercised, mindful that the statistics from Eire were testimony to the speed with which the virus could again take hold, when non-pharmaceutical interventions were relaxed and because the full impact from gatherings at Christmas had not yet been felt. He informed the Cell that the Competent Authority Ministers would be meeting on 6th January and if it was decided that various mitigating measures would remain in place from 11th January, they would need to renew the legislative Orders that had introduced them, as appropriate. It would be for the Ministers to decide upon the stance that they wished to take, because the relaxation of any measures would pose some risk, which could not be quantified with total certainty, particularly when it was considered against a backdrop of the potential presence of the more rapidly transmitted strain of COVID-19 in the Island (N501Y). He confirmed that it would be recommended to the Competent Authorities that the schools should re-open for learning in a physical environment from 11th January.

The Cell decided that it wished to reconvene on the 5th January 2021, in order that all members would have the opportunity to express their opinions on the proposals in advance of the meeting of the Competent Authority Ministers, particularly because there was a divergence of views.

COVID-19 Vaccination programme.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 29th December 2020, recalled that the Island had already been provided with batches of the Pfizer COVID-19 vaccine, which had facilitated the administration of the first dose of the same to many care home residents,

in addition to frontline care staff working in the homes. The Cell accordingly received and noted a PowerPoint presentation, dated 3rd January 2021, entitled, 'Project Rozel – COVID-19 Vaccination. STAC Presentation. Deployment Timeline Jan/Apr 2021' and heard from the Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, in relation thereto.

She informed the Cell that the Oxford-AstraZeneca vaccine had now received approval for use from the Medicines and Healthcare products Regulatory Agency and the Joint Committee on Vaccination and Immunisation ('JCVI') had issued advice which extended the interval between which people would receive the first and second doses of the vaccine up to 12 weeks. In the light of the foregoing, the timeline at which the vaccine would be offered to the various cohorts had been revised, based on an interval of 10 weeks between doses and she provided the Cell with the indicative dates, based on the most optimistic view of the provisional deliveries of the vaccines into the Island.

Now that many care home residents and staff had received their first vaccination, the programme of delivery to those Islanders aged over 80 years was due to commence and it was noted that there would be adverts in the media, directing them to book an appointment online through a Government portal and attend the vaccination centre at Fort Regent. Mindful that some of this cohort might not have easy access to the internet, friends and family would be encouraged to assist in this regard. In the event that someone was housebound, a mobile vaccination unit would be sent to their home.

The Head of Policy (Shielding Workstream), showed the Cell a draft version of the dashboard that had been prepared which would be of use to colleagues working in Public Health and would provide information to Islanders. It would contain details of such things as the number of doses that had been administered and the percentage of the population that had been immunised by age. It also contained a table of the number of COVID-19 vaccination doses administered per 100 people in the population and it was noted that Jersey was currently third in the world, behind only Israel and Bahrain.

The Cell sought reassurance that there was a good rationale for following the JCVI guidance in relation to the spacing of the 2 doses of the vaccine. The Consultant in Communicable Disease Control explained the level of overall efficacy of the first dose of the Pfizer and Oxford-AstraZeneca vaccines and indicated that in managing an outbreak of a virus by the use of vaccine – rather than rolling out routine vaccinations - it was important to act in the best interests of the wider population and to vaccinate as many people as possible, in the knowledge that the second dose would be administered 10 weeks later. The JCVI and Medicines and Healthcare products Regulatory Agency (MRHA) had issued this recommendation and Jersey had adhered to their guidance since the outset, in the knowledge that the local epidemiology followed the United Kingdom with regard to infectious diseases.

It was recalled that the JCVI had issued advice on the priority groups for the first phase of the vaccination programme down to those aged over 50 years. With regard to the second phase, which may include healthy individuals aged from 16 years to 50 years, the JCVI had suggested that occupational prioritisation could form part of the second phase of the programme, but had not issued definitive guidance. The Cell felt that it was important for the public to be aware of how the deployment of the vaccine had been prioritised and for people to know when they would be likely to receive the same, because some requests for early vaccination had been received and it was key to ensure that the process was transparent.

The Cell noted the position and congratulated the Head of Policy (Shielding Workstream) on the draft dashboard.

Lateral flow

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to

devices.

Minute No. A7 of its meeting of 29th December 2020, recalled that the United Kingdom Department of Health and Social Care had offered the Island 65,000 Innova Lateral Flow Devices ('LFDs') at no cost and that these had been approved for 'home' use by the Medicines and Healthcare products Regulatory Agency on 23rd December 2020. It was further recalled that these devices had been employed for the mass testing initiative in Liverpool and had been found to perform effectively and detect at least 50 per cent of all PCR positive individuals and more than 70 per cent of individuals who had higher viral loads, whether displaying symptoms, or asymptomatic. It had been mooted at the meeting of the Cell on 29th December 2020 that they could be used in the schools.

The Cell accordingly received and noted a PowerPoint presentation, dated 4th January 2021, entitled 'Policy options: Schools COVID testing programme', which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and heard from him in relation thereto. He indicated that following the Cell's advice that a testing programme for schools should be established, comprising both PCR testing and use of LFDs, Ministers had decided to offer all school staff and pupils in years 11 to 13 a PCR test prior to the start of the Spring Term and had delayed the start of the term for pupils to 11th January to facilitate the establishment of a proportionate testing regime. It was hoped that this would reduce the risk of school-based outbreaks of COVID-19, would enable cases and clusters to be contained at an early juncture to minimise the risk of intergenerational transmission and would provide reassurance that the schools were safe, such that as few days as possible would be missed by the pupils.

The Cell considered whether the LFDs should be issued for use by the pupils at home, in order to obviate the need for the schools to establish testing centres. However, it was noted that this would require the packs of tests to be split, on the basis that they were boxed in units of 25, with only 2 bottles of solution, with the potential for unused tests to be wasted. It was also noted that the accuracy of the tests was lower when used unsupervised and there was the risk of non-adherence. There were also issues around the need for enhanced parental involvement in consent and supervision arrangements and the IT solution for the reporting of results by individuals would be more complex. Accordingly, the Cell's preferred option was for the tests to be administered in the schools, with the pupils self-testing under the supervision of staff, which resulted in improved accuracy. It was noted that this was one of the most common use cases for the Innova LFDs in England.

The Cell was invited to consider whether the teachers should be offered the LFD tests, which age groups of pupils, years 11 to 13 or years 7 to 13 and the frequency of the tests. It was noted that anyone who tested positive on an LFD would be required to isolate until this was confirmed by a PCR test and further contact tracing procedures would apply. It was mooted that in light of the uncertainty around the transmissibility of the new variant of COVID-19, testing of all pupils in years 7 to 13 might be prudent until a clearer picture was obtained and the free allocation of LFDs would enable all secondary school pupils to be tested until half-term on a weekly basis. Thereafter, if more were required, consultation would need to take place with the Treasury. It was proposed that the teachers should be offered PCR tests on a more frequent basis than currently (every 8 weeks), potentially every 3 or 4 weeks. It was noted that the introduction of testing facilities into the schools would place responsibility on them to organise the same, with guidance from the Government and it would be necessary to consult with officers from the Children, Young People, Education and Skills Department and head teachers in this regard.

Having discussed the foregoing, the Cell recommended that the LFDs should initially be used to test both teachers and pupils in years 11 to 13 on a weekly basis. By reducing the number of year groups, this would reduce the pressure on the schools and in the event that lots of infection was encountered in the year 11 pupils, testing of younger

children could be undertaken. As aforementioned, in the event that someone returned a positive LFD result, they would be required to return home and await confirmation by means of a PCR test, which could take up to 24 hours to process through the Open Cell laboratory.

The Cell noted the position accordingly.

Matters for information.

A5. In association with Minute No. A2 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- a weekly epidemiological report, dated 31st December 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 31st December 2020, which had been compiled by the Office of the Superintendent Registrar; and
- am estimate of the instantaneous reproductive number (R_t) for COVID-19 in Jersey, dated 30th December 2020, which had been prepared by the Strategic Policy, Planning and Performance Department.