KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(42nd Meeting)

11th January 2021

(Meeting conducted via Microsoft Teams)

PART A (Non-Exempt)

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

Welcome.

A1. The Chair of the Scientific and Technical Advisory Cell ('the Cell'), welcomed the Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, to his first meeting of the Cell. He indicated that he had read the last set of Minutes and was *au fait* with the roles played by the various Members. The Cell also welcomed the Assistant Greffier (Committees and Panels), States Greffe, who was attending to observe the current meeting.

Meetings and minutes.

A2. The Chair of the Scientific and Technical Advisory Cell ('the Cell') thanked the Members for attending 2 meetings during the week commencing 4th January 2021. The Cell received and noted the Minutes from the meetings held on 4th and 5th January, which had previously been circulated and was asked to provide any feedback on those from the 4th to the Secretariat Officer, States Greffe, by the end of 11th January 2021, in the absence of which they would have been taken to be confirmed. The Minutes from the 5th would be re-tabled for approval at the meeting on 18th January 2021.

The Chair informed the Cell that the Comptroller and Auditor General would be reviewing the Government's response to the COVID-19 pandemic and, as such, would be considering the formal records of the Cell's meetings. She had already commented on the richness of the discussions that took place in the Cell, when compared with the United Kingdom's Scientific Advisory Group for Emergencies ('SAGE'), which he considered a compliment. He emphasised that the Cell provided the best advice that it could and, in so doing, Members should be able to challenge one another and test out theories. It was important to demonstrate that issues had been fully discussed and the balance of harms considered when formulating the advice.

Monitoring metrics.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 4th January 2021, received and noted a PowerPoint presentation, dated 11th 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 10th January 2021, there had been 301 active cases of COVID-19 in Jersey, which brought the total number of positive cases, since the start of the pandemic, to 2,972. The active cases had been in direct contact with 972 individuals, who were isolating and the 14-day case rate per 100,000 population currently stood at 282. Of the aforementioned 301 active cases, approximately three fifths (58.8 per cent) were experiencing symptoms of the virus, over one third (36.21 per cent) were asymptomatic and in 5 per cent of cases it was unknown if they were symptomatic. More females were currently infected than males (171 compared with 130) and most cases were in adults of working age, although there were a small number

of cases in children aged under 10 years. 91 of the active cases had been direct contacts of symptomatic individuals, 84 had been identified through planned workforce screening and 63 through arrivals screening.

It was noted that 38 positive cases had been detected on 9th January, of which 25 had been identified within care homes, largely through cohort and workforce testing. Since 23rd December 2020, there had been a daily average of 22 cases, which was a drop from the period between 10th and 22nd December when there had been an average of 78. The figure for 11th January, which was due to be finalised, was believed to be 21. It was noted that when the inbound positive cases were removed from these figures, the daily average was currently approximately 18. It was recalled that, during much of December, more than 2,000 swabs had been taken on a daily basis, but this had declined just before Christmas and whilst 2,600 tests had been taken on one day in early January, before plateauing around 2,000, the current rates were lower than 2,000. It was noted that there had been an increase in workforce screening, which included those employed in the schools. As at 7th January, 1,713 school staff had been tested (1,272 teachers), of which a very small percentage had received a positive result. As at the same date, 1,006 pupils in school years 11 to 13 had also undertaken PCR tests. With regard to the number of daily cases, the number of 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 an increase in testing of the youngest cohort, which included the years 11 to 13 children, in advance of the return to school, but the test positivity rate had dropped to below one per cent.

It was queried as to what extent this decline in the positivity rate could be attributable to the additional week (from 4th to 11th January) that pupils had not been in school. The Chair of the Cell indicated that the Cell would be required to consider the situation in the schools at its meeting on 18th January, in order to formulate advice to be provided to the Competent Authority Ministers on 20th January. It was not possible to state definitively what was happening in those *loci* and it was not known if the N501Y variant of the virus, which had enhanced transmission, was present in the Island. However, the World Health Organisation and the European Centre for Disease Prevention and Control ('ECDC') had indicated that school closures should only be affected as a last resort. Further, the Royal College of Paediatrics and Child Health had stated that children should be in the schools and when the schools had been closed in 2020 there had been a significant drop in referrals to the local Multi-Agency Safeguarding Hub (MASH), which were mostly made by school staff. It was not possible to state that there was no risk at all to children of contracting COVID-19 by being in school, but some were at greater danger by not being in school and, on the balance of harms, it was far better for them to be there. The Cell was informed that Jersey was leading the way in routinely testing children in certain year groups and that the UK was considering the introduction of such measures, potentially using SureScreen lateral flow tests.

It was noted that there had also been an uplift in the testing of the 18 to 39 and 40 to 59 year age groups, partly as a consequence of workforce screening, but their test positivity was around one per cent. In the over 60s group, the test positivity rate was just over one per cent, but this would take into account the aforementioned recent positive cases identified in care home settings.

The Cell noted the Hospital occupancy rates and the daily admissions of people who had been positive for COVID-19 on admission - or in the 14 days prior - and those who had tested positive for the virus after entering the Hospital, based on the definitions used by the UK and was informed that the occupancy level had fallen to 5, down from over 30 in the second half of December 2020. The 7-day case rate per 100,000 population had declined to 126 from over 500 during the same period and the admission rate to 7. The Cell was informed that this was lower than in all areas of the UK.

Since the start of the pandemic, there had been 57 deaths registered with COVID-19 referenced on the death certificate, with 25 occurring during the second wave, which had commenced in October 2020. The Principal Officer, Public Health Intelligence, informed the Cell that she had undertaken a comparison of the monthly death totals during 2020 with the 5-year average for the period from 2015 to 2019. In January and February 2020, the number of deaths had been lower than the 5-year average and during the period from March to October, the figures had diverged from the average by only plus or minus 10. However, in November 2020 there had been a decrease of 14 on the average, followed by an increase of 18 in December. In that month, there had been 90 deaths, which, whilst high, was not the largest number of deaths recorded in any one month, noting that 95 people had died in January 2015. Overall, the average annual number of deaths for the period from 2015 to 2019 had been 806 and in 2020 there had been 753. The Cell was informed that it would receive an update at a subsequent meeting, as more data was obtained on the reasons for the deaths.

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 10th 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 during that period, there had been none aged under 12 years and only a few in the age range from 12 years to 17 years, whilst there had been a spike in those aged over 60 years. There had been a decrease in the number of positive cases identified as a consequence of people seeking healthcare upon experiencing symptoms of the virus, which now accounted for 19.39 per cent of the total. The Cell noted the cumulative positive cases since the start of the pandemic and was pleased to note that several days had elapsed since someone with an underlying medical condition had tested positive. It was recalled that there had been a decrease in the number of people contacting the Helpline to report symptoms of COVID-19 over the festive period and this remained the case. An average of 100 daily calls had been received during the week of 4th January 2021. The Consultant in Communicable Disease Control informed the Cell that anyone who received a positive PCR result was now automatically asked if they had received the COVID-19 vaccine and, if so, the date of vaccination.

The Cell was shown a new slide, which tracked the cumulative number of COVID-19 deaths over the period from August 2020 to present, by age band and location. Over half of the deaths (54.39 per cent) had occurred in the Hospital and over one third (36.84 per cent) in care homes. The largest number of deaths had been in those aged between 80 and 89 years, with only 5 deaths in Islanders aged under 70 years.

With regard to inbound travellers, it was noted that for the last available complete week of data (week commencing 4th January), there had been 1,200 arrivals and 26 people had tested positive for COVID-19, which equated to a test positivity rate of 2.16 per cent. In respect of testing, it was noted that the local weekly testing rate, per 100,000 population, had declined to 8,100 during the week ending 3rd January 2021, which was significantly higher than the UK (4,303) and other jurisdictions with which the Island had close links. However, the testing of 2,600 people on 4th January would result in these numbers increasing. 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 2,810 to 2,270 and on-Island surveillance from 8,420 to 6,210. The number of people seeking healthcare had also slightly reduced from 290 to 280. The weekly test positivity rate locally had declined to 1.6 per cent and had significantly increased in the UK to 13.5 per cent, whereas in Poland the rate had dropped, but still exceeded 20 per cent. On a 7-day moving average, the test positivity rate on 10th January had been 1.5 per cent, 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 mitigating measures that had been introduced since the start of the pandemic. As at 3rd January 2021, the 7-day rate per 100,000 population had been 130 and the 14-day rate had dropped significantly to 298.

The Independent Advisor - Epidemiology and Public Health, referenced the criteria that had been included within the circuit re-connection policy that the Cell had discussed at its meetings of 4th and 5th January 2021 and opined that the metrics, which had been proposed as trigger points for the relaxation of mitigating measures had now been attained. He expressed the wish to receive some data in respect of the numbers of health and care staff who had received the COVID-19 vaccine and repeated the request for modelling to be undertaken of the anticipated severe COVID-19 cases, which were likely to require hospitalisation, by the various rates of transmission. He had expected for the test positivity rates in those Islanders aged over 70 years, who were neither in care homes, nor the Hospital, to be provided on a weekly basis, as this would be indicative of whether the instruction for that cohort to 'shield' was being heeded. The Principal Officer, Public Health Intelligence, informed the Cell that when she had undertaken the review of cases in the over 70s (Minute No. A2 of 4th January 2021 referred), it had been a manual exercise to separate out those Islanders who were resident in care homes. It would be possible to provide the information, but would impact capacity within the Public Health Team to a certain extent. The Clinical Lead, Primary Care, indicated that this data was held by primary care and it was agreed that further discussion should take place outside the formal setting of the current meeting in this regard.

The Cell was shown maps, prepared by the 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 52 to 53 of 2020 (weeks commencing 21st and 28th December) when compared with the previous week. Unfortunately, the most recent map did not include the data for the UK, but there had been increases in the numbers of cases in Eire, Spain and Portugal. 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 12th January 2021, the Cell was cognisant that the decision had been taken that all UK regions should be classified as Red with effect from 22nd December 2020 (to include people transiting through the UK and day trips to and from that jurisdiction), so the information contained in the charts reflected what would have been reported. However, the Cell noted that, as at 12th January 2021, the whole of England, Wales and Northern Ireland would have been categorised as Red. There had been an increase in Amber areas in Scotland and in Eire the situation had declined further and it was now all Red. Only the French overseas territories were now Green, whilst 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 Red, which now accounted for 36 per cent of the total.

The Cell was presented with new slides, which reviewed the situation in the UK and the English regions. It was noted that, as at 10th January 2021, there had been a daily average of almost 55,000 positive cases of COVID-19 in the UK and 417,570 over the previous 7 days, which represented an increase of 14 per cent. Case numbers had increased from September 2020, had declined in November, but had then grown sharply to January 2021, such that the estimated effective reproduction number (R_t) was between 1.0 and 1.4, with a daily infection growth rate range of zero per cent to plus 6 per cent. There had been a small increase each day in the number of virus tests conducted, but it was noted that the PCR testing capacity was 778,382, whereas the daily average was below that, at almost 620,000. The Cell noted the increase in case rates per 100,000 population for the various regions of England, most notably in London, the South East, East of England and West Midlands. In all areas, these

exceeded Jersey's current rate of 130. With respect to the various age groups, it was noted that there had been a slight upturn in cases in those aged under 10 years, with the majority of cases in those aged between 20 years and 59 years.

With regard to hospital admissions, these were currently at the level which had been experienced in April 2020, with a daily rate of over 4,000. Over the previous 7 days 24,292 people had been admitted to hospital, which represented an increase of 34.8 per cent. The highest hospital admission rates were in London, the East of England, the South East and West Midlands. The highest hospital admission rates per 100,000 population were in those people aged over 85 years and then decreasing rates in younger cohorts. The weekly intensive care unit (ICU) and high dependency unit (HDU) admission rates were significantly higher in London than elsewhere in England, with the next highest rates in the East of England and West Midlands. Of interest was that the ICU and HDU admissions for those aged over 85 years were relatively low, with the highest rate per 100,000 population in those aged between 65 and 74 years and then those aged between 45 years and 64 years and those aged between 75 years and 84 years. The number of COVID-19 patients in mechanical ventilation beds had increased and was currently at approximately 3,000, which mirrored the situation that had been encountered in April 2020. The average daily death rate in people who had tested positive for COVID-19 within the preceding 28 days was 563 and in the 7 days to 10th January 2021, there had been 6,363 deaths, which represented an increase of 48.9 per cent.

The Consultant in Communicable Disease Control indicated that the information from the UK was indicative of what could happen when it was not possible to control the spread of COVID-19. He opined that the increases in cases were likely to have been driven by the new variant of the virus (N501Y) and whilst it had not yet been formally confirmed that it was present in Jersey, he suspected that it was, because of the sharp increase in local cases in December and the close connectivity of the Island with the UK. Several positive cases had been sent to the Porton Down laboratory for sequencing, but all had, so far, not shown the presence of the N501Y variant. He indicated that any positive tests from people who had visited South Africa or Zimbabwe were also sent to Porton Down, due to the other variant (E484K) that was known to have emanated from South Africa. He emphasised that it was important to keep infection rates low, in order to enable as many people as possible to receive the COVID-19 vaccine, which was designed to reduce severe symptoms from the disease and to keep hospital admissions at manageable levels. It was questioned whether care home residents would continue to be screened for COVID-19 once they had received both doses of the vaccine. The Consultant in Communicable Disease Control indicated that the current public health approach would not be deviated from in the near future, but as more knowledge was obtained of the impact of the vaccine locally and globally, it might be altered, in order to better direct testing resources.

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 10th January 2021 and noted that, during the last complete week, 5 cases had been encountered, which represented an increase from the previous week, when there had been just one, but continued the trend of much lower than normal infection rates when compared with previous years. This was borne out by Flu News Europe, which reported low inter-seasonal levels of flu.

The Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, suggested that over the coming months, as there was a transition from safeguarding lives to a gradual return to 'normality', it might be of use to consider what the indicators of success should be. He opined that these would not only be economic reconnection, but also public service reconnection and might include such targets as the

percentage of children in school, footfall in Town and operations at the Hospital. The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, indicated that he had already commenced work on the next strategic phase, which was 'post-vaccination and recovery' and would develop a dashboard of indicators.

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

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

A4. The Scientific and Technical Advisory Cell ('the Cell') received and noted a PowerPoint presentation, dated 11th January 2021, entitled 'HCS Operational Position Jan 11th. Jersey Health & Care System', which had been prepared by the Managing Director, Jersey General Hospital and heard from him in connexion therewith.

He informed the Cell that the overall Health and Community Services Department's escalation status, as at 11th January, remained 'Green', which was indicative that the health and care system capacity was such that the organisation was able to meet anticipated demand within available resources, but it was noted that some elective services had been disrupted. With regard to bed occupancy, as at the same date, it was overall at 59 per cent, with 25 per cent bed occupancy in critical care and 98 per cent in mental health settings. None of the expansion beds were in operation at the Nightingale Wing, or St. Saviour's. All beds were occupied in Sorel Ward to cater for elective, urgent, cancer treatment. 100 beds were temporarily closed across the wards, but could be used if required and whilst there were high levels of bed occupancy within Adult Mental Health, 40 beds were currently unavailable due to refurbishment and alternative capacity could be used, if needed. There were currently 5 patients in the Hospital with COVID-19, but none of them were ventilated. It was suggested that some of the care home residents who contracted COVID-19 were being managed in primary care settings, with admission to Hospital as a last resort. The Emergency Department had performed well, with all patients waiting fewer than 4 hours.

The Cell was informed that urgent day cases, the main theatre and the Outpatients Department continued to function, as did diagnostics. The Jersey Talking Therapies and Listening Lounge were both physically open and tertiary care was being sustained. The staffing position both within the Health and Community Services Department and the community had improved, noting that Family Nursing and Home Care were due to resume business as usual during the current week. Jersey Hospice had re-opened half of its capacity, which had previously been closed and oxygen supply to the Hospital remained stable, with low levels of use. Furthermore, there were no concerns around the availability of personal protective equipment (PPE).

Within the Emergency Department, including the Urgent Treatment Centre (UTC), there had been an overall reduction in 2020 of 18.03 per cent when compared with 2019, with the most notable declines in April and December. This had also been the case in respect of emergency admissions to the Hospital, which had been almost 17 per cent lower in 2020 than the previous year and the Managing Director informed the Cell that this would be kept under review. There were currently over 10,000 people on outpatient waiting lists and whilst the urgent outpatient activity was being sustained, there had been a notable reduction in appointments and although some of the list had been cleared in June, referrals by General Practitioners had increased towards the end of 2020. There were approximately 2,500 people on the inpatient waiting list and if the reduction in community transmission of COVID-19 continued, it might be possible to re-commence routine activity, noting that urgent and cancer-related cases were being managed. There had been reductions in cervical, breast and bowel screening when compared with previous years and during the periods from March to June and November to December 2020, the number of off-Island referrals for specialist care had declined. Impact reviews

were underway in relation thereto.

Acute Mental health admissions had increased during the first wave of the pandemic, most notably in March 2020 and there had been a significant growth until July. It had taken since that time for the position to recover, particularly around bed occupancy, but although the figures for January 2021 were not available, it was noted that there was currently a high number of patients in Adult Mental Health facilities. The waiting list for Jersey Talking Therapies had recently reduced and it was important to ensure that it did not increase again in the first quarter of 2021. The caseload of the Child and Adolescent Mental Health Services (CAMHS) had grown towards the end of 2020 and currently stood at 799. The Managing Director indicated that he envisaged receiving more information from mental health partners in the community, such as Mind and the Recovery College within the coming weeks, which he would share with the Cell.

The Cell thanked the Managing Director for the interesting presentation and expressed a wish to receive regular updates at future meetings.

Optimising uptake of the COVID-19 vaccine using behavioural science.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 21st December 2020, recalled that the Behavioural Science Design Group ('the Group') had focused on potential areas where behavioural science could be used in a meaningful way in addressing the challenges posed by COVID-19 and had selected the vaccination programme as a project around which to design and test a methodology, which could subsequently be analysed for impact.

The Cell accordingly received and noted a paper, dated 11th January 2021, entitled 'Optimising uptake of the COVID-19 vaccine using behavioural science' and a PowerPoint presentation of the same title and heard from the Chief Executive Officer, Influence at Work, in relation thereto. He indicated that the Group had reviewed academic literature on research analysing vaccination uptake and had focused on the 4Cs framework (*Betsch et al (2015)*), which built upon an outcome from the World Health Organisation vaccine hesitancy working group in 2015 and identified 4 key attitudinal factors that could influence whether an individual was likely to seek vaccination for themselves, *viz* Confidence, Complacency, Convenience and Calculation.

The Group, in consultation with Influence at Work, had decided to direct its focus on Complacency and Convenience. Research demonstrated that there was little evidence of successful intervention in the areas of Confidence and Calculation. Whereas it was important that people were confident in the vaccine, people who were entrenched in their views that they did not have confidence in the vaccine's effectiveness, or trust in the authority overseeing the delivery of the same were unlikely to change their opinions.

In order to address Complacency and Convenience, it was intended to use structures and clear communications to make it easier for people to be vaccinated and to minimise the likelihood of missed appointments. It was mooted that some form of social proof (such as a sticker) that a person had been vaccinated would help to improve uptake. The Group would work closely with the Director of Communications, Office of the Chief Executive and the Head of Communications, Public Health, in order to provide behavioural inputs relating to communications.

The broad insights from the United Kingdom ('UK') in relation to the COVID-19 vaccine was that most people were supportive and willing to receive the vaccination, but some remained nervous, whilst anti-vax sentiment appeared to be waning. The Head of Communications, Public Health, informed the Cell that some insight work had been undertaken locally in November 2020, which demonstrated that Islanders were generally positive, but some were hesitant around the safety of the vaccine – rather than

being anti-vaxxers – so required reassurance. She participated in a weekly communications meeting with colleagues in the UK, who provided an update on sentiment and how positive the population was feeling about the vaccine, which was noted to have increased as more communications were issued and with more versions of the vaccine being approved for use. She felt it would be helpful to carry out some Jersey-specific work on this in conjunction with the Group and Influence at Work. The Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, agreed that this would be of assistance. She informed the Cell that demand for the vaccine currently outstripped supply, but it was possible that this position might change as it was offered to more sectors of society.

It was suggested that, when developing any communications, it would be important to be mindful of the Island's historic and strong links with France, where there appeared to be more concerns around vaccines. It was agreed that uptake of the vaccine would increase if people believed that they would benefit in some way from being vaccinated, either through reduced illness, the ability to see friends and family, or being able to travel more freely.

The Chief Executive Officer, Influence at Work, reminded the Cell that he and his team could provide advice, on an ad hoc basis, on any other issues, as required, where resources permitted. The Independent Advisor - Epidemiology and Public Health, suggested that it would be helpful if they could assist with the messaging around the requirement for people to adhere to relevant isolation periods, as he did not believe that everyone was currently complying therewith.

The Cell accordingly confirmed its continuing support for the use of behavioural science to optimise the vaccination programme and endorsed the decision to focus on the 2 aforementioned areas. On a related note, the Chair informed the Cell that he had asked the Associate Medical Director, who had been instrumental in the preparation of the ethical framework, to prepare guidance for Ministers on the ethics of vaccination.

Care home visiting post vaccination.

A6. The Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, informed the Scientific and Technical Advisory Cell ('the Cell') that she had reviewed the policy on care homes to ascertain how it would need to be revised once residents had been vaccinated against COVID-19, but believed it would require broader policy involvement, involving key stakeholders. Accordingly, she invited the members of the Cell to provide feedback.