KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(45th Meeting)

1st February 2021

(Meeting conducted via Microsoft Teams)

PART A (Non-Exempt)

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

Minutes and matters arising.

A1. The Scientific and Technical Advisory Cell ('the Cell') received and noted the Minutes from its meeting held on 25th January 2021, which had previously been circulated. Members were asked to provide any feedback thereon to the Secretariat Officer, States Greffe.

The Cell was informed by the Director General, Justice and Home Affairs Department, that a further discussion was due to take place in respect of the request for exemptions, which had been received from the Jersey Reds Rugby Team.

The Chair of the Cell indicated that following the previous week's meeting, it had emerged that 2 employees of a company involved in the supply chain had tested positive for COVID-19 and that they had visited at least 40 retail premises whilst symptomatic. Further, it was understood that some people had not adhered to the requirement to wear Personal Protective Equipment during the making and receipt of deliveries. As a consequence, it had become necessary to identify and test a large number of contacts and there had been insufficient time to convene a meeting of the Cell before the Competent Authority Ministers had met on the morning of 26th January and had decided to recommend to the Minister for Health and Social Services that he should delay the making of an Order to facilitate the re-opening of non-essential retail premises by at least a further week – to 3rd February - to enable the testing to take place and for any additional positive cases linked to this incident to come to light.

Monitoring metrics.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 25th January 2021, received and noted a PowerPoint presentation, dated 1st February 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 31st January 2021, there had been 104 active cases of COVID-19 in Jersey, who had been in direct contact with 389 people, who were self-isolating and the 14-day case rate, per 100,000 population, had been 86.3. Of the active cases, 36 had been identified through contact tracing, 31 through planned workforce screening and 13 had sought healthcare on experiencing symptoms of the virus. The majority of the positive cases were in people of working age, but there had been a small proportion of cases in children and in Islanders aged over 70 years. Over the previous 3 weeks, contact tracing (32.26 per cent) and workforce screening (31.61 per cent) had been the primary sources of the positive cases, but in the last few days the number of positive cases in inbound travellers and people being tested pre-admission to Hospital had increased. Between 9th and 22nd January 2021, there had been an average of 11 daily cases, but during the last week of January this had declined to 5. When the inbound positive cases were removed from these figures, the daily average dropped further to 4. The Principal Officer, Public Health Intelligence, informed the Cell that

there had been 2 positive cases identified on 1st February 2021.

It was recalled that, during much of December 2020, more than 2,000 swabs had been taken on a daily basis, but this had declined just before Christmas and the current rate remained at approximately 1,500. With regard to the number of daily cases of COVID-19, the number of tests and the test positivity rates for various age groups, it was noted that the test positivity rate for those aged under 18 years was rather unstable, hovering between one and 2 per cent and that some cases in that cohort had been identified over the weekend of 30th / 31st January. The test positivity rate for all other groups remained low, at either one per cent, or just below. For Islanders aged over 70 years, the test positivity rate continued at very low levels. Since the start of the year, there had been 40 positive cases in that age group, of which 26 had been identified through cohort screening.

The Cell was informed by the Chair of the Analytical Cell (the Interim Director, Public Health Practice, Strategic Policy, Planning and Performance Department) that with regard to the reasons for testing, direct contacts, workforce screening and arrivals accounted for the majority. In respect of the testing of priority groups *inter alia* care home residents and staff, teachers, pupils and those working in retail and hospitality, the testing of school pupils had reduced, but more individuals working in hospitality had been tested. The Cell was provided with details of the 'clusters' that had been identified during January, their setting and the actions that had been taken in relation thereto. The Independent Advisor - Epidemiology and Public Health, emphasised the importance of differentiating between settings and sectors. He opined that the hospitality clusters had been located in very specific settings, rather than reflecting the risk posed by the wider hospitality sector. Likewise, the cluster that had been identified in the supply chain had principally been a workplace cluster that was not reflective of the retail sector. In his view, the risk of transmission from that workplace into the supply chain was likely to be low due to the manner in which goods were delivered (primarily outdoors and of short duration) and international evidence indicated that there was a low risk of COVID-19 infection occurring via contaminated objects and surfaces.

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 United Kingdom ('UK') for the period from 1st November 2020 to 31st January 2021. The occupancy rate remained at approximately 5 and there had been only a small number of admissions over the previous weeks, with a 7-day admission rate, per 100,000 population, below 5. Since the start of the pandemic, 66 deaths had been registered in Jersey with COVID-19 referenced on the death certificate, with 34 occurring since 1st October 2020 (during the second wave), of which 23 had died in Hospital and 11 in the community. Those Islanders aged between 80 years and 89 years accounted for 47 per cent of all registered deaths from the virus.

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 28th January 2021 and which set out details of the positive cases that had been identified over the previous 2 weeks, of which people identified through contact tracing accounted for 38.2 per cent and routine workforce screening for 33.71 per cent. It was noted that there remained a small number of positive cases in children of school age. As aforementioned, the number of PCR tests that had been undertaken had remained relatively static over the previous 3 weeks, but had declined since December. There had been a slight increase in the number of people contacting the Helpline to report symptoms of COVID-19 over the last few days. The Cell noted the cumulative numbers of COVID-19 deaths over the period from August 2020 to present, by age band and location and recalled, as previously referenced, that the largest

number of deaths, *viz* 31, had been in those aged between 80 and 89 years, with very few in people aged under 70 years.

With regard to inbound travellers, it was noted that the data for the week commencing 25th January 2021 was not complete. However, during the week commencing 18th January, there had been 800 arrivals and only 3 positive cases, which resulted in a decline in the test positivity rate to 0.34 per cent. The Director General, Justice and Home Affairs Department, informed the Cell that during the previous week there had been fewer than 300 arrivals and it was not anticipated that there would be a significant increase in numbers for some time, although it was suggested that the airlines wished to offer more flights from April 2021.

In respect of testing, it was noted that the local weekly testing rate, per 100,000 population, had decreased to 7,500 during the week ending 24th January 2021, but that this remained higher than the UK (5,954) and other jurisdictions with which the Island had close links. Testing on inbound travellers had decreased from 3,280 to 2,000 and on-Island surveillance from 6,120 to 5,740, whilst the number of people seeking healthcare had slightly augmented from 300 to 310. The weekly test positivity rate locally had declined to 0.8 per cent, as at 24th January 2021, but was now noted to be 0.3 per cent and the rate in the UK had also declined to 5.5 per cent. As previously referenced, there had been an uplift in the number of people calling the Helpline, most notably with 2 or more symptoms of the virus, which accounted for an average of 40 calls per day, whilst approximately 10 were made by people experiencing a fever. 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 24th January 2021, the 7-day rate, per 100,000 population, had reduced to 37 and the 14-day rate to 97, but had now declined further to 86.

The Cell was presented with the graphs that tracked attendance at Government primary and secondary schools, on a daily basis, since the delayed start of the Spring Term on 11th January 2021. It noted that the percentage of primary school pupils that had been in attendance each day had averaged approximately 95 per cent, with only one per cent of absences linked to COVID-19. In the secondary schools, attendance was currently at approximately 87 per cent, with Covid-related absences having declined from 6 per cent at the start of term to 4 per cent. It remained the case that fewer than 5 staff and 5 pupils had been identified as having COVID-19 as a result of the PCR testing of school staff and pupils in years 11 to 13 during the period from 1st to 10th January when almost 2,000 staff (including 1,351 teachers) had been swabbed and over 1,500 pupils. As had previously been referenced, 2 positive cases in school-age children had been identified over the weekend of 30th / 31st January, but there had been little evidence of in-school spread of the virus since the start of term and one of the cases was linked to household transmission. The Principal Officer, Public Health Intelligence, was unaware of the source of the other infection, but would ascertain the same for the Cell.

The Cell was shown a map of the UK, which set out the geographic distribution of cumulative numbers of reported COVID-19 cases, per 100,000 population, as at 26th January 2021, which appeared to demonstrate that the rates of infection were declining, but were higher in the cities, such as London, Birmingham and Manchester. With regard to the maps, which had been prepared by the European Centre for Disease Prevention and Control ('ECDC'), for weeks 2 to 3 of 2021 (11th and 18th January) when compared with the previous week, the high number of cases in Spain, Portugal and France were noted. With respect to the areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 5th December 2020 to 2nd February 2021, the Cell remained 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 2nd February 2021, the whole of Wales, Northern Ireland, Germany and Italy would have been categorised as Red. In Scotland, 94 per cent of areas were Red and 99 per cent of England. All of mainland France remained Red, but there had been a slight improvement in the overseas territories. For those countries and territories that were not included within the regional classification, there had been an increase in those designated as Green. The Cell recalled that Guernsey's categorisation had also recently changed from Amber to Red in light of growing cases in that jurisdiction.

The Cell was presented with slides, which reviewed the situation in the UK and noted that, over the previous 7 days, there had been a decrease of almost one third (32.5 per cent) in the number of people testing positive for COVID-19 and the estimated effective reproduction number (R_t) was between 0.7 and 1.1. The daily infection growth rate had been between minus 5 per cent and zero as at 29th January 2021, whilst the number of virus tests conducted each day (753,031) remained below the PCR testing capacity of 805,364.

The Cell noted the case rates, per 100,000 population, for the various regions of England, which had declined in all areas over the previous week. With respect to the various age groups, there had been an ongoing significant decline in cases across the board. Hospital admissions had decreased by 19.6 per cent during the 7 days to 27th January 2021 and the daily rate averaged 3,039. The admission rates in many areas had started to decline, or plateau, but there had been increases in the West Midlands and Yorkshire and Humber. Weekly hospital admission rates, per 100,000 population, for most age groups had remained on a plateau, or had decreased, with this most notably occurring in those people aged over 85 years.

The weekly intensive care unit (ICU) and high dependency unit (HDU) admission rates had also started to reduce, but there had been uplifts in the North West, the East Midlands and Yorkshire and Humber, whilst the numbers had fallen in London and the North East. The rates of ICU and HDU admissions, per 100,000 population, had plateaued for most age groups, but remained highest in those aged between 65 years and 74 years and then those aged between 45 years and 64 years, whilst the admissions for those aged between 75 years and 84 years had declined. The number of COVID-19 patients in mechanical ventilation beds had stabilised and over the 7 days to 31st January 2021, there had been a decrease of 5.3 per cent in the average daily death rate, per 100,000 population, in people who had tested positive for COVID-19 within the preceding 28 days. It was suggested that the decrease in cases that had been experienced in the UK was related to the lockdown, rather than the impact that the COVID-19 vaccine might have had.

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 31st January 2021 and noted that, during the last complete week, 11 cases had been encountered, which was an increase on the previous week, 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 continued to report inter-seasonal levels of flu and only one hospitalisation for that virus during the third week of 2021. Of 1,246 specimens that had been tested for flu during that period, only one had returned a positive result.

With regard to the business tendency survey for December 2020, published by Statistics Jersey, this showed that the all-sector business activity indicator was moderately negative at minus 15 percentage points. It was moderately positive for the finance sector (plus 17 percentage points) but strongly negative for the non-finance sector (minus 28 percentage points). Five of the 8 current indicators were significantly negative and none were significantly positive. The overall picture was significantly

more positive than during the previous quarter. The outlook for future business activity was strongly positive in the finance sector and moderately negative for non-finance, whilst the overall future employment outlook was neutral, but much more positive in the finance sector (plus 31 percentage points). In respect of the workforce measures taken in response to COVID-19 in the previous 3 months, some had placed staff on the co-funded payroll scheme – noting that this had declined since September – and a similar percentage of businesses had taken no measures. Of the key issues for Jersey's business environment for the 6 months to June 2021, it was noted that the top 4 related to the ongoing pandemic, *viz* the global economy, market and public confidence, lockdown and travel restrictions. With respect to those businesses that employed staff, 20 per cent had reported that a lower proportion of their employees were actively working in December 2020 compared with normal, whilst 6 per cent had seen an increase. The percentage of employees working remotely had increased in the finance sector but had remained static in non-finance.

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

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

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 25th January 2021, received a verbal briefing from the Managing Director, Jersey General Hospital, in relation to the operational position within the Health and Community Services Department.

The Cell was informed that the overall Health and Community Services Department's escalation status, as at 1st February, 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. Bed occupancy at the General Hospital had increased to 77 per cent, but reflected that elective activity had resumed across all specialities. Bed occupancy in critical care was at 50 per cent and none of the expansion beds within the Hospital, the Nightingale Wing, or St. Saviour's were in operation. Attendance at the Accident and Emergency Department over the previous week – 583 individuals - had increased to pre-Christmas levels, but remained lower than under normal circumstances. There were currently 3 patients in the Hospital with COVID-19, of which one was in the Intensive Care Unit, but they were not being ventilated.

There remained significant pressures on the mental health settings. Bed occupancy had increased at one stage to 100 per cent, but had slightly declined to 95 per cent following some discharges. However, the occupancy levels had exceeded 85 per cent for the previous 5 weeks, with a pattern of longer stays and higher admission rates, which were redolent of the situation during the first wave of the pandemic.

The Cell noted the position accordingly and thanked the Managing Director for the update.

COVID-19 Vaccination programme.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 4th January 2021, recalled that the Island had already been provided with batches of the COVID-19 vaccine, which had facilitated the administration of the same to many care home residents, frontline care staff and Islanders aged over 80 years. The Cell further recalled that it had been presented with the dashboard which would be of use to colleagues working in Public Health and would provide information to Islanders, including the number of doses that had been administered and the percentage of the population that had been immunised, by age.

The Cell accordingly received a PowerPoint presentation, dated 1st February 2021, entitled 'Vaccination status update', which had been prepared by the Principal Officer, Public Health Intelligence and the Head of Policy (Shielding Workstream) / Head of the Vaccine Programme, Strategic Policy, Planning and Performance Department and

initially heard from the latter in relation thereto. The Cell was informed that, as at 24th January 2021, a total of 11,385 doses of vaccine had been administered, of which 8,334 had been first dose vaccinations and 3,051 second dose. This equated to 10.56 vaccination doses per 100 population, which was comparable with the United Kingdom and placed the Island in the top 5 countries worldwide (behind Israel, the United Arab Emirates and the Seychelles). As at 31st January, it was estimated that these figures had increased to approximately 14,000 doses of the vaccine, of which 10,900 were first vaccinations and up to 86 per cent of the population aged over 80 years had now received their first dose. The Cell was shown the percentages for vaccine uptake amongst care home residents and staff, which had been calculated using a fixed estimate, noting that the actual population was subject to change as new residents entered the homes and employees changed jobs.

The Cell recalled that the current policy for vaccination was to follow the advice issued by the United Kingdom Joint Committee for Vaccination and Immunisation ('JCVI'), which was based on a 'life-saved' model and aimed to protect those individuals at highest risk of severe illness and mortality from COVID-19. The JCVI had recently updated its priority groups to include people deemed to be clinically 'at risk' aged between 16 and 64. It had initially been felt that this might be those eligible to receive the influenza vaccine, but it was now believed to be a wider group and the Cell was informed that work was underway with clinical coding and primary care to ascertain who this would refer to. It was noted that the information would be uploaded onto the website.

The Cell was provided with details of the current delivery schedule for the vaccine, anticipated supply levels and how they would be allocated to mid-May by first and second dose, which took into account the policy change that had been made relating to the time delay between the administration of the doses. The Principal Officer, Public Health Intelligence, explained to the Cell the sources for estimates of populations being vaccinated, any challenges that had been encountered therewith and the *rationale* for not being able to provide vaccination data on a daily basis at the current time. She also provided information on any positive PCR swabs that had been taken from people who had received at least one dose of the vaccine.

The Cell noted the position and thanked officers for the comprehensive review. It was clear that a great deal of hard work had been undertaken and the relevant teams were congratulated for their endeavours.

Re-connection. Spring strategy.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 18th January 2021, recalled that various strategies had been introduced during the course of the COVID-19 pandemic in order to balance the need to protect the public and minimise the pressure on the Health and Community Services Department, whilst enabling the economy and people's social life to continue at a safe level. In combating COVID-19, Jersey had adopted a suppression strategy, in alignment with most of Europe and North America. The Cell accordingly received and noted a PowerPoint presentation, dated January 2021, entitled, 'Spring strategy discussion pack', 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 informed the Cell that the presentation represented a starting point for a discussion at both the current meeting and the meeting of the Competent Authority Ministers that was due to take place on 3rd February 2021.

He reminded the Cell that the Winter Strategy had set out the escalation process for expected additional pressures and a range of key actions over the period from November 2020 to-date. Over the period from late November to mid-December 2020, Ministers had implemented a range of non-pharmaceutical interventions (NPIs), which had had the effect of introducing an extended 'circuit break', with the intention of restricting the

transmission of COVID-19 within the Island. As a consequence of these steps, the Island was now in a more optimistic position, with relatively low numbers of positive cases of the virus and an improved test positivity rate and moves to reconnect the Island could be taken. However, at the time of drafting the Winter Strategy, the new variants of the virus had not been identified and these would pose a threat. Conversely, there were firmer plans in place for vaccinating the population than had been anticipated and Islanders wished to be in a place where the mitigating restrictions could be relaxed.

It was noted that there were multiple competing objectives and drivers of the strategy that would need to be borne in mind when looking ahead to the coming months *inter alia* economic recovery, public finances, people's freedoms and compliance behaviour, education and social policy impacts and, most significantly, the risk of serious illness and potential death from the virus. The Interim Director, Public Health Policy, suggested that there were 2 distinct phases emerging and that these related to the periods in time before and after the most vulnerable had received the second dose of the COVID-19 vaccine. By June, it was anticipated that 40,000 Islanders aged over 50 years (and those working in frontline health and care positions, or who were deemed at high risk) would have received both doses of the vaccine. From this juncture forwards and subject to more being understood about the effect of the vaccine and the impact of the new variants, it might become possible to start to 'normalise' the approach to COVID-19 and exit from pandemic emergency mode, leading towards a more optimistic Summer strategy. Up to that point, however, caution would need to continue to be exercised to ensure that a spike in cases did not occur.

Keeping the schools open and safe was a strong and consistent Ministerial aim and delivering a reconnection policy in such a way to avoid constant reversion into circuit breaks would be important to avoid further negative impacts on people's wellbeing. There would be various trade-offs linked to these goals, relating to test and trace, potential travel restrictions and internal controls. The intention was for the test positivity rate in Jersey to be maintained at a manageable level in the lead up to June, accepting that there would be some ongoing cases and clusters of the virus. By achieving a position of relative stability, it would be possible to move away from the unsustainable situation where large parts of the economy were closed, noting that the cost of providing financial support to businesses and in operating the test and trace system had been significant.

The Cell noted the external and contextual factors which would drive the strategy to June and the various options that could be employed in relation to test and trace, travel, NPIs and the way in which it was intended to shape and communicate the outcomes to Islanders.

The Chair of the Cell indicated that the presentation formed a helpful start to a conversation around the future direction of travel. The Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, suggested that it was important to differentiate between the domestic economy and the economy linked to tourism, which had the potential to lead to seeding. On the basis that 80 per cent of visitors to the Island came from the United Kingdom ('UK') for an average of 4.9 days, he opined that the requirement to isolate for a period of 5 or 10 days would act as a deterrent. He indicated that it would be helpful to see some scenarios based on the infection rates in the UK and how the Island would respond to them. The Associate Medical Director for Primary Prevention and Intervention stated that it was important to base the strategy on solid evidence of the impact that various measures had had, such as the controls at the borders and the effectiveness of the track and trace system. There would be data to demonstrate that keeping the schools open had been the correct move and this would provide reassurance to Islanders. There could be the potential, at some point, to 'partner' up with the UK and form a travel bridge, by understanding the situation in that jurisdiction at any particular point in time.

The Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, suggested that it might be an opportune time to rethink the travel policy and, as such, it would be helpful to receive a detailed analysis of the point at which positive cases had been identified (whether at day zero, 5 or 10). It would also be timely to consider the type of travel that the Island might wish to facilitate. He opined that the views of the public should be sought on how they would feel about the pace and nature of any relaxation of public health controls once the most vulnerable had been vaccinated. The Independent Advisor - Epidemiology and Public Health, suggested that some caution should be exercised when considering the various pressures on the COVID-19 case rates and the relative upward and downward pressures that had the ability to either increase, or decrease, the test positivity rate. He indicated that the effect of the vaccine deployment, which was already underway, would be incremental and, accordingly, for each day that passed, the risk posed by the virus would decline. As an island, Jersey was in a very different position from many other jurisdictions, because there was a reduced risk of re-seeding from other places. He did not advocate further tightening the controls at the borders and was of the view that, by April, the risk posed by the UK would be lower and there could be calls to welcome visitors. He agreed that there should be more investment in testing – to include saliva / LAMP testing to complement PCR - and tracing to identify vectors of transmission of the virus more swiftly, but questioned whether this could be implemented sufficiently quickly. With regard to the NPIs, he did not agree that a gap of a minimum of 3 weeks was required between the reconnection stages and felt that the testing capacity on Island was such that any emergent clusters could be rapidly identified and suppressed.

The Managing Director, Jersey General Hospital, emphasised the need to revisit the level of care and support available to those with enduring mental illness and suggested that consideration could be given to enabling them to form support bubbles. He indicated that more prominence should be given to Islanders' mental health at the current time. This view was shared by other members of the Cell and the importance of a good communication plan to encourage people's acceptance of the strategy was emphasised.

The Consultant in Communicable Disease Control also indicated that it would be helpful to draw a comparison between an internal economy and the economy with open borders. He informed the Cell that the more the COVID-19 virus was able to multiply, the more variants would occur and there was the possibility that some might be able to bypass the vaccine. This was the largest global threat, so it was important to exercise care at the borders and not to believe that the restrictions at that location could be relaxed, or the level of testing reduced. He agreed that the opening of the schools had not resulted in an escalation in the number of cases in either those *loci* or the wider community, which was reassuring for Islanders and the economy, because parents had been able to return to work, which was beneficial.

The Independent Advisor - Epidemiology and Public Health, suggested that some caution should be exercised around the schools, because, anecdotally, it appeared that some older pupils had been mixing inter-households, which could lead to an increase in cases and this would be likely to intensify over the February half-term. It was important for the community to understand what level of risk it faced, because people were witnessing the decline in cases and changing their behaviours accordingly and in order to encourage them to adhere to the messaging, he suggested a level of relaxation to permit some low level mixing, potentially in groups of up to 4 people, or in the aforementioned support bubbles.

The Chair of the Cell indicated that it was key that Islanders did not believe that normality had returned and enforcement of - and compliance with - public health messaging would remain important for the immediate future. The Director of

Communications, Office of the Chief Executive, informed the Cell that he was working with the Chief Executive Officer, Influence at Work, in the development of a communication strategy in this regard. The Cell agreed that it would be useful to have some scenarios as part of the framework, to give people something to aspire to. The Interim Director, Public Health Policy, indicated that he would refine the presentation on the basis of the current discussion and taking into account the views of the Competent Authorities and he would re-present it at a future meeting of the Cell.

On a related note, having given consideration to the number of active cases of the virus and the positivity rate, the Cell agreed to advise the Competent Authority Ministers, that non-essential retail premises should be permitted to re-open from 3rd February 2021.

Care home visiting.

A6. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A7 of its meeting of 18th January 2021, recalled that as a consequence of a number of positive cases of COVID-19 being identified in care home settings, Competent Authority Ministers had taken the decision, on 8th December 2020, to severely curtail visits until the residents had been vaccinated, or in end of life circumstances. The Cell further recalled that it had received draft guidance on care home visiting at its meeting of 18th January and had requested that advice be sought to ensure that no resident was potentially penalised as a consequence of vaccination rates across the home. The Cell accordingly received and noted a draft paper, dated 1st February 2021, entitled 'Visiting a care home: draft guidance', which was taken as read.

The Chair opined that the current draft reflected a more balanced stance in respect of care home visiting, because it would focus on the vaccination status of the individual resident, rather than the wider residential home. It was noted that it was proposed to implement a '3-3-2' approach for a fully vaccinated resident. A person would be deemed to be 'fully vaccinated' 2 weeks after their second dose of the vaccine. It was suggested that they would be able to receive a maximum of 3 visits each week from up to 2 people on each occasion, noting that these would be selected from 3 named visitors. A '2-2-1' approach would be adopted for any resident who had not been fully vaccinated and it was suggested that they should receive one visitor at a time (chosen from 2 named visitors) on a maximum of 2 occasions each week.

The Consultant in Communicable Disease Control suggested that until more was learned about the vaccine and its role in any potential transmissibility of the virus, it might be safer to propose that a 2-2-1 approach should be adopted – as a maximum - in respect of all care home residents, because of the severity of the risk posed to them by COVID-19. In cases where a resident was not fully vaccinated, any visitor would be required to provide proof of a negative antigen test within the preceding 72 hours and he suggested that this could be undertaken at the Hospital. He stated that it would be safer for any residents, who had not been vaccinated, to be cared for by fully vaccinated staff and to be visited by fully vaccinated visitors. As a consequence, it would be preferable for older friends and family to be identified as the 'named visitors' in the early stages of the visiting, as they were more likely to have been vaccinated. This cautious approach was supported by other members of the Cell and it was emphasised that some of the larger care homes would be likely to have many visitors simultaneously. Accordingly, it was agreed that the details of the guidance should be worked on outside the formal setting of the meeting.

Matters for information.

A7. In association with Minute No. A2 of the current meeting, the Scientific and Technical Advisory Cell ('the Cell') received and noted the following –

- a weekly epidemiological report, dated 28th January 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 28th January 2021, which

had been compiled by the Office of the Superintendent Registrar;

- an estimate of the instantaneous reproductive number (R_t) for COVID-19 in Jersey, dated 27th January 2021, which had been prepared by the Strategic Policy, Planning and Performance Department; and
- the December 2020 Business Tendency Survey, which had been prepared by Statistics Jersey.

The Cell was informed that the letter received from the Bailiff of Jersey, which had been included in the agenda, would be responded to on the basis of extant policy.