SN

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(63nd Meeting)

(Business conducted via Microsoft Teams)

21st June 2021

PART A (Non-Exempt)

All members were present.

Mr. P. Armstrong, MBE, Medical Director (Chair)
Dr. I. Muscat, MBE, Consultant in Communicable Disease Control
C. Folarin, Interim Director of Public Health Practice
Dr. G. Root, Independent Advisor - Epidemiology and Public Health
R. Sainsbury, Managing Director, Jersey General Hospital
R. Naylor, Chief Nurse
Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention
Dr. S. Chapman, Associate Medical Director for Unscheduled Secondary Care
Dr. M. Patil, Associate Medical Director for Women and Children
Dr. M. Garcia, Associate Medical Director for Mental Health
S. Petrie, Environmental Health Consultant
A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department
I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department
S. Skelton, Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department
N. Vaughan, Chief Economic Advisor

In attendance -

J. Blazeby, Director General, Justice and Home Affairs Department
R. Corrigan, Acting Director General, Economy
Dr. M. Doyle, Clinical Lead, Primary Care
B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department
S. White, Head of Communications, Public Health
M. Knight, Head of Public Health Policy
M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department
Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department
L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
C. Keir, Head of Media and Stakeholder Relations
C. Maffia, Assistant Director, Planning and Environment (for a time)
J. Lynch, Policy Principal, Strategic Policy, Planning and Performance Department
S. Nibbs, Secretariat Officer, States Greffe

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

Minutes

A1. The Scientific Technical and Advisory Cell ('the Cell') commenced consideration of the draft minutes of its meeting dated 7th June 2021, and noted potential changes suggested by A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and Dr. I. Muscat MBE, Consultant in Communicable Disease Control. It was agreed that any changes would be determined during the course of the meeting.

STAC Monitoring Update

A2. The Scientific and Technical Advisory Cell ('STAC') received a Monitoring Update report from M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, which confirmed that there were presently 56 active cases of COVID-19 in the Island and that these cases had resulted in the track and tracing of 927 direct contacts.

A significant proportion of those who were known to have tested positive for COVID-19 were in the 20 -29 age group. The Cell was apprised that an average of four cases per day were coming to light, and that 50 percent of such cases resulted from inbound travel. In excess of 2000 tests per day had been conducted during the previous week, and further cases were being identified due to individuals seeking medical attention. It was confirmed that, despite the number of cases in evidence, that there had been no COVID-19 related hospital admissions. Furthermore, there had been no new COVID related deaths to report within the Island.

The Cell noted that currently seven of the 56 active COVID-19 cases in Jersey had fully vaccinated status. Six had received the Astra-Zeneca vaccine and one had received the Pfizer vaccine. Of this number, four affected persons had been inbound travellers, and three other individuals were direct contacts. A. Khladi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department expressed some concern that the newly reported cases had yielded so many direct contacts.

Mr. P. Armstrong, MBE, Medical Director (Chair), raised a point regarding the current 56 active cases of COVID-19 in the Island, noting that 40 out of the 56 individual cases had been described as "symptomatic", but that this description could be confusing, as it would appear that only a minority of those diagnosed had been classified as "seeking health care". This therefore provoked the question of why COVID-19 positive individuals had been travelling, if they were symptomatic, although it was noted that the symptoms of COVID-19 might only have become evident after such individuals had tested positive for the virus.

R. Sainsbury, Managing Director, Jersey General Hospital, suggested that the communications around the source of COVID-19 cases in Jersey could give the erroneous impression that "seeking healthcare" referred to individuals attending the Emergency Department of the General Hospital, whereas in fact it referred to those same individuals seeking a COVID-19 test. This was noted and it was confirmed by S. White, Head of Communications, Public Health that this impression would be corrected by adding a line clarifying this into future external communications. The Cell noted that there had been an increase in test positivity for the under-18 age group and also within the 18 – 35 years age bracket.

C. Folarin, Interim Director of Public Health Practice, confirmed that the majority of positive COVID-19 cases had been identified as a result of inbound travel, and then confirmed through contact tracing. Ms. Folarin further confirmed that the Cell

had witnessed a cluster of outbreaks developing in the Island, since 5th June 2021. As stated previously, it was noted that a visiting film crew had accounted for part of the outbreak, which had been notified to those present at previous meetings of the Cell.

The Cell was apprised that there had been effective backward tracking work undertaken by the test and trace team. Following this, a number of indirect contacts had been further identified. It was noted that, in certain cases, some individuals did not test as positive for COVID-19 until their day eight test. The use of vaccines had also been reviewed in connexion with the most recent positive cases.

Of the 56 active cases noted, 37 individuals had not received a vaccination, whilst nine of the affected individuals had received their first immunisation. In five of the recently recorded cases, both vaccines had been received, however in such cases it was believed that the COVID-19 virus had been contracted before the second dose of the vaccine had been able to take effect. Ms. Folarin confirmed that the Cell would continue to research the transmission point in school aged cases that afternoon, and report back as appropriate.

Ms. Clarke referred the Cell to the Public Health monitoring dashboard. An increase in telephone calls to the helpline was noted, this being likely to be a result of the greater number of positive cases that had been diagnosed amongst secondary school children. The Cell was apprised that 14,300 tests had been undertaken in Jersey in the prior week, and that this revealed a positivity level of 0.2 percent when the number of positive cases were gauged against the number of tests carried out per 100,000 people. Of this number, a relatively small number of cases had been recorded as affecting both school staff and students. This contrasted with the week commencing 7th June 2021, when twelve positive cases had been noted, and the week of 14th June 2021, when nine positive cases had been recorded.

Ms. Clarke updated the Cell as to the vaccine programme progress. 65,146 first doses of vaccine had been administered, and 51,461 second doses of the vaccine had also been provided. In total, therefore, 116,607 doses had been given within the Island. It was noted that the Astra Zeneca ('Oxford'), Pfizer and Moderna vaccines were all being utilised. Furthermore, 41 percent of those in the 24 to 29 year age group had now received their first dose of the vaccine. There followed a discussion regarding contact tracing and whether or not there should be a requirement to isolate following a positive contact. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department opined that it was important to preserve the requirement for isolation, as twenty five percent of the Island's COVID-19 cases had arisen from contact tracing.

The Cell was apprised that Jersey compared favourably with other jurisdictions in terms of first and second vaccine dose coverage, with 108.17 individuals now vaccinated per 100 members of the population. It was noted that 95 percent of care home residents were also now fully vaccinated, as were 95 percent of care home staff.

The Cell had regard to a Borders Report and it was noted that twenty two districts in England were now classed as Emergency Brake Areas. Further to the Safter Travel Policy discussions arising from previous STAC and Competent Authority Ministers ('CAM') meetings, it was recalled that the whole of England would be categorised as a 'Red' travel area, according to the Red/Amber/Green ('RAG') colour classification coding system. The changing trends by country area were also discussed, including trends in relation to both France and Germany.

Jersey General Hospital – overview of non-COVID-19 related health conditions and impact on care.

A3. The Scientific Technical and Advisory Cell ('the Cell') acceded to a request by Mr. P. Armstrong, MBE, Medical Director who asked that R. Sainsbury, Managing Director, Jersey General Hospital outline about areas of healthcare that were a matter for concern, that were not COVID-19 related, in order that the Cell could receive an overview of this topic. Mr. Sainsbury apprised the Cell that the key areas of concern were notably the waiting times for a first appointment to see a medical specialist, following referral by a General Practitioner into the secondary care system.

Mr. Sainsbury added that the Child and Adolescent Mental Health Services ('CAMHS') caseload remained a concern. It was explained that CAMHS had witnessed twenty percent year on year growth in terms of the need for its services. Presently 906 young people made up the case load of CAMHS, which was a cause for concern. Mr. Sainsbury went on to state that the pressures on the mental health of young people also presented in other ways. Whilst the Adult Mental Health Unit ('AMHU') caseload was static at the present time, the "most pressing indicator" related to CAMHS, especially the acute admissions of patients who were below the age of eighteen years, into the Unit. It was noted that three patients under the age of eighteen had been admitted to the AMHU this year. In the past week, a further three young patients had also been admitted, increasing the total number of young persons mental health admissions to six.

Mr. Sainsbury stated that adolescents and young people should not be admitted on to the AMHU as a matter of policy, as that this did not reflect best practice. This was endorsed strongly by the Cell. Mr. Sainsbury explained that this level of admission had not been seen in Jersey previously. The Cell noted the explanation that the Department was struggling to find appropriate off-Island placements for these young persons, hence the admissions to AMHU in Jersey. Whilst it would ordinarily be the case that off-Island placements were utilised, the COVID-19 pandemic had severely and negatively impacted upon securing such placements.

The Cell re-considered the current CAMHS caseload. It was clarified that the twenty percent year-on-year growth which had been referred to previously in the meeting represented a twenty percent increase compared to the number of cases being administered by CAMHS in 2020. The Cell thanked Mr Sainsbury for this update.

Vaccination programme update and management of direct contacts.

A4. The Scientific Technical and Advisory Cell ('the Cell') considered a request by Dr. I. Muscat, MBE, for an update regarding the progression of the vaccinations programme. Dr. Muscat enquired whether the vaccinations team was still online to provide vaccinations to all those aged eighteen years and over by the end of August 2021. B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department confirmed that it was anticipated that this exercise would be completed by mid-August 2021.

Dr. S Chapman also wished to discuss the sizeable legacy to health care and healthcare provision in terms of how the Island was currently dealing with positive COVID-19 cases and associated contacts. Dr. Chapman explained his concerns in relation to the staffing of the General Hospital, noting that its access to additional and emergency staffing was very limited due to Jersey's position as an Island. It was explained that, when hospital staff had to isolate as a result of being a positive contact trace, this had a massive impact on overall staffing levels. Dr. Chapman confirmed that the hospital, and in particular the Emergency Department, was struggling to maintain normal activity. Dr. Chapman expressed concerns regarding hospital staffing levels, given that some staff members, despite having been provided

with both vaccinations, would be expected to isolate under the current guidelines. Dr. G. Root, Independent Advisor - Epidemiology and Public Health supported the concerns expressed by Dr. Chapman. He opined that the contact tracing system required some review regarding how it operated, and that there was a sense that there was an over-zealous approach being used when identifying contacts.

Dr. M. Doyle, Clinical Lead, Primary Care reported that there was a significantly depleted primary care workforce in Jersey's medical profession presently; citing the example that there were sixteen vacancies for GPs in the Island that were not yet filled. Dr. Doyle was of the view that such shortages in the primary care workforce needed to be considered as a matter of priority.

It was acknowledged that isolation had far less of an impact on those who were employed in the public sector, and therefore would continue to be paid, than private sector employees. It was noted that the financial impact on the private sector in respect of both the affected employees and the businesses which employed them was greater. It was considered whether it was appropriate to consider a 'paradigm shift' from the reporting of COVID-19 'cases', and rather to focus such reporting on 'serious cases' and deaths. It was noted that individuals were now stating that they did not wish to report potential contacts, reasoning that they were double vaccinated and also that the contact that had occurred had been brief rather than prolonged.

L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department presented a slide demonstrating SPI-M-O (Scientific Pandemic Influenza Group on Modelling, Operational sub-group) projections and there followed a discussion regarding the modelling of Step Four of the Recovery Roadmap. It was noted that potentially delaying Step Four of the proposed reconnection would lower projected COVID-19 related hospital admission rates substantially. It was noted that, although the majority of hospital admission cases in the United Kingdom comprised of those who were not fully vaccinated, a small amount of hospital admissions and deaths due to the Delta variant were anticipated in fully vaccinated patients, due to underlying health issues.

M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department proceeded to provide those present with an update on the Delta variant of the COVID-19 virus. It was noted that the Delta variant was related to 91 percent of the current sequenced cases in England, whilst the Alpha variant related to only nine percent of such cases. There was a case fatality rate of between 0.2 percent and 0.5 percent prevailing at the present time, which in real terms translated as one death occurring within every 200 to 500 cases.

The Cell further reviewed the monitoring undertaken by Public Health England of vaccine effectiveness. It was noted that after a single dose of vaccine, that there was an 18 percent reduction in the chance of contracting COVID-19, but that the Delta variant of the condition was of further concern because the second vaccine was required to create much further immunity against the variant.

Dr. G. Root expressed some concern about the modelling under discussion by the Cell, feeling that it might not adequately take into account and demonstrate the more damaging aspects of Delta in terms of its ultimate effect on hospitalisations and deaths. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department also expressed interest in what the SPIMO modelling would mean if it could be applied to Jersey. The Senior Informatics Analyst, Strategic Policy, Planning and Performance Department responded that such comparison could cause some difficulty to answer immediately, because the UK models were much more complex than the ones completed locally. However,

L. Daniels confirmed that adjustments could be made to the extant modelling for the current population size of Jersey in near future.

Dr. Root opined that Jersey was in a unique economic setting and it would be hard to capture this by adjusting how UK modelling was carried out. R. Corrigan, Acting Director General, Economy also considered the relevance of the modelling discussed, given the vastly different socio-economic conditions in Jersey compared to many parts of the United Kingdom where the Delta variant was prevalent. Dr. I. Muscat, MBE, was of the view that it might be possible to compare Jersey's potential relative admission rate based upon Phase Two hospital admissions that had been COVID-19 related in Jersey during 2020.

Dr. G. Root also conveyed the view that there were several early signs that the transmission rate of the COVID-19 virus was starting to fall in the United Kingdom. It was noted by all present that, whilst the scenario modelling provided was of assistance, such modelling would not reflect what was likely to happen in the event that there was a significant upsurge of the COVID-19 virus in Jersey.

N. Kemp presented a slide regarding the proposed management of those who were 'direct contacts' of another person who had contracted COVID-19 in Jersey. Three policy options were considered by the Cell:

(a) The retention of the current policy position for the management of direct contacts;
(b) An amendment to the locations from which persons could travel to Jersey, so as to have greater restrictions as the border;
(c) Considering a reduced isolation period for those who were currently affected by having had direct contact with a COVID-19 affected individual.

The Cell was apprised that the Delta variant of COVID-19 was now established in the Island, and that it brought with it an estimated 60 percent higher risk of transmission than the Alpha variant. It was further noted that related hospital admissions were now increasing in the UK, although vaccine effectiveness against hospitalisation was being maintained for this variant. The Cell also had regard to a risk stratification slide, which defined and considered the concepts of a "direct contact plus", a "direct contact" and a "direct contact minus".

The criteria and mitigations of each risk stratification were discussed, as were the estimated of risks of the Delta variant against both vaccinated and unvaccinated individuals. A risk assessment matrix was reviewed, and it was summarised that vaccinated direct contacts were less likely to be infected with the Delta variant than their unvaccinated counterparts, but it was agreed that there was still a risk of COVID-19 infection occurring in those who had been partially or fully vaccinated if the full vaccination had not had fourteen days to establish itself in the immunised individual.

Policy options regarding fully vaccinated direct contacts.

A5. The Scientific Technical and Advisory Cell ('the Cell') considered a slide presentation relating to herd immunity in order to assist with deliberations around this issue.

It was noted that the Imperial College, London ('ICL') modelling group had estimated that the test and trace scheme would reduce transmission by approximately one third. In comparison, it was anticipated that Jersey's more superior contact tracing system would be likely to reduce COVID-19 transmission by more than this amount. However, it was noted that approximately twenty percent of the Jersey

population was aged 18 and under, and that this age group was currently ineligible for vaccination. It further followed that herd immunity was not possible without vaccinating at least some of the Island's children. The Cell noted that the current protection coverage from vaccinations in Jersey covered approximately 59 percent of adults.

After comparing and considering vaccination provision comparisons in relation to Jersey, the UK and Israel (where vaccinations had been offered to children, but a low uptake had been witnessed), various policy options were discussed, and further consideration given to them. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department thanked both L. Daniels and N. Kemp, as well as all associated staff from within the Cell, for their excellent presentation and also for their high-quality input on a weekly basis.

The Cell was then invited to consider the following policy options for fully vaccinated direct contacts in Jersey, specifically to either:

1. Retain the current policy position;
2. Amend current guidance at the border by removing the requirement to self-isolate;
3. Reduce the imposed isolation period to five days, incorporating testing on day zero, day five and day ten.
4. Reduce the isolation period to zero if there had been a negative test result on day 0, with further negative test results on days five and ten;
5. Reduce the current isolation requirement if the individual was asymptomatic and instead test the person on days zero, five and ten;
6. In the alternative, the Cell could consider a combination of the options set out as above (for example a mix of one option, to be applied at the border and another option, to be used within the Island).

M. Garcia-Alcaraz and Dr. S. Chapman then left the meeting due to pre-existing clinical commitments, but both expressed their support for Option Four, prior to leaving the meeting. C. Maffia, Assistant Director, Environment and Planning joined the meeting.

Mr. Khaldi also supported option four out of the six choices available to the Cell. He stated that he did not wish for the Cell to "move incautiously", to a position where no anti COVID-19 precautions were in place. He remained mindful of comments already made by others regarding the extant strain on healthcare services and their concerns about this worsening. The Cell was mindful of the need, as expressed by Mr. Khaldi, "to lead the way for the Island out of the pandemic emergency and manage its way to post pandemic life." Mr. Khaldi also urged a move away from what he described as some of the more "draconian measures" in relation to stopping the spread of COVID-19, in due course.

C. Keir, Head of Media and Stakeholder Relations, noted the strong media interest in the options faced and noted that Jersey was being compared with the UK in terms of the isolation and testing options available. It was discussed that, whilst the UK might be able to consider a position whereby its inhabitants could undertake lateral flow device tests (LFD) on a daily basis and potentially "carry on as normal", the Island's media would be likely to ask whether the Cell had considered LFDs as an option. Dr. I. Muscat, MBE stated that he would ask the Cell to bear in mind the severity of the COVID-19 infection rates as shown by UK hospitalisation rates as a result of contracting COVID-19. There followed a discussion regarding the benefits of usage and non-usage of LFD tests.

Mr. Khaldi proposed caution about the usage of LFDs in Jersey as the Island did not have the right tests, and also because this was balanced out by the effective use of the PCR testing system. Further concerns were expressed about the comparable lack of sensitivity of the LFD tests, when compared to using PCR tests. R. Sainsbury expressed his agreement with this caution, as did S. PetrieI. Cope confirmed that he was "open to reducing the isolation period", and Dr. G. Root added his view that herd immunity was "something of a guessing game and innately very difficult", as the denominator was in flux. It was also agreed by the Cell that the current non-vaccination of the Island's children should not be under-estimated as a risk factor. Dr. G. Root added that he would therefore strongly support option four.

The Cell expressed its collective aspiration that more people would also be engaged to have their COVID-19 vaccines as the communications around the vaccination programme progressed. Dr. A. Noon reminded those present that numerous symptomatic, positive COVID-19 cases had been noted in the Emergency Department and described Jersey as being "at a pivotal point". He accorded with the view of continuing to emphasise that the vaccines were safe to receive and that the overriding message was the requirement for as many members of the population as possible to be vaccinated. This message for the majority of Islanders also had to be balanced against protecting those in the minority who could not be vaccinated for medical reasons. The Cell also discussed the potential inequity for young people due to their vast unvaccinated status at the current time. Ms. Folarin expressed her support of option four, however she also noted that it was possible for an individual to be fully vaccinated, yet still contract the virus if the vaccine had not had sufficient time in which to settle. This issue also needed to be factored in as a risk. Mr. Petrie repeated his support for option four.

P. Armstrong noted that the Competent Authority Ministers (CAM) whom the Cell continued to advise, were also likely to wish for simplicity in terms of the policy to be applied, as would the general public. It would be necessary to confirm a clear definition of the term 'fully vaccinated' which would apply fourteen days after a person had received their second vaccination.

It was recalled that M. Garcia-Alcaraz had put forward the point that the risk of isolation did little to promote a culture of transparency and that it in fact discouraged many people from being open and honest in terms of their contact status. It was noted that there was anecdotal evidence of people turning off the TRAX.je app to avoid being traced as a contact of an already-infected person.

Dr. M. Doyle added that he entirely supported option four, as did S. Martin. It was re-iterated that LFD testing was not an appropriate tool to use in Jersey for the reasons discussed above. L. Daniels and N. Kemp confirmed that they had been able to review data available from the United States, however it was felt that such data was not comparable to the Jersey population, so was therefore of limited use. It was noted that the Delta variant was not dominant in the US presently, which was in contrast to both Jersey and the UK. Dr. G. Root urged the Cell o re-appraise its objectives. The Cell also noted a concern that people were no longer utilising the track and trace app and that employers were also worried about losing their employees to isolation.

R. Sherrington left the meeting at 12:11 hrs.

Mr. Khaldi stated that he would be happy to develop some further discussion items for CAM, who were due to meet later that week. He reiterated the view that the Cell needed to bear in mind the potency of the Delta variant and the harms that it could

potentially achieve. He further stated that the Cell needed to develop solutions after reviewing the risk over the course of the forthcoming week in order to assist CAM further with their deliberations. Mr. Sainsbury expressed his agreement with this view and opined that it was likely to be harmful if the current position with isolation requirements for children and young people as outlined was maintained.

Dr. I. Muscat, MBE, noted that those present were gravitating towards option four, which encompassed travellers to and from the Island. Dr. Muscat wished to crystallize this option and to clarify whether the same criteria were being applied to inbound travellers and Islanders. Mr. Khaldi believed that consistent criteria were being applied, but that it was important to distinguish between a direct contact following inbound travel, and an on-Island direct contact, for analysis purposes. J. Blazeby, Director General, Justice and Home Affairs Department
agreed with this point.

Mr. Cope noted that the testing regime for travellers took place on day zero and day eight. He asked to clarify whether, if the Cell were to accept option four, this would mean that they would have to test on each of days zero, five and ten. It was agreed that this would be the case, and would be helpful should any symptoms develop beyond day five. Dr. Muscat, MBE, reminded those present that the path of using both vaccinations and non-pharmaceutical interventions such as isolation in tandem, to date, had enabled the Cell to get to the point of discussing further policy options. This was noted.

Dr. A. Noon considered that daily PCR tests for healthcare staff would keep key workers safe and also be simpler to administer. Dr. Noon had also been able to undertake meaningful work with individuals outside the healthcare service regarding their concerns about having perceived 'allergies' to the vaccine, and the results of this work had been very effective. Despite this, it was acknowledged that there were challenges around individuals showing vaccine hesitancy, such as potentially refusing a second Astra Zeneca vaccine. It was confirmed that both Dr. Noon and Dr. Muscat, MBE, were working with those affected to assist in allaying these concerns.

Safer Travel Policy Update

A6. The Cell received a presentation from J. Lynch, Policy Principal, entitled 'Safer Travel Policy Update – High Risk Ceiling – Dark Red Cap', regarding how to deal with arrivals from high-risk areas, where there was a strong prevalence of COVID-19. Such areas were referred to as 'Dark Red' areas, in keeping with the RAG rating of travel areas in terms of risk.

Mr. Lynch reminded the Cell of the decisions made by CAM at its meeting on 16th June 2021, regarding the Safer Travel Policy Update. The Cell recalled that an extension to 29th June had been agreed by CAM before England was wholly redesignated as a Red zone. The purpose of the short delay to redesignate England to a Red zone had been to enable potential inbound travellers to Jersey to amend their travel plans with some time to spare, if they were considering travelling to the Island.

The Cell considered whether or not there now existed a disincentive to travel to high-risk areas, and whether this policy required re-consideration. The Cell was therefore asked to consider the addition of a 'dark red cap' threshold/criteria at which variations or reductions to the standard Red requirements would cease. Selected points for consideration included:

- The relative benefits of risk reduction;
- The importance of alignment with UK Government risk measures with regard to Variants of Concern;
- The complexity of an added classification 'colour';
- The effect of disincentivising travel to high prevalence areas;
- The projected increase in proportion of fully vaccinated passenger volume, and
- A potential loss of certainty for passengers and industry

It was noted that there were currently five UK regions with an 'R' rate of more than 600, and that all such regions were located in Northwest England. Given the current rate of increase of the Delta Variant of Concern in the UK, it was anticipated that LTLAs across England and Scotland would continue to breach the 600 mark in the coming weeks. It was noted that the Welsh and Northern Irish rates of infection demonstrated early stage increases from a lower base. It was agreed that there was a need to manage the 'double vaccinated residual risk', whilst also noting that vaccinated individuals were only twenty percent as likely to have the virus when compared to unvaccinated individuals. The UK Traffic Light system of testing and isolation requirements was considered by the Cell. It was noted that, whilst 'Green' and 'Amber' arrivals to the UK from other destinations could transit directly to Jersey, those categorised as 'Red' were obliged to stay in a hotel for quarantine purposes.

[R. Sainsbury left the meeting at 1235 hrs.]

The Cell was therefore asked to consider the addition of a 'dark red cap' threshold and/or criteria, at which point, if introduced, variations or reductions to the standard 'Red' requirements would cease. The Cell was invited to consider four potential policy options:-

1 No change = no upper threshold
2 Application of the 'Dark Red' threshold for any region / country
3 Application of the 'Dark Red' threshold for any country on UK red list only
4 To apply a combination of options 2 and 3, above.

I Cope stated that, as a general principle, and to help ensure support for the policy, he considered that parity and fairness of treatment was important. Mr. Cope expressed the view that travellers arriving via private aircraft, for example, should not be able to avoid the travel regime to which most travellers to Jersey would be subject (which, in practice, would require transit through the UK following most international travel), because a minority of individuals could avail themselves of a private aircraft, for instance. The Cell noted this viewpoint.

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, thanked Mr. Lynch for providing an excellent paper. It was then considered that situations could arise where there might be "massive numbers of infection".

[Dr. Patil left the meeting].

Dr. G. Root, Independent Advisor - Epidemiology and Public Health opined that there was reasonable evidence to suggest that the rate of the COVID-19 virus was decreasing in the UK. Due to such significant slowing in the UK, it was noted that the arbitrary threshold of 600 could be problematic. It was further noted that most badly affected areas in the UK could be categorised as deprived, and suffering from a larger rate of vaccine hesitancy, as well as being areas where low incomes were prevalent. As such, it could be argued that members of the population from such areas would not fit the typical profile of a traveller to Jersey. Whilst there was a

necessary abundance of caution, there also existed the risk of any inbound seeding risk being overstated.

R. Corrigan, Acting Director General, Economy confirmed that he would not support further classification of travel areas, on the basis that this could be seen to be "one step forward and one step back" in connexion with border arrangements and not in line in terms of the population of Jersey living with the virus on a day-to-day basis, in what was already a highly vaccinated population base.

Mr. Cope opined that, whenever a travel regime was set, it was also necessary to set a boundary. It therefore followed that this could inevitably be viewed as a somewhat arbitrary process and that there would therefore be boundary effects, whichever number was used as a reference point. Dr. Muscat MBE reminded those present that they should consider future variants such as Delta +4.1.7, on the basis that not much was known about it and that some time may need to be "bought" to consider this and other such variants.

There could also be the need to accept the heterogeneous spread of infection and that people from high-risk areas might not travel to Jersey. It could therefore be the case that the majority of inbound travellers were not likely to arrive from a 'Red Cap' area. It was further noted that in areas such as Bolton in the UK, that surge vaccinations had been applied to respond to a corresponding surge in COVID-19 cases.

Mr. Khaldi expressed uncertainty regarding whether COVID-19 cases were on the decline in the UK and felt that it would be interesting to see whether or not infection rates climbed or fell. The view was expressed that Jersey ought to close certain loopholes around its border, given the objective to defend the Island from various Variants of Concern. Mr. Khaldi expressed his support for Option 3, with some support also for Option 2.

S. Petrie, Environmental Health Consultant advised the Cell that Scotland was also banning travel from Greater Manchester and confirmed that he would support Option 3, with the caveat that consideration should also be given to Option 2.

Dr. A. Noon opined that the Cell should look to Option 3, as the other options presented the potential for people travelling from Jersey to enjoy a false sense of security if they were to travel to mainland Europe, for example. This was on the basis of potential direct, international flights to and from Jersey during summer 2021.

Mr. Cope confirmed his support of Option 3 and re-emphasised his earlier point about private jets potentially being a cause of concern for those wishing to avoid quarantine. Dr. G. Root accepted that there was potentially an inequity issue but did not feel that such a form of travel presented a serious risk to the Island.

Dr. Muscat MBE suggested that caution be exercised, explaining that he could not quite agree that the numbers under review were not a reasonable signifier that cases were escalating, recalling that this was what had happened previously with the Alpha (Kent) variant. Dr. Muscat MBE explained that, firstly, variant numbers would increase, and following this, a picture of a new variant would emerge. Dr. Muscat, MBE, recalled his belief that a cautious approach had been agreed during the Cell's meeting of 7th June 2021, and that he did not now wish to be overturning that decision. Dr. Muscat expressed the view that some "big steps" had been made during the extant meeting, and therefore, the Cell "should take things a step at a

time". Dr. Muscat was therefore supportive of option four, a combination of options two and three.

Dr. G. Root recalled that there had been epidemiological awareness regarding the Delta variant, prior to it taking hold in the UK. Broadly, there existed ways of receiving early intelligence and then acting on such intelligence. Dr. Root was also of the view that it might be possible to acquire supplementary evidence of any further variants, at an earlier point. Dr. Muscat MBE queried whether acting on such intelligence would not be more cautious than to act on a fairly tangible metric such as a number.

The Chair summarised the Cell's discussions and was of the view that those present were largely in agreement with option three, but that option two had given rise to some concern about variants arising. It was therefore put to the Cell whether this issue should be discussed further, following the extant meeting. Mr. Khaldi advised that Ministers were genuinely concerned regarding the risk posed by direct contacts, so it was likely that this issue would be the focus of the next CAM meeting which was likely to take place on 23rd June 2021. At that time, Dr. N. Kemp, Senior Policy Officer, Community and Constitutional Affairs would be able to provide firm advice regarding the issues discussed during the present meeting. The Chair then thanked everyone present for their participation and confirmed that the next STAC meeting was due to take place on Monday 28th June 2021.

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