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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(64th Meeting)

(Business conducted via Microsoft Teams)

28th 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
P. Bradley, Director of Public Health Practice
C. Folarin, Interim Director of Public Health Practice
Dr. G. Root, Independent Advisor - Epidemiology and Public Health
R. Sainsbury, Managing Director, Jersey General Hospital
Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention
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
N. Vaughan, Chief Economic Advisor

In attendance -

R. Corrigan, Acting Director General, Economy
J. Blazeby, Director General, Justice and Home Affairs Department
Dr. M. Doyle, Clinical Lead, Primary Care
M. Knight, Head of Public Health Policy
B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department
S. White, Head of Communications, Public Health
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
J. Lynch, Policy Principal, Strategic Policy, Planning and Performance Department
M. Rogers, Director General, Children, Young People, Education and Skills (CYPES)
Dr. N. Kemp, Senior Policy Officer, Community and Constitutional Affairs
S. O'Regan, Group Director, Education, CYPES
S. Nibbs, Secretariat Officer, States Greffe

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

Director of Public Health Practice - welcome

A1. The Scientific Technical and Advisory Cell ('the Cell') commenced the meeting by welcoming Mr. P. Bradley, the recently appointed Director of Public Health Practice to the meeting. Mr Bradley expressed the view that it was a very interesting point in time in which to take up his new post, and that he looked forward to working with all those who were present.

Minutes

A2. The Minutes of the meeting of the Scientific and Technical Advisory Cell ('the Cell'), dated 7th June 2021 were accepted as read and were duly ratified by the Cell.

Intelligence overview, including Analytical Cell Update and HCS service activity.

A3. The Scientific Technical and Advisory Cell ('the Cell') reviewed a PowerPoint presentation, regarding an Intelligence Overview, including Analytical Cell Update and HCS service activity, which had been prepared and was presented by M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department, C. Folarin, Interim Director of Public Health Practice and R. Sainsbury, Managing Director, Jersey General Hospital.

Ms. Clarke provided a case update, confirming that there were had been 114 active cases of COVID-19 in Jersey as of Friday 25th June. Twelve of those 114 cases were fully vaccinated. Of the 114 cases, two were linked to early years, and 30 to schools. There were 1500 direct contacts arising from the 114 cases. It was noted that 54 cases had been identified through contact tracing, a further 33 had been identified after seeking healthcare and that 25 cases had arisen as a result of inbound travel. There had therefore been an average of 22 new cases per day most recently, and 17 inbound travel cases were arising per day. The Cell noted that there were currently no Covid-19 related hospital admissions.

Ms. Folarin provided an Analytical Cell summary. It was noted that there had been a tripling of cases connected to contact tracing, as well as a doubling of those individuals seeking health care who were then found to be COVID-19 positive. In addition, two or three private gatherings had resulted in having small COVID-19 infected clusters linked to them. An uptick in schools-based cases had been associated with an inbound traveller and extracurricular activities undertaken by Year 8 at one secondary school.

A further 61 cases had been identified since Friday 28th June. 42 of those cases had been reviewed over the weekend, and, of this number, the majority of these were symptomatic, but a number of individuals tested positive were asymptomatic.

It was noted that some inbound travellers had not tested positive for COVID-19 until their Day-8 test. Ms. Folarin confirmed that the cases would be reviewed later that day and reported back to the Cell at its next meeting.

Ms. Clarke presented the Public Health monitoring dashboard to the Cell. Early warning indicators had been noted before cases started to rise, and such a rise had also been indicated by more calls to the helpline. It was reported that a stomach bug had also been evident in numerous children, which presented some similar symptoms to COVID-19. As a result, all children affected had been tested for COVID-19 to err on the side of caution. In terms of inbound travel, it was reported that there had been a stabilisation in the number of inbound travellers arriving in

Jersey over the previous two weeks. With regard to the weekly update and testing figures, 14,800 tests had taken place over the previous week, with a rate of 0.1 percent positivity. 9,566 of such tests had been provided to inbound travellers. It was reported that a technical issue had arisen with the collation of the attendance data from schools, so this was not available for review at the present time.

The vaccine update provided confirmed that 68,210 first doses and 51,765 second doses of the vaccine had now been provided, giving a total of 119,975 immunisations. It was noted that more than 72 percent of those aged over the age of 18 had now received a first dose of the vaccine, and that 48 % of the same age cohort had also received a second dose. Astra Zeneca was the most often used vaccine and Jersey still compared favourably against other jurisdictions across all age group regarding the number of vaccines being given. Jersey could therefore demonstrate 111.29 vaccinated members of the population per 100 persons, which compared favourably to other regions of the United Kingdom ('UK').

With regard to the borders, it was noted that all of England would be re-classified as 'Red' in pursuance of the Red/Amber/Green colour risk classification system that was applied within the Common Travel Area (CTA). This was in common with the existing 'Red' status of Scotland, which would be maintained. The re-classification of England was due to come into force on 29th June 2021. An increase in 'Green' travel areas was noted as emerging within the Republic of Ireland, and this was replicated in France. All of Germany was noted as 'Green' for second week running. It was noted that much of Europe was witnessing the number of COVID-19 cases being reduced overall, this including Portugal.

L. Daniels presented projections to the Cell, advising that these demonstrated a comparison of case rates with SEIR modelling scenarios. Linear projections indicated that, at an increasing rate of 17 new COVID-19 cases per day, there could be up to a cumulative total of just over 500 cases by mid-July 2021. This was on the basis that cases continued to increase at a regular rate. Estimates of the 'R Rate' were considered and discussed. The Natural R rate of the Delta variant was noted as ~7. It was further noted that non pharmaceutical interventions ('NPIs') effectively reduced the R rate, and that such measures included contact tracing, social restrictions and maintaining social distancing. The 'R Estimate', as at 27th June 2021, was estimated as between 1.9 – 2.7, although this was qualified by a large confidence interval, due to limited data being available.

R. Sainsbury, Managing Director, Jersey General Hospital confirmed that there was nothing to report in terms of COVID-19 specific challenges to secondary care. Dr. M. Doyle, Clinical Lead, Primary Care, confirmed the earlier observation that medical practitioners were seeing a large increase of viral presentations in the children group, as the prevailing stomach bug had provided a small flurry of activity. Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention confirmed that the larger medical practices and the Emergency Department had also witnessed more children present with gastric symptoms.

Dr. I. Muscat, MBE, , Consultant in Communicable Disease Control stated the importance of ensuring that Jersey as a whole vaccinated "significantly" against the influenza virus this season, as reconnection had and would enable the flu virus and other viral infections to become established within the population. He stated that, for example, an increase in Norovirus was being witnessed due to social reconnection. It was therefore anticipated that flu would be likely in the autumn season. Those present agreed the sentiment that it was important to roll out a flu vaccination programme. It was noted that the cohort in which COVID-19 had done the worst damage was primarily in the over 50s cohort – and specifically in those

who were unvaccinated and within that age range. It was noted that there had not been any COVID-19 related deaths in the unvaccinated, under 50 age range in the UK, to date.

The Cell agreed that it remained of great importance to vaccinate anyone over the age of 50 years in Jersey, who had as yet not received their vaccine, due to the clinical vulnerability of this age cohort. R. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department confirmed that the Communications Team had commenced a further campaign on Friday 25th June 2021, utilising both print and social media. S. White, Head of Communications, Public Health, confirmed that an additional 500 people had booked their first vaccine dose appointments since Friday afternoon, when the campaign launched, which was positive news and a measurement that the vaccination campaign was having the desired effect of reaching those in need of immunisation. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, commented that the Cell's understanding of what was due to happen now and within the next month, would be critical in terms of the advice to be provided for the next set of Ministerial decisions.

It was therefore discussed, how much further the wave of infection could progress beyond the end of July, as the presentation had suggested that the wave of infection would require a certain amount of control over a period of time.

It was confirmed that the Public Health team had engaged with those who collected repeat prescriptions to ensure that they received their vaccinations as those patients were likely to have ongoing health conditions. Dr. G. Root, Independent Advisor - Epidemiology and Public Health, stated his support of Dr. Muscat's comments about the importance of a secondary vaccine. It was of some concern that older, more vulnerable age groups may not be returning for a second dose of the vaccine. It was queried whether further interventions would be necessary, and the ongoing role of contact tracing was discussed.

Mr. Sainsbury asked the Cell whether Jersey had the supply and the workforce capability to offer walk-in vaccine clinics now, as per those that had been established in parts of England. Ms, Sherrington confirmed that the current model used in Jersey was to ensure that no one needed to queue, whereas the English clinics were reporting queues prior to vaccination. It had also been reported that walk-in clinics sometimes did not have sufficient vaccine doses available to immunise all those who attended. The current booking system was working and the number of doses of vaccine available were balanced with this system. 96 percent of the appointments available were presently booked, and in fact two more trays of vaccine supply had been able to be brought forward for usage during the present week.

Under 18 Direct Contacts.

A4. P. Armstrong, MBE, Medical Director (Chair), advised those present that there was some political pressure on the Cell to reach a conclusion regarding future policies in connexion with under 18 Direct Contacts. The Chair stated that it was crucial to maintain its consideration of the balance of harm. The Cell agreed that its advice to the Competent Authorities should remain rooted in scientific principles, whilst noting the strong emotions felt around this subject.

Dr. N. Kemp, Senior Policy Officer, Community and Constitutional Affairs, recapped the statistics for the Cell that it had considered earlier within the meeting. 114 cases had been diagnosed in Jersey as at 25th June, with two cases linked to early years, and 30 cases linked to schools. This was in common with the national situation noted from England and in accordance with the PHE Technical Briefing No. 17,

which had concluded that the most frequently reported settings for common exposure to COVID-19 were educational settings in the past six weeks.

The Cell considered a 'Balance of Harms for Children and Young People' presentation by Dr. Kemp, and noted a survey undertaken by Jersey Children and Young People Service ('JCYPS'). The "overwhelming" message received from the JCYPS surveys was that those young people who had responded wished to be kept safe and away from the harms of the COVID-19 virus. It was recalled that most children would be asymptomatic if they were to contract the virus, but that some would have symptoms, including paediatric acute-onset neuropsychiatric syndrome ('PANS'). The mental health and safeguarding concerns around children and young people being in isolation was also an essential issue to be considered.

The Cell recalled the decision taken by CAM on 22nd June 2021, when there had been agreed a reduction in the isolation period for fully vaccinated direct contacts to receipt of a negative day 0 test result, and undertaking testing on day 0, 5 and 10. In addition, fully vaccinated direct contacts identified at the border through inbound travel were no longer required to isolate. If a person had identified as a direct contact and was asymptomatic, they would move on to the enhanced testing regime for direct contacts (on days 0, 5 and 10). Immediate isolation was required if any symptoms developed. Finally, it was recalled that those not vaccinated, having received only one dose of the vaccine, or who were not yet two weeks protected after their second dose, were still required to follow the current policy position for direct contacts (10 days isolation; including testing on days 0,5 and 10) or, 14 days isolation if they did not agree to testing. This policy applied to children and young people, as well as adults.

A range of policy options for those children and young people who had been identified as direct contacts were considered by the Cell. This included different isolation options, ranging from isolation only being required until the first negative test result, to 14 days. The potential discriminatory effect on the young adult age bracket was a cause for concern, as it was averred by the Cell that this age cohort would not have been fully vaccinated, due to their current need to wait for a first vaccine. The Cell also considered logistical implications on parents and carers to transport young people to the main COVID-19 testing site at the airport. The Cell further noted that the COVID-19 testing process was a swift, but invasive procedure and that this was a further reason to consider how many such tests would be required.

Isolation requirements continued to be discussed, such as the proposal of young people isolating at home (rather than being confined to one room), but not attending school. There was also discussion regarding children and young people who had been affected by being identified as a positive contact, being allowed into outside spaces, including a garden or public space, with appropriate parental supervision.

It was agreed that any implementation and communication of proposed changes to the current system should firstly include consultation with CYPES, as well as liaison with the Children's Commissioner and Teachers' Union Representatives. It would also need to be ensured that there was appropriate communication to schools with any updated policy, to ensure a clear understanding of any policy changes.

The Cell was therefore invited to consider:

(a) policy options for CYP identified as direct contacts; and

(b) modified isolation proposals; or

(c) a combination of Option A and Option B, as set out above.

M. Rogers, Director General, Children, Young People, Education and Skills (CYPES) praised the presentation provided. The Cell accepted that the status quo could not prevail and Mr. Khaldi thanked Dr. Kemp and colleagues for reviewing the process.

It was acknowledged that there was uncertainty as to how the current wave of infection would affect the Island. The Cell was mindful that any infection should not be able to spread on an unmitigated basis. It was recalled that, whilst a large wave of sentiment was understandably being mitigated through Ministers, the mental health impact of isolation on children and their families did very much need to be taken into account. The Cell concurred that regular testing for COVID-19 remained a poor substitute for isolation. Dr. Muscat, MBE, was supportive of the "softening" of the existing isolation requirement. He also expressed the need to continue with consistent testing arrangements, noting that the Cell and the public health system retained a necessary interest in ensuring that some controls remained in place.

P. Bradley, Director of Public Health, considered the potential relaxation of the isolation requirements and expressed the view that there remained the question of compliance and also the need to ensure that a structure was in place that would assist parents. He concurred that softening isolation requirements could be a helpful measure. There was also some discussion about the actions that other jurisdictions were taking in connexion with the treatment of children and young people who had had a positive contact with a COVID-19 positive case, Dr. Kemp explained that other jurisdictions had not yet reported on their provisions for this scenario. In the UK, daily lateral flow device (LFD) testing was able to be undertaken, but it was felt that this was not a sufficient safeguard. Essentially, there was no useful guidance available from other jurisdictions. Dr. Muscat reminded those present that LFD testing was relatively insensitive and that it could provide false positive results, as well. Whilst it could be utilised for generic screening, it did not assist with clinical issues, nor in terms of high-risk individuals. There was a discussion about the logistics of making PCR testing for individuals easier to access, such as considering offering locations other than the airport testing centre as a testing destination. However, this would take up extra resources. J. Blazeby, Director General, Justice and Home Affairs Department, was of the view that extra testing sites could be managed, but initially the testing would have to remain at the Elizabeth Harbour terminal and nearby the airport.

Dr. G. Root, Independent Advisor - Epidemiology and Public Health expressed the need for the community to be realistic about what measures would work in reality to interrupt transmission of the virus, noting that it was very difficult to achieve herd immunity. He echoed earlier concerns about the effect on the 17 – 18 year old age group, as if they were affected by not yet being vaccinated, it was often the case that this age cohort were often in receipt of low incomes if they were employed. Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention expressed concern about the potential statistic of one in twelve people perhaps suffering from Long Covid, which would affect a large amount of the population. This legacy issue also had to be considered, although it should not be over-stated.

Dr. M. Doyle noted that a lot of UK schools were due to finish their term within the next week or so, and therefore questioned whether there was any practical use in bringing the end of the Jersey school term forward. Mr. Rogers countered this proposal by confirming that this would be a "very last resort" for the CYPES team and he expressed his hope that pupils, teachers and parents could still progress to the end of the current term, as planned.

Anecdotal evidence that numerous parents were not sending their children to school due to concerns about potential isolation, was discussed. Whilst the aim was to decelerate the COVID-19 infection, it was accepted that children would continue to mix during the summer holidays. It was further noted that any policy which was agreed would be unlikely to have much impact over the next two weeks, due to the lag effect of the virus. Dr. Muscat was supportive of the concept of schools staying open as long as possible. He was of the view that a realistic option in the absence of vaccination for this age group was to let the virus "trickle" through the younger age groups, much as one would do with other viruses. Dr. Muscat reminded the Cell that Long COVID remained more common in 40- to 60-year-old women, where it was usually found that the memory and olfactory areas of the brain had been affected.

Mr. Bradley added that not all parents might have been vaccinated as yet, and that this time would also be a further opportunity for them to be vaccinated. Ms. Sherrington confirmed that vaccination rates for the age group of 50- to 54-year-olds stood at 82 percent. In addition, numerous 40- to 49-year-olds had received their vaccine; 80 per cent having had their first injection, and 63 percent having accepted their second vaccine. The Cell also expressed its aspiration that there would be a point when the current wave of infection subsided and that measures could be reviewed again.

Ms. Sherrington clarified the point that the Joint Committee on Vaccination and Immunisation ('JCVI') had not yet notified any stakeholders that children would be vaccinated against COVID-19 and that this question remained a point of research. Dr. Doyle recalled that the Israelis government did provide the option for vaccines for those who were as young as 13 years old, but that the State had received a very low uptake for this offering.

Mr. Rogers confirmed that one of his department's key aims was to try to enable children to not miss any more school. A consistent policy approach was required regarding isolation and any amelioration that had taken place. Mr. Rogers went on to state that neither action nor inaction should create greater harms to children. The importance of keeping Island schools both open and functioning was noted by the Cell. However, it was also noted that the key point was how the Island managed what was a significant wave of infection. Test and trace was described as a "last line of defence" and also an important part of mitigating such infection. From a public health perspective, it was agreed that the wave of infection needed to be managed and the balance of harms principle kept in mind.

P. Bradley agreed that isolation was a key issue, but in broader terms, young people also wished to protect their own families and a significant number of parents were not yet fully vaccinated. S. O'Regan, Group Director, Education, CYPES, also raised the potential risk of "hidden harm" being done to children and young people if too many children are off school, in terms of the potential for safeguarding issues to remain unknown if the child in question was not able to access a safe space in which to report any such issues. The Chair stated that he would consider how to summarise the wide-ranging discussion for the anticipated CAM meeting later that day.

It was summarised that the Cell's position of advice was likely to be that those children who were isolating would not need to remain in one room in their accommodation and that daily exercise in a garden and / or a public space would be allowed under appropriate supervision. Mr. Khaldi believed that the Cell could transparently feedback to Ministers regarding the balance of opinion expressed during that day's meeting and confirm that there was not complete unanimity on a definitive recommendation. The Chair expressed his thanks to Dr. Kemp and her

team, acknowledging that there was sizeable pressure on professional colleagues around this and other sensitive public health issues, that had arisen as a result of COVID-19.

Stage 7 Reconnection

A5. The Cell, with reference to Minute No A2 of its meeting dated 14th June 2021, received a presentation from A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department entitled "Stage 7 Pause". Mr. Khaldi reminded the Cell that it had considered issues relating to the Stage 7 reconnection process on certain occasions previously. He reviewed the decisions taken by the Competent Authority Ministers ('CAM') on 9th June, 14th June and 16th June 2021. The Cell was requested to reconsider the current pause and advise CAM as to the potential release date of the remaining non pharmaceutical interventions (NPIs) in place.

The Cell was reminded that COVID-19 infection rates were rising and that relatively few other NPIs remained in place. The Cell further understood that it could reasonably expect some hospitalisations due to the presence of the virus in the Island, although presently there were none. There existed the risk of overdispersion taking place due to the proposed return of larger, less controlled events. It was noted that whilst on-Island vaccination coverage was impressive, as yet it was not evenly distributed. COVID-19 cases in Jersey were presently at their highest number amongst young people. The question of what mitigation was proportionate was considered.

The Cell considered whether the Stage 7 pause provided a legitimate counter balance and it was noted that correspondence with H.M. Attorney General had been sighted, regarding issues being raised with the potential difficulty in increasing events in private homes from 20 to 50 persons due to the likely negative implications on public health. It was noted that CAM decisions to date had demonstrated that there was an accepted risk regarding some level of community transmission. Dr. I. Muscat, MBE, advised those present that any progression in community reconnection was also a 'multiplier', and would therefore be likely to multiply further the risk of infection. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department noted that the current lack of hospitalisations and deaths from the extant round of infection did provide some reassurance. Dr. G. Root, Independent Advisor - Epidemiology and Public Health expressed concern about the remaining NPIs and doubted their efficacy.

The Cell also acknowledged that it had to consider what measures were and remained, proportionate. The political point noted (which was beyond the Cell's remit) was balancing the public health benefit against the requirements for personal freedoms. R. Corrigan, Acting Director General, Economy was of the view that the Government should be seen to be "giving something back", and that the remaining three restrictions should now be removed. His view that there was considerable cost to the public purse to retain such restrictions was noted, as was the point that any remaining restrictions should be offset with the justification that such restrictions were necessary.

P. Bradley, Director of Public Health Practice agreed that there needed to be particular focus on potential "super spreader events", noting that there was still a cohort of people to be vaccinated. S. Petrie, Environmental Health Consultant was of the view that, if measures were to be removed, then this action should be taken no later than at the end of the current school term. Mr. Khaldi stated that he did not wish to see the current wave of infection to go beyond the scenarios modelled. He suggested prudence in the Cell's approach, as the restrictions remaining were less

stringent than those which had been in place earlier in the pandemic. For the reasons expressed above, Mr. Khaldi confirmed that he was in favour of a further pause in the Phase 7 reconnection.

Dr. I. Muscat MBE stated that it was reasonable to consider the current experience in the UK, (whilst of course noting that the UK was not Jersey), as a comparator of super spreader events and direct contacts were both important.

It was further recalled that opening nightclubs in Spain had sparked off the wave of COVID-19 there during 2020. N. Vaughan, Chief Economic Advisor expressed the view that Jersey had already achieved a feasible reduction in risk, although it was of course necessary to limit the cases. Dr. .Root agreed with the Chief Economic Advisor's comments on the risks relative to the harms and recognised that there were still strict non pharmaceutical interventions in place. Dr. Muscat stated that it was important to remember that vaccine efficacy against the Delta VOC was in the order of 80 percent, even with 100 per cent coverage.

C. Folarin, Interim Director of Public Health Practice also supported maintaining the present restrictions, for a time. M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department stated that in addition to the known severity of Delta variant, there was emerging evidence of a more severe element of the Alpha variant as well. The Chief Economic Advisor noted that a proportion of the population would always be likely to remain unvaccinated.

The Chair summarised the discussions by agreeing that relaxing the remaining measures in place would inevitably create further risk – and furthermore that the Cell count not currently define that risk. The points raised would be put forward into the later discussion with Competent Authority Ministers later that day. The Chair thanked the Cell for its input.

British and Irish Lions – proposed revisit and Public Health Analysis

A6. The Cell received a proposal entitled "British and Irish Lions Proposal – Public Health Analysis", presented by J. Lynch, Policy Principal, Strategic Policy, Planning and Performance Department, regarding a proposed re-visit to Jersey by the British and Irish Lions (BIL), following the conclusion of their current South African Tour.

The Cell was asked to consider and advise in relation to a proposed further visit to the Island, noting that approximately 80 individuals made up the team and supporting staff. The stated primary motivation for a return to Jersey, *inter alia*, was to minimise the isolation requirements faced by the party on its return to the United Kingdom; the UK entry requirement from South Africa being ten days managed quarantine within a quarantine hotel. The proposal recognised the fully vaccinated status of the squad and its support team and sought for the party to be classified as 'Green' arrivals, requiring two tests upon their entry into Jersey – one on day zero and one on day eight, with the need to isolate until the results of the first test result.

The Cell recalled that UK Government policy was a travel ban for arrivals from Red list countries. Entry to the UK was limited to UK nationals, with only limited exceptions for critical workers. All arrivals, save for limited exceptions, who had visited a Red list country in the ten days prior to entry, were required to enter managed quarantine (a quarantine hotel) for a minimum of ten days. The BIL proposal would therefore require a variation from the Government of Jersey alignment policy, by affording a Green variation to UK Red List passengers. It would also require a variation to UK Government policy to enable the party to transit to Jersey directly, without entering a quarantine hotel.

The Cell expressed its unease in connexion with the proposal and enquired whether or not there had been communication with the UK Government about this concept. It questioned whether there was a risk of Jersey being regarded as a 'back door' to the UK. Mr. Lynch apprised the Cell that the communications between Jersey and the UK on this point would be a matter for External Relations colleagues. Regardless of Jersey's position, the BIL would be required to navigate the position.

R. Corrigan, Acting Director General, Economy clarified the point that the BIL were due to return back via Dublin and not through the UK, as had been stated. There was a discussion regarding whether or not the current border policy had now superseded the substantive proposal. It was again noted that the BIL group were double vaccinated but would be returning from a Red area; South Africa. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department reminded those present that the Competent Authority Ministers, advised by the Cell, had agreed and developed a COVID-19 status certification policy that stated clearly that 'Red meant Green if double vaccines had been achieved'. However, South Africa was a notable and considerable risk and the Cell had not been apprised of the extant BIL proposal prior to these deliberations. Mr. Khaldi stated that the Cell had confirmed, on numerous occasions, that Jersey was aligned to the UK in terms of joint bio-security assessments. The Cell agreed that it was, of course, for Ministers to make variations to their agreed policies, but from the Cell's perspective, it would be necessary to advise that any arrivals from a Red listed country should be treated with absolute caution. Mr. Corrigan made the point that, on the Jersey government website, South Africa was classified as 'Red', and as such, the status of the country on the website therefore required change.

Dr. I. Muscat, MBE stated that his "very strong recollection" was that the Cell had always maintained significant concerns across the board when there was the potential for the South African variant of COVID-19 to enter the Island. The extant travel policy should not be undermined. Whilst noting the proposal's intentions to assist the BIL, Dr. Muscat remained concerned that the Cell would be setting a dangerous travel precedent if it acceded to the terms of the proposal, although it remained possible for Ministers to draw separate conclusions should they so wish.

Vaccination update

A7. It was agreed that the Vaccination update, to be presented by Dr. I. Muscat, MBE, Consultant in Communicable Disease Control and B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department would be held over for discussion until the next meeting of the Cell on 5th July 2021.