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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(72nd Meeting)

(Meeting conducted via Microsoft Teams)

6th September 2021

PART A (Non-Exempt)

All members were present, with the exception of C. Folarin, Interim Director of Public Health Practice, R. Sainsbury, Managing Director, Jersey General Hospital, R. Naylor, Chief Nurse, Dr. S. Chapman, Associate Medical Director for Unscheduled Secondary Care, Dr. M. Patil, Associate Medical Director for Women and Children and S. Skelton, Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, from whom apologies had been received.

Professor P. Bradley, Director of Public Health (Chair)
Dr. I. Muscat, MBE, Consultant in Communicable Disease Control
Dr. G. Root, Independent Advisor - Epidemiology and Public Health
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

In attendance -

S. Martin, Chief Executive Officer, Influence at Work
O. Powell, Influence at Work (for item A3 only)
B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department
S. White, Head of Communications, Public Health
K. Posner, Head of Office (Education), Children, Young People, Education and Skills Department (for item A6 only)
C. Keir, Head of Media and Stakeholder Relations, Office of the Chief Executive
M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department
J. Norris, Principal Policy Officer, Strategic Policy, Planning and Performance Department
S. Huelin, Senior Policy Officer, Strategic Policy, Planning and Performance Department
Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
K.L. Slack, Secretariat Officer, States Greffe

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

Minutes.

A1. The Minutes of the meetings of the Scientific and Technical Advisory Cell that

had been held on 2nd, 16th and 23rd August 2021, having previously been circulated, were taken as read and were confirmed, subject to the inclusion of some minor amendments that had been forwarded by electronic mail to the Secretariat Officer, States Greffe.

Intelligence overview including Analytical Cell update.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 23rd August 2021, received a PowerPoint presentation dated 6th September 2021, entitled 'STAC Monitoring Update', which had been prepared by Ms. M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and heard from her in connexion therewith.

Ms. Clarke informed the Cell that, as at Friday 3rd September 2021, there had been 272 active cases of COVID-19 in the Island, who had been in direct contact with 1,024 individuals, which brought the total number of positive cases to date to 9,408. The 14-day case rate, per 100,000 population, was 327. Of the active cases, 123 had been identified through arrivals screening, 89 had sought healthcare and 40 were direct contacts. Many of the active cases were aged between 10 and 19 years and 40 to 59 years and 127 were fully vaccinated. It was noted that the vaccine status of 80 of the active cases had not been recorded, but Ms. Clarke indicated that work was underway to rectify the situation. In response to a query as to whether the vaccination status of the active cases was being made public, she stated that there were validation issues and it was unlikely that this would be resolved for a month. Mr. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, suggested that there would be merit in making the data available with caveats in the interim.

The Cell noted that well in excess of 2,000 tests were being undertaken each day, mostly on people arriving into the Island and since the start of August there had been an average of 35 daily cases and these figures remained relatively stable. For most age groups, the test positivity rate was around one per cent (noted to be 0.6 per cent for those aged over 60 years), but for those aged under 18 years it was currently 3.5 per cent. The 14-day case rates, per 100,000 population, for those aged under and over 60 years were noted to be 373 and 200 respectively and the Cell was informed that of those Islanders aged over 60 years, almost 100 per cent were fully vaccinated, whereas this was only the case for 60 per cent of those under the age of 60. As at 3rd September, there had been 2 patients in the General Hospital with COVID-19, both of whom were clinically Covid. The Cell was provided with details of the positive cases linked to health and care settings and was informed that since the end of July there had been, on average, fewer than 10 daily cases linked to the schools.

Sadly, there had been a further death from COVID-19 during the week commencing 30th August 2021, which brought the total to 77, of which 8 had occurred during the 3rd wave.

It was noted that the number of travellers into Jersey had increased over the Summer and during the week commencing 23rd August there had been 16,100 arrivals, of which 73 had tested positive for COVID-19, resulting in a test positivity rate of 0.45 per cent. During the same week, Jersey's testing rate, per 100,000 population, had been 19,000, which far exceeded the United Kingdom ('UK') rate of 8,525, despite that jurisdiction including tests undertaken on lateral flow devices ('LFDs'). The positivity rate locally had been 0.8 per cent (noted to have increased to one per cent by the date of the current meeting), compared with 4.1 per cent in the UK. The Cell was informed that when inbound travel tests were excluded, the on-Island test positivity rate, as at 4th September, had been 4.1 per cent. Mr. G. Root, Independent Advisor - Epidemiology and Public Health, opined that it was becoming increasingly difficult to understand the data due to the fluid profile of those who were tested and changes to the workforce

screening. In his view, the increase in the on-Island test positivity rate could be due to those people who were being tested, rather than indicative of more infection. He questioned what plans were in place to introduce a surveillance system that would provide representative data to aid understanding of the transmission and was informed that work was ongoing in this respect.

Based on data to 29th August, the effective reproduction number (R_t) was locally noted to be between 0.6 and 0.9, compared with 0.9 to 1.1 for England. The Cell was informed that future changes to testing might make it difficult to continue to provide the R_t, but this would be kept under review on a weekly basis.

The Cell noted that 168 patients were currently recorded in the EMIS clinical IT system as suffering from Long Covid. Of these, 93 had ongoing symptomatic Covid and 78 had post COVID-19 syndrome, but the Principal Officer, Public Health Intelligence, indicated that these were not mutually exclusive and one individual could have both codes assigned to them. The majority of people with Long Covid were female, most notably aged from 40 to 59 years and, of the males, most were in the age group 50 to 59 years. In respect of the vaccine programme, the Cell was informed that up to 29th August, 76,256 first dose vaccinations and 72,473 second dose had been administered, resulting in a vaccine rate, per 100 people, of 137.97. 83 per cent of Islanders aged over 18 years were now fully vaccinated, which equated to 67 per cent of the total population. The Cell was shown graphs which tracked the vaccine uptake by age group and noted that there had been a plateauing since July amongst the younger cohorts. Members of the Cell suggested that this graph should be published in order to encourage vaccine uptake in younger Islanders.

In respect of the estimated vaccine coverage for the Joint Committee on Vaccination and Immunisation ('JCVI') priority groups, the Cell noted that priority groups 13 and 14 had been added. Group 13 was those aged between 16 and 17 years, of which 38 per cent had received their first dose of the vaccine and 3 per cent their second and group 14 was those aged between 12 and 15 years who were at risk or were living with someone whose immunity was suppressed. The Cell was informed that the quality of the data relating to this latter group was questionable, as it was challenging to estimate the size of the relevant population and to extract the information from different data sets. It was noted that, by 29th August, 86 per cent of adults had received their first dose of the vaccine, which was comparable with the UK, whilst this figure increased to 91.4 per cent for residents of Eire and France. As aforementioned, 83 per cent of adults were now fully vaccinated in Jersey, compared with 87.8 per cent in Eire and 75.2 per cent in France.

The Cell was presented with a map of cases in the UK and noted the high rates in Scotland, Northern Ireland, part of the Midlands, Wales and the South West. It was suggested that the uptick in cases in this latter area could partly be linked to the Boardmasters Festival that had been held between 11th and 15th August in Cornwall and the Cell agreed that, as Autumn approached, care should be taken around larger events, particularly in indoor settings. There had been an increase of 3.6 per cent in the number of people testing positive for COVID-19 in the UK when compared with the previous week and an increase of 3.7 per cent in hospital admissions, but deaths had decreased by 0.6 per cent. In Scotland, the infection rate was currently higher than at any point in the pandemic to-date, with a 14-day case rate, per 100,000 population, in excess of 1,100. However, the number of people admitted to hospital was approximately one quarter of the Winter 2020/2021 peak but was increasing. It was suggested that the easing of many restrictions in that jurisdiction on 8th August and the re-opening of the schools on 18th August could have contributed to the uplift in infection rates, which was primarily in children and those aged between 25 and 44 years. The Cell was informed that it was reasonable to expect there to be an uptick in cases as the schools reopened locally and a group comprising policy officers in Public Health,

the Children, Young People, Education and Skills Department and wider operations were working on various scenarios and the response thereto.

The Cell noted the high infection rates in England, Scotland, Wales and Northern Ireland. The situation was also worsening in France and Germany. In respect of those countries that were not categorised at a regional level there had been little change. The Cell was presented with maps, which had been prepared by the European Centre for Disease Prevention and Control ('ECDC'), which compared 14-day case rates on 2nd September and weeks 31-32 of 2021 (2nd – 9th August). The increase in cases in France, Eire and Germany were noted, whilst cases in Eastern Europe were relatively low and there had been a slight decline in Spain.

The Cell noted the position accordingly.

Vaccine hesitancy.

A3. The Scientific and Technical Advisory Cell ('the Cell') received a paper entitled 'Understanding the factors influencing hesitancy to Jersey's COVID-19 vaccination programme', which had been prepared by Mr. S. Martin, Chief Executive Officer, Influence at Work and was shown a PowerPoint presentation in connexion therewith.

The Cell noted that, despite the success of the Island-wide vaccination programme, which had resulted in 83 per cent of eligible Islanders being fully vaccinated, progress had slowed in recent weeks and it was intended to undertake some research to understand any hesitancy and barriers to people presenting for vaccination. This would include researching the situation in neighbouring jurisdictions to discover what had and had not been effective and to use that information to undertake primary research locally. The outputs of the primary and secondary research would inform Public Health's continued goal to maximise uptake of the vaccine programme and to ensure that no eligible Islander was left 'under-served'.

The Cell noted the position and indicated its support for the research.

Changes to the Scientific and Technical Advisory Cell.

A4. The Scientific and Technical Advisory Cell ('the Cell') was informed by Professor P. Bradley, Director of Public Health and Chair of the Cell that it was proposed to make some alterations to the membership of the Cell and that a more detailed paper would be presented at the next meeting.

In essence, given the present rates of COVID-19, the focus of the work was not currently on the General Hospital, so it had been proposed to those members from the Health and Community Services Department that they might step down at the current time and they had agreed with this suggestion. It was noted that Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, would remain as a member of the Cell in order to represent their views. In the event that increased input from Health and Community Services Department colleagues was required, they could be brought back into the membership.

Professor Bradley indicated that he wished for the Cell to remain focused on its primary remit, which was to manage an emergency. He wanted to give members of the Cell the ability to concentrate, in a time limited way, on specific topics which would be discussed at sub-groups and then presented to the Cell. This would facilitate members being able to focus on data and evidence and then use the Cell in order to interpret the same, which had been part of the Cell's arrangements since its inception.

The Cell noted the position accordingly.

Testing strategy -

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 23rd August 2021, recalled that it had discussed and

update from the meeting of the Competent Authority Ministers.

considered proposed updates to the testing strategy, to include a framework and risk criteria to simplify and rationalise testing given vaccination protection and the move to an active mitigation approach, the progressive move to optional self-administered testing for screening purposes and reduced reliance on PCR testing through the use of Lateral Flow Devices ('LFD') and that Competent Authority Ministers had met on 2nd September 2021 in order to discuss the same.

The Cell accordingly received and noted a PowerPoint presentation, dated 6th September 2021, entitled 'Update to STAC on CAM outcomes', which had been prepared by Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and heard from him in connexion therewith. It was noted that it was reasonable to expect further waves of infection in Jersey over the Autumn and Winter in light of certain factors, *inter alia*, the partial protection offered by vaccination, ongoing levels of virus circulating both locally and in the United Kingdom ('UK'), the removal of non-pharmaceutical interventions ('NPIs') that might have constrained that circulation and the real-world evidence from the third wave of the virus. It was noted that it had been reasonable for Ministers to have removed the NPIs in light of evidence of much lower rates of serious disease during the third wave and hospitalisation rates of *circa* one per cent. Despite good progress on the vaccination programme, infection could still occur in those individuals who were fully vaccinated and data and evidence were rapidly changing, which made it difficult to predict the future with any accuracy. Whilst further waves of infection were likely to occur and to cause some disruption and negative health impacts, the intention was to move to a phase of resilience rather than robust suppression of COVID-19.

The Cell was informed that the Competent Authorities had agreed a policy on Covid status certification which would enable a digital vaccination record to be created and available to Jersey residents by 19th October 2021 and for it to be fully developed into the type of App that was used in the UK through the NHS by the end of the year.

It was recalled that there had been a clear message from the Cell that there was the case for a significant reduction in testing at the border, but that data therefrom continued to be important to enable surveillance of infections. It had been agreed by the Competent Authority Ministers to move away from testing fully vaccinated arrivals, who comprised 80 per cent of those travelling to the Island and to focus on children over the age of 11 years and unvaccinated adults. It was noted that this policy would be introduced from 19th October 2021 to afford officers sufficient time to ensure that the requisite changes to the information technology and operations could be made. This policy would remain in force until the Spring 2022, at which juncture a wider removal of testing could be considered.

With regard to epidemiological surveillance, it was noted that detailed proposals on this would be presented in 3 to 4 weeks with a view to replacing the 'mass testing' of approximately 20,000 people that was currently undertaken each week. It was mooted that repeated antibody screening, wastewater analysis, blood test sampling and genomic sequencing could be used. Dr. G. Root, Independent Advisor - Epidemiology and Public Health, indicated that unvaccinated individuals had different characteristics from those who were vaccinated and, accordingly, he opined that the data could not be used for meaningful surveillance at the border. He suggested that a more representative sample would be required. Mr. Khaldi agreed and indicated that consideration had been given to a number of options. He acknowledged that unvaccinated travellers would result in a particular and partial set of data and how to fill the gap with improved intelligence from the border would be, in his view, a significant issue for the Cell and officers in Public Health to resolve.

Face masks in schools.

A6. The Scientific and Technical Advisory Cell ('the Cell') received a research paper entitled 'Wearing of masks in classroom settings' and heard from Mr. J. Norris, Principal Policy Officer, Strategic Policy, Planning and Performance Department, in relation thereto. He reminded the Cell that the schools were due to re-open during the week commencing 6th September and that measures had been introduced in educational settings to ensure that the pupils could return safely. Extant policy was for teachers and secondary school pupils to wear face coverings in communal areas, but not whilst in class.

In light of the increase in cases of COVID-19 in Scotland, in part thought to be linked to the return to school on 18th August in that jurisdiction, as referenced at Minute No. A2 of the current meeting, the Chief Minister had questioned whether the current policy locally was sufficiently robust, or whether masks should be required in lessons, as was noted to be the situation in Scotland. The Cell was cognisant that masks impaired facial recognition and identification, affected verbal and non-verbal communications and blocked emotional signalling between teacher and learner.

Mr. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, indicated that he was not convinced that the paper contained sufficient evidence to justify the requirement to wear masks in classrooms and questioned the value of the proposal when pupils were free to mix in the playground and outside the educational settings. He suggested that in order for the Cell to make an informed decision on masks, it was necessary for it to see the full package of measures that were proposed for the schools. This view was shared by Dr. G. Root, Independent Advisor - Epidemiology and Public Health, who also suggested that because young people under the age of 16 were not currently eligible to receive the COVID-19 vaccine, there was the likelihood that they would contract the virus at some stage and he questioned whether it was right to impede their learning by requiring masks in classrooms. In his opinion, the negative impact on young people's education due to COVID-19 was greater than any health benefit they accrued through wearing masks. He suggested that the risk of severe disease in fully vaccinated elderly Islanders was higher than for unvaccinated children so queried why educational settings were being ring fenced when masks were no longer required in the supermarkets.

Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, suggested that the case numbers in Scotland might have been higher without requiring the wearing of masks in classrooms and he was not sure that there was evidence that mask wearing undermined young people's education to a great degree. In his view, it was important to reduce the number of active cases occurring simultaneously which would be disruptive both to the educational setting and to the roll out of the vaccination to young people in the event that the Chief Medical Officer decided that those aged between 12 and 15 years should become eligible to receive the COVID-19 vaccine.

Mr. S. Petrie, Environmental Health Consultant, indicated that there was good evidence that monitoring of CO2 could help to determine the efficacy of ventilation in schools and provide some confidence to teachers. The Cell was informed by Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, that these had been acquired for the schools and that a paper would be forthcoming at the next meeting on the wider ventilation policy. In his view any large waves of infection in the schools, particularly amongst staff, could have a serious impact on the ability of the setting to remain open. He questioned whether it would be preferable for children to learn online rather than in a classroom, whilst wearing a mask.

He was aware that officers in the Children, Young People, Education and Skills Department had liaised with Head Teachers over the summer holidays, following meetings of the Cell and the Competent Authorities, in order to reach an agreed position on the schools and COVID-19 and he suggested that imposing the wearing of masks in classrooms at this juncture could cause some negative sentiment. In his view, it would be preferable to share the evidence with the Head Teachers and allow them to reach their own conclusions, based on the infection rate within their school.

The Cell agreed that the key objective was for young people to have as undisrupted an education as possible. It wished to better understand the evidence base for requiring masks in classrooms and awaited the aforementioned decision by the Chief Medical Officer on the vaccine for those aged from 12 to 15 years. It agreed that the evidence on masks should be shared with the schools as part of ongoing engagement.

Mr. K. Posner, Head of Office (Education), Children, Young People, Education and Skills Department, informed the Cell that clarity of message to young people was vitally important. If the decision was taken to vaccinate those aged from 12 to 15 years, the rationale for requiring mask wearing could be linked to that. Otherwise, he suggested that pupils would ask why they were required to wear masks when this did not apply to adults in busy places.

Mr. Norris thanked the Cell for the interesting discussion which, he indicated, reflected much of the extant thinking in the Public Health policy team.

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 2nd September 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 2nd September 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 2nd September 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- a report entitled 'PH intelligence: COVID-19 monitoring metrics. An overview of the last 12 months', which had been prepared by the Health and Community Services Informatics Team; and
- a report on vaccination coverage by priority groups, dated 2nd September 2021, which had been prepared by the Strategic Policy, Planning and Performance Department.

END.