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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(75th Meeting)

11th October 2021

(Business conducted via Microsoft Teams)

PART A (Non-Exempt)

All members were present, with the exception of Dr. M. Doyle, Clinical Lead, Primary Care, from whom apologies had been received.

Professor P. Bradley, Director of Public Health (Chair)
Dr. I. Muscat, MBE, Consultant in Communicable Disease Control
Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention
Dr. G. Root, Independent Advisor - Epidemiology and Public 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
B. Sherrington, Senior Nurse Adviser in Public Health
M. Clarke, Head of Public Health Intelligence, Strategic Policy, Planning and Performance Department
Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department

In attendance -

S. Martin, Chief Executive Officer, Influence at Work
Dr. L. Daniels, Senior Public Health Analyst, Strategic Policy, Planning and Performance Department
S. Huelin, Senior Policy Officer, Strategic Policy, Planning and Performance Department
C. Hacquoil, Senior Policy Officer, Strategic Policy, Planning and Performance Department
S. Gay, Senior Public Health Policy Officer, Strategic Policy, Planning and Performance Department (for item A4 only)
K.L. Slack, Secretariat Officer, States Greffe
P. Le Conte, Trainee Secretariat Officer, States Greffe
L. Plumley, Trainee Secretariat Officer, States Greffe

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

Welcome – observers.

A1. The Chair welcomed Mr. P. Le Conte and Ms. L. Plumley, Trainee Secretariat Officers from the States Greffe and Ms. C. Hacquoil, Senior Policy Officer, Strategic Policy, Planning and Performance Department to the meeting as observers.

Intelligence overview, including Analytical Cell

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 4th October 2021, received a PowerPoint presentation, dated 11th October 2021, entitled 'STAC Monitoring Update', which had been prepared by Ms. M. Clarke, Head of Public Health Intelligence and Dr. C. Newman, Principal

update. Policy Officer, Strategic Policy, Planning and Performance Department and heard from them in connexion therewith.

The Cell was informed that, as at Friday 8th October 2021, there had been 188 active cases of COVID-19 in the Island, which brough the total number of positive cases, since the start of the pandemic, to in excess of 10,000. As at the same date, the 14-day case rate, per 100,000 population, had been 237 and the 7-day rate 109. Of the active cases, 83 had sought healthcare, 44 had been identified through arrivals screening and 39 were direct contacts. The majority of cases were in those aged between 50 and 59 years, whilst there had been a reduction in infections in those under the age of 20 years. Over two thirds of the active cases (69.68 per cent) were symptomatic and the majority (65 per cent) were fully vaccinated. It was noted that the number of daily tests was currently averaging 2,000 and the Cell was reminded that technical issues, which had occurred during the previous week, were the reason for a sharp reduction in the figures on one particular day. The majority of tests were being undertaken on inbound travellers and a smaller percentage on individuals seeking healthcare, or who had been contact traced.

Since the start of August, there had been an average of between 20 and 30 daily cases and these figures remained relatively stable. The overall test positivity rate was currently one per cent and when the inbound travel figures were removed, the on-Island rate increased to 2.5 per cent. For those aged under 18 years, the test positivity rate was 2.9 per cent and there had been a slight uplift in the rate for those aged between 50 and 59 years to just over one per cent, whereas for the other age groups, it remained below one per cent. The Cell was shown a graph of the 7-day case rate, per 100,000 population, for Islanders of different ages and noted that this had generally plateaued since August and had averaged *circa* 250. In September, it had been highest amongst those aged under 18 years, but this had since declined, albeit it had recently increased slightly. The figure had been the lowest for those aged between 18 and 39 years and there had been a recent increase in cases amongst those aged over 60 years.

Dr. Newman informed the Cell that, as at 10th October 2021, there had been 8 patients in the Hospital with COVID-19. She provided details of the positive cases linked to health and care settings, Government departments and the schools and indicated that the Covid Safe Team had issued guidance and advice on deep cleaning. She also furnished information regarding the current clusters of cases and the ages and vaccination status of those impacted. The Cell was informed that there had been little change in authorised absences in the schools between 2019 and 2021 when the one per cent absence due to COVID-19 was removed. It was noted that the Children, Young People, Education and Skills Department was due to make changes to the way in which pupils, who had been identified as direct contacts, would be treated, mindful of the number of absences that there had been during October 2021 for this reason. The Cell was provided with details of staff absences due to COVID-19 in educational settings and was cognisant of the impact that several staff being away simultaneously from one school could have.

Ms. Clarke informed the Cell that there had been 79 deaths from COVID-19 since the start of the pandemic, of which 10 had occurred since 28th June 2021 (the third wave).

It was noted that the number of travellers into Jersey over the previous 4 weeks had remained relatively static and represented a decrease from the peak in August. During the week commencing 27th September, 27 active cases had been identified, which equated to a test positivity rate of 0.21 per cent. During the week ending 3rd October, Jersey's testing rate, per 100,000 population, had been 14,300, which far exceeded the United Kingdom ('UK') rate of 9.100, despite that jurisdiction including tests undertaken on LFDs. The positivity rate locally had been 0.8 per cent compared with 3.8 per cent in the UK. The Cell was informed that during the same week, 11,030 tests had been undertaken on inbound travellers, 3,590 as part of on-Island surveillance and

810 on people seeking healthcare on experiencing symptoms of the virus. It was noted that the reduction in the number of tests, when compared with the previous week, was in part due to issues experienced by the OpenCell laboratory.

Based on data to 3rd October, the effective reproduction number (R_t) was locally noted to be between 0.6 and 0.9, which was evidence that the rate of infection was slowing. The Cell was reminded 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 199 patients were currently recorded in the EMIS clinical IT system as suffering from Long Covid. Of these, 104 had ongoing symptomatic Covid and 102 had post COVID-19 syndrome, but it was recalled that these were not mutually exclusive and one individual could have both codes assigned to them. The Cell was informed that more females than males were suffering from Long Covid, with the majority aged in their 40s.

In respect of the vaccine programme, the Cell noted that, up to 3rd October, 41 per cent of Islanders aged over 80 years had received their booster dose of the vaccine, as had over one quarter (27 per cent) of those aged between 75 and 79 years, whilst 49 per cent of those aged between 16 and 17 years and 12 per cent of those aged between 12 and 15 years had received their first dose. This resulted in 72 per cent of the population having received their first dose and 69 per cent their second. In respect of the estimated vaccine coverage for the Joint Committee on Vaccination and Immunisation ('JCVI') priority groups, the Cell was informed that for those working in frontline health and social care settings, 23 per cent had received their booster vaccine, as had 16 per cent of other health and social care workers. It was noted, however, that a small amount of the data was of questionable quality and was coded Amber. The Cell was shown graphs which tracked the vaccine uptake by age group and evidenced the commencement of a plateau amongst the younger cohorts, which might require a campaign to encourage uptake.

The Cell noted a graph, which had been prepared by the European Centre for Disease Prevention and Control ('ECDC') and which showed the cumulative vaccine uptake amongst people aged over 18 years, including both first and second doses in the same chart. It was recalled that first and second dose coverage in Jersey was 87 and 85 per cent respectively, which compared favourably with many countries.

The Cell was informed that, during the week ending 10th October 2021, there had been 11 cases of influenza-like illness in primary care and noted that the figures for 2021/2022 were comparable with the same week in 2020/2021 and much lower than during the Winters of 2018/2019 and 2019/2020, where a more 'typical' influenza season had been experienced. As at 12th September, the World Health Organisation reported that influenza activity in the northern hemisphere remained below baseline and that in the southern hemisphere it was at inter-seasonal levels. In the UK, the activity was also below baseline, with the highest rates experienced in those aged over 75 years in Scotland (1.9 per 100,000) and in those aged between one and 4 years in Northern Ireland (3.9 per 100,000).

The Cell was presented with a map of cases in the UK for the 7-day period ending on 3rd October and noted higher rates in the North of England, the Midlands, Wales and Northern Ireland. In England, the 14-day case rate per 100,000 population had increased slightly to 634, had remained steady in Northern Ireland at 817 and had decreased in Scotland to 616. In Wales, the case rate was 939 and was the highest of the devolved nations. There had been a slight increase of 0.1 per cent in the number of people testing positive for COVID-19 in the UK when compared with the previous week, whilst hospital admissions had decreased by 6.3 per cent and deaths by 3.6 per cent.

The Cell noted that the graphs on the borders would soon become obsolete when changes were made to the border policy. However, the decrease in areas of France categorised as 'Red' was noted. In terms of those countries and areas not categorised at a regional level, the forthcoming removal of 47 countries from the UK's 'red list' would reduce the number of areas designated locally as 'Red'. The Cell was presented with maps, which had been prepared by the ECDC, which compared 14-day case rates on 30th September and 7th October and the decreasing cases in France and Spain were noted, as were the relatively high levels of cases in Eire, some of Scandinavia and Eastern Europe.

In respect of the decline in the case rate for those aged under 18 years, Dr. G. Root, Independent Advisor - Epidemiology and Public Health, suggested that this could be as a consequence of increased testing of that cohort, as they returned to school. With regard to use of LFDs in the schools, he opined that it would be helpful to receive reports on the 7-day test positivity rate in this regard. He also queried why it remained mandatory to wear face coverings at the airport in light of the low test positivity rate amongst arriving passengers, but accepted that these could be beneficial in the event of Variants of Concern being identified. He also suggested that the Covid Safe Team should be encouraging businesses to adopt good ventilation practices, rather than instructing them to undertake 'deep cleans', as there was little evidence that fomites were a source of transmission. Mr. S. Petrie, Environmental Health Consultant, posited that deep cleaning was beneficial in the Autumn, as the Norovirus season approached.

Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, proposed that the evidence relating to fomites should be reviewed and that this could inform operational practices within the Covid Safe Team. Dr. I. Muscat, MBE, Consultant in Communicable Disease Control indicated that good ventilation, filtration or ultraviolet treatment of the air was important as a preventative measure against COVID-19. He expressed the view that as Winter approached and windows were not open as much as during the Summer, it was imperative to consider treatment of the aerial environment and he reminded the Cell that influenza and Respiratory syncytial virus ('RSV') would become more prevalent during the colder months. Whilst it was possible to mitigate against influenza with a vaccine, this was not the case for RSV and there had been 80 documented cases of that virus in the Island since the middle of August. In respect of the wearing of face coverings at the airport, he suggested that there was a considerable amount of mixing and crowding in that setting and that whilst people might not test positive for COVID-19 on arrival, this did not mean that they were not infected with the virus, which could take some time to develop. He indicated that it would be counterintuitive not to mandate the wearing of masks at Jersey Airport if travellers had been required to wear them on departure from other destinations. Mr. Khaldi shared some of the reservations expressed by Dr. Muscat in relation to masks, but suggested that work should be undertaken to review the requirement to wear them from regulatory, international standards and risk perspectives.

The Cell noted the position and thanked officers for the update.

Winter strategy update.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 4th October 2021, recalled that officers from public health had been preparing a COVID-19 Winter Strategy Update which, once approved, would become a public document and would explain what the Island should do over the Autumn and Winter in order to sustain progress made to-date in combatting COVID-19 and to prepare the community for the challenges it was likely to face over that period.

The members of the Cell accordingly received a draft report, dated 8th October 2021, entitled 'COVID-19 Winter plan 2021-2022: Reducing the impact of COVID-19 and

other winter illnesses' and were informed that their views were sought thereon. Mr. Khaldi indicated that he hoped to be able to share the report with Competent Authority Ministers by the middle of the week commencing 11th October, prior to formal endorsement by the Minister for Health and Social Services, with communications relating to the strategy to be issued during the following week, concurrent with the announcement in relation to changes to the policy at the border. It was anticipated that the most newsworthy component would be the availability of testing with Lateral Flow Devices ('LFDs') for all Islanders. It was noted that 2nd November had been agreed by Ministers as the implementation date for the changes contained within the strategy.

Mr. G. Root, Independent Advisor - Epidemiology and Public Health, wished to hear more in respect of the activation of an epidemiological surveillance programme. Mr. Khaldi indicated that increased reliance would be placed thereon in the future and that a sub-group of the Cell would make recommendations which would be implemented over the coming months. Mr. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, opined that the strategy was well written but sought clarity on whether the deployment of the influenza vaccine would be prioritised by age. Ms. B. Sherrington, Senior Nurse Adviser in Public Health, informed the Cell that additional doses of the influenza vaccine had been acquired in order that it could be offered to all eligible Islanders (*inter alia* school children, those in clinical risk groups and those aged over 50 years) in the most efficient way, either in GP practices or at vaccination centres and that to deploy it in another way could result in delays. The Cell was reminded by Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, that the peak influenza season was between late December and early January, which afforded sufficient time for the vaccine to be disseminated via various means.

The Cell thanked Mr. Khaldi for the draft strategy and he indicated that he would send a revised version to members later during the week of 11th October.

Molnupiravir / antiviral therapy.

A4. The Scientific and Technical Advisory Cell ('the Cell') welcomed Mr. S. Gay, Senior Public Health Policy Officer, Strategic Policy, Planning and Performance Department, to the meeting and heard from him in connexion with a briefing paper, dated 11th October 2021, entitled 'Molnupiravir / antiviral therapy', which he had prepared.

He informed the Cell that there had been recent media interest in Molnupiravir, which was an oral prodrug of the N-hydroxycytidine antiviral, as a consequence of an interim analysis press release of a Phase III trial of the drug, which had been run by Merck, a well-known pharmaceutical company. When Molnupiravir was ingested, it converted in the body to N-hydroxycytidine, which had previously shown activity against a variety of RNA viruses *inter alia* SARS-CoV-2, MERS-CoV and seasonal and pandemic influenza.

Molnupiravir was not currently included in trials being run by the World Health Organisation or Oxford University, both of which had previously found little, no or different efficacy for previously described promising treatments once larger samples and / or tighter controls have been used. This was noted to have been the case in respect of Remdesivir, Hydroxychloroquine, Lopinavir, Interferon and Ivermectin. Although promising, the reported findings from Merck were based on interim analysis only and might differ on final completion. As a consequence, it was recommended that it should be monitored with interest, mindful of potential limitations and noting that it had not been approved for use by any regulatory agency.

Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, stated that there had been a number of drugs that had been propounded in the media as being of use in the management of COVID-19 and experience had shown the need to await the outcome

of clinical trials and appropriate authorisations before this could be confirmed. He reminded the Cell that it had been thought at an earlier juncture that Hydroxychloroquine could prove effective, but this had not been the case. He indicated that various studies were underway in relation to direct antivirals but that they had been used in the late stages of disease on seriously unwell people in receipt of intensive care. He stated that direct antivirals were most effective if deployed early in the infection when the virus was multiplying and before it had been able to create significant inflammation. He opined that the development of an oral agent to prevent infection would be the 'holy grail' for antivirals and if Molnupiravir was able to perform as reported, it would be a positive step forward, but formal conclusions and use at an early stage of infection would be necessary.

The Cell noted the position.

Matters for information.

A5. 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 7th October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 7th October 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 7th October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department; and
- a report on vaccination coverage by priority groups, dated 7th October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department.

Matters for information.

A6. It was noted that the Minutes from the last meeting of the Scientific and Technical Advisory Cell ('the Cell'), which had been held on 4th October 2021, were being finalised and it was hoped that they could be presented to the Cell for approval at its next meeting.

END.