SN/PLC/LP

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(76th Meeting)

25th October 2021

(Business conducted via Microsoft Teams)

PART A (Non-Exempt)

All members were present with the exception of Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, B. Sherrington, Senior Nurse Adviser in Public Health and 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. 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
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
M. Rogers, Director General, Children, Young People, Education and Skills Department
C. Hacquoil, Senior Policy Officer, Strategic Policy, Planning and Performance Department
J. Norris, Principal Policy Officer, Strategic Policy, Planning and Performance Department
J. Mason, General Manager, Health and Community Services
R. Barnes, Operational Lead, Vaccination Programme, Health and Community Services
S. Nibbs, Secretariat Officer, States Greffe

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

Minutes

A1. The Scientific and Technical Advisory Cell ('the Cell'), reviewed the Minutes of the meetings held on 4th October 2021 and 11th October 2021. The Minutes were ratified, and it was noted that these would be provided to the Scrutiny Panel following the extant meeting.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 11th October 2021, received a PowerPoint presentation, dated 25th October 2021, entitled 'STAC Monitoring Update', which had been prepared by M. Clarke, Head of Public Health Intelligence and Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department and heard from them in connexion with the same.

The Cell was informed that, as at Friday 22nd October 2021, there had been 342 active cases of COVID-19 in the Island with 2,792 direct contacts. The largest proportion of cases were identified through actively seeking healthcare (175) and then via arrivals screening. The age ranges where most cases were seen were in the 10 and 19 years and 40 to 59 years age groups. The majority of cases were symptomatic and 56 per cent of those reporting cases had been fully vaccinated.

It was noted that the average number of daily tests was in excess of 2,000 with the largest proportion being for inbound travellers. The average of approximately 30 new positive cases per day meant the figures remained relatively stable. The overall test positivity rate was currently 1.2 per cent and when the inbound travel figures were removed, the on-Island rate increased to 2.7 per cent. There was a significant increase in the positivity amongst those aged under 18 years to 4.7 per cent while the remaining age groups remained relatively stable at around 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 the corresponding increase in the under 18 years age group.

Intelligence overview including Analytical Cell Update

Dr. Newman informed the Cell that, as at 24th October 2021, there had been 4 patients in the Hospital with COVID-19. There had been 100 Hospital admissions since the start of June with COVID-19. Dr. Newman provided details of the positive cases linked to health and care settings (13), Government departments (6), schools (113) and other positive cases were noted within the community.

With regard to the Schools Lateral Flow Test ('LFT') programme, the number of people reporting following the use of the same was decreasing week on week with 19,348 LFT results submitted and 57 positive LFTs to date, a positivity rate of 0.29 per cent. A new system for the recording of LFTs was due to be launched the day after the Cell meeting. There would be a check box next to the reporting page that stated: "You are reporting a positive test result – are you sure?". Thanks were expressed to Children, Young People, Education and Skills ('CYPES') colleagues, and S. Phillips, Head of Informatics in particular, for assistance with the slides.

Mortality had risen to 11 in the third wave (since 28th June 2021), with one death registered during the last week due to COVID-19 which took the total to 80 since the start of the pandemic. During the week ending 17th October 2021, Jersey's testing rate, per 100,000 population, had been 16,500, which far exceeded the United Kingdom ('UK') rate of 9,700. The positivity rate locally had been 1.2 per cent compared with 4.8 per cent in the UK. Based on data to the 3rd October, the effective reproduction number ('R_t') was locally noted to be between 0.6 and 0.9.

The Cell noted that 211 patients were currently recorded in the EMIS clinical IT system as suffering from Long Covid. Of these, 106 had ongoing symptomatic Covid and 112 had post COVID-19 syndrome, but it was recalled that these conditions were not mutually exclusive, and that one individual could have both codes assigned to them. The Cell was informed that there had been 315 total episodes, including review of the same.

In respect of the vaccine programme, the Cell noted that, up to 17th October 2021, 69 per cent of the total population were fully vaccinated and 73 per cent had received their first dose. Just over 12,000 booster doses had been provided. Amongst those aged over 80 years, 63 per cent had received their booster dose of the vaccine, as had more than half (57 per cent) of those aged between 75 and 79 years, whilst 50 per cent of those aged between 16 and 17 years and 20 per cent of those aged between 12 and 15 years had received their first dose. With regard to 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, 35 per cent had received their booster vaccine, as had 27 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 therefore coded Amber. The Cell was informed that an eligibility report was being drafted for public dissemination regarding the uptake of vaccines by young people in Jersey.

The Cell was informed that, up to 23rd October 2021, a total of 21,633 flu vaccines had been delivered, including 7,929 to those aged 65 and over and 7,889 through the Schools Programme. Flu monitoring data from EMIS revealed that there had been 23 cases of influenza-like illness reported and it was stated that some Respiratory Syncytial Virus ('RSV') data would be introduced into the STAC monitoring metrics going forward. It was noted that the incidence of RSV circulating in the community was higher than would currently be expected compared to previous years. As at 26th September, the World Health Organisation ('WHO') reported that influenza activity in the northern and southern hemispheres remained at inter-seasonal levels. In the UK, the activity was below baseline, with the highest rates experienced in those aged in the 45 to 64 years group in Scotland (3.6 cases per 100,000) and in those aged between 65 and 74 in Northern Ireland (4.5 cases per 100,000).

The Cell was presented with a map of cases in the UK for the 7-day period ending on 17th October and noted higher rates in England and the devolved nations. In England, the 14-day case rate per 100,000 population had increased to 820, Northern Ireland had risen to 941, Scotland had gone up slightly to 589 and Wales had increased to 1,086. There had been an increase of 18.1 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 increased by 19.1 per cent and deaths by 15.8 per cent.

The Cell was presented with maps, which had been prepared by the ECDC, which compared 14-day case rates on 7th October and 21st October and noted the situation in France, Spain and Eastern Europe and the very high COVID-19 levels in Eire.

Professor P. Bradley, Director of Public Health, noted that clusters in the Island were not translating into hospitalisations. Dr. G. Root, Independent Advisor-Epidemiology and Public Health, addressed his long-held scepticism in relation to the R_t number being a reliable metric for Jersey. He opined that the R_t number should no longer be used, but suggested that if it continued to be used, then the arrivals data should be dropped and the modelling "back worked". Ms. Clarke confirmed that such data had never been included in the R_t number. Dr. Root stated that he believed there could be multiple cases and clusters in schools of which the Cell were unaware and he added that he felt that a plausible picture had emerged of what was going on with regard to Age Group Dynamics. He referenced the Test Positivity slide.

Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, asked if it was known from the contact tracing system whether there was a link between cases in the 10 to 19 years age group and the infection rate in those aged between 40 and 60 years. This was discussed and Dr Muscat, MBE suggested monitoring the possibility. It was also mentioned that a school-based group may not have been wearing masks on a coach trip and Dr. Newman indicated that was the only strong factor the Cell was aware of in terms of the spread of COVID-19 in an educational setting.

A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, questioned whether or not there would be a large wave of COVID-19 infection over the Winter period. He suggested that this was very difficult to discern and noted that 56 per cent of current active cases were fully vaccinated.

Mr Khaldi opined that it would be interesting to see what age ranges the vaccinated and non-vaccinated individuals were over the Winter. He also noted that the rates of infection in the UK were currently high. He recalled that Jersey's third (Summer) wave was very significant, and it could be that Winter infections would peak quickly and then decline. He suggested that Jersey, effectively, was a locality and that he was concerned that there would be a further wave of infection this Winter based on evidence available from other localities. It could be that infections were sustained at a relatively high level for a longer period of time, but it was not possible to be certain what was going to happen. He suggested it may be necessary to rest on the principle of uncertainty. Dr. G. Root agreed with the locality view and was encouraged that Jersey had not experienced an uptick in cases amongst the elderly, although it was important to remain watchful and vigilant with this group. Dr. Muscat MBE concurred with Mr. Khaldi and affirmed that Scientific Pandemic Influenza Group on Modelling ('SPI-MO') models had been drawn up with reference to the UK. Being prepared, within reason, was the best way forward and booster vaccines were the best means of protecting the community. He added that booster (Pfizer) vaccines were effective from day 7 with an efficacy rate of more than 96 per cent. Ms. Clarke remarked that it was interesting that London and some other cities had comparatively lower rates at present than rural areas, potentially as a result of immunity from higher rates earlier in the third wave.

Professor P. Bradley summarised by stating that the Cell would continue to track cases and clusters but did not agree that the spread of the virus in the UK was limited to areas where there was deprivation and over-crowding.

Health service resilience over Winter

A3. The Scientific and Technical Advisory Cell ('the Cell'), welcomed Mr. J. Mason, General Manager, Health and Community Services, who joined Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, to provide an update on the Health Service resilience over the Winter. Mr. Khaldi stated that he had spoken with Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, and, as a result, Mr. Mason had joined the meeting as he had a senior role in relation to capacity and flow modelling in the Hospital. There had previously been a high level of capacity available at the Hospital and the question was asked as to what data the Cell and Public Health now needed to be aware of on a continuous basis in order to ensure that the public health strategy for other diseases and winter in the Hospital was optimised.

Mr. Mason explained that there had been some increased pressure in the Hospital, but that overall occupancy was in a good position, with the current rate being 64 per cent on average. Across the bed base, surgical was at 74 per cent capacity and Health would be looking at changes to some of the patient management at ward level, which included upskilling nursing staff regarding Continuous Positive Airway Pressure and nasal-flow oxygen. Bed remodelling and reconfiguration had been set up with an Acute Assessment Unit. A new clinical algorithm had also been developed in consultation with Dr. I. Muscat, MBE, Consultant in Communicable Disease Control. Mr. Khaldi confirmed that the highest number of patients admitted to date with COVID-19 and another condition had been in the 30s. Professor P. Bradley, Director of Public Health, asked how the Cell would be informed of any concerns about bed capacity due to COVID-19 and it was suggested that this would be discussed outside of the meeting by Professor Bradley and Mr. Mason as Mr. P. Armstrong, MBE, Medical Director, and Mr. R Sainsbury, Managing Director, Jersey General Hospital, were no longer standing members of the Cell.

Mr. Mason confirmed that a "Safe care" model was used on a daily basis and staffing ratios were not currently of concern. Patient numbers and patient acuity were both taken into account. Mr. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, found that reassuring and asked how the Cell could receive early indications to enable it to advise Ministers and consider an appropriate response. Mr. Khaldi stated that this would affect the Public Health Winter Strategy and that it was important not to forget about primary care.

It was agreed that there was no substitute for having someone like Mr. Mason involved regularly in the Cell's discussions in order to discuss further issues relating to capacity. Dr. I. Muscat concurred with that view and also reminded those present that the Cell needed someone present on behalf of primary care, due to the fact that an amalgamation of information was vital. The Chair would action speaking to Mr. Mason outside of the meeting to take the matter forward. He also noted that having Mr. Mason present at the meeting was very helpful.

Vaccine update

A4. The Scientific and Technical Advisory Cell ('the Cell'), welcomed Mr. R. Barnes, Operational Lead, Vaccination Programme, Health and Community Services, who provided an update on the COVID-19 vaccination programme and take-up and the booster uptake percentage and predicted trajectory. The Cell noted the Vaccine Hesitancy Update briefing, dated 4th October 2021, which had been prepared by the Behavioural Science Design Group, recommending that Government effort and communications should focus on increasing motivation to receive a vaccine and maximising ability (physical and mental) to access it.

Mr. Barnes noted that one-to-one bookings were taking place, with the clinically vulnerable contacted via letters and text messages. However, many of this cohort had other care needs which needed to be taken into account and vaccinations had to fit around these. To date, 165 in the most clinically vulnerable group had been vaccinated, whilst 11,000 letters had been issued to high-risk Islanders encouraging the uptake of COVID-19 booster and flu vaccinations. Uptake was also being encouraged in the 12- to 15-year-old age group and the Communications team was due to start a social media campaign imminently to target this cohort.

In terms of the flu vaccination programme, a total of 21,600 vaccines had been delivered to date, while all care home residents should have received their flu vaccinations by 10th November 2021.

Mr. S. Martin, Chief Executive Officer, Influence at Work, asked if the COVID-19 vaccination programme could be taken into schools to get traction with those aged 12 to 15 years. Professor P. Bradley, Director of Public Health, explained that the Cell had decided to encourage young people to attend the Vaccination Centre at Fort Regent with their parents in order to obtain informed consent at the time of vaccination. This approach was also less disruptive to the school day and, on the whole, it was safer for students to be vaccinated in a controlled environment. However, it was agreed this matter would be kept under review.

Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, stated that it was important to encourage take-up of the booster over the Winter period and this was evidenced by the vaccination take-up rate in other countries where people were strongly encouraged to do so. He added that the ability to gain access to the vaccine was important, and that taking it to people was a way of making significant gains. Mr. Khaldi stated that there was a strong and logical case for doing this with both the 12-to-15 and 16-to-17-year populations as having the vaccine over the Winter period was critical. He was concerned at the prospect of accepting the relatively low level of cover in those age groups. Dr G. Root, Independent Advisor - Epidemiology and Public Health, agreed with Mr. Khaldi in terms of the proposal of increasing vaccine coverage amongst the young. He also felt that charging for the testing of unvaccinated arrivals through the ports remained a sensible option. Mr. Khaldi confirmed that this was being worked on. Dr. Muscat, MBE, Consultant in Communicable Disease Control, added his support to that suggestion.

The Cell discussed the possibility of delivering COVID-19 vaccines in school settings. M. Rogers, Director General, Children, Young People, Education and Skills Department, agreed that Mr. Khaldi had made a good argument and proposed that a sub-group of the Cell undertake a review of the wider evidence to see if the current position on school-based vaccination should be reconsidered. He proposed that P. Stirzaker, Team Manager, Business Transformation, Department of Infrastructure, and S. White, Communications Manager, Office of the Chief Minister should join him on the sub-group.

The Chair summarised the position and affirmed the Cell's commitment to promoting vaccination and Dr. Muscat MBE stressed that those over 50 should also continue to be targeted as a matter of urgency.

Update from STAC surveillance sub-group

A5. The Scientific and Technical Advisory Cell ('the Cell'), was provided with a verbal update by Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department, on behalf of the Surveillance sub-group. She informed the Cell that changes were being made to testing regimes and that more detailed feedback would be provided at a forthcoming meeting. It was noted that the surveillance sub-group was due to meet that afternoon.

Reporting of Statistics Task and Finish Group

A6. The Scientific and Technical Advisory Cell ('the Cell'), received an update from Mr. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, on behalf of the Reporting of Statistics Task and Finish Group.

Mr. Cope referred the Cell to his report dated 25th October 2021, entitled 'Task and Finish Group on transparency in Covid reporting'. He confirmed that the group had met once and discussed hospitalisation statistics related to COVID-19 and the

publication of the same. The current forms of publishing were not very user-friendly and the media had quite often asked for a breakdown of Clinical Covid and Non-Clinical Covid Hospital admissions, for example.

The Cell noted the foregoing but it was agreed that such information would not to be shared due to the need to maintain patient confidentiality. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, supported the recommendations made by the Reporting of the Statistics Task and Finish Group and Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, added that he would review the paper and provide any comments to Mr. Cope. Professor P. Bradley, Director of Public Health, noted that Health and Community Services would be asked how long they would take to produce the reporting line.

Matters for information

A7. The Scientific and Technical Advisory Cell, with reference to Minute No. A2 of the current meeting, received and noted the following –

- a weekly epidemiological report, dated 21st October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department.
- statistics relating to deaths registered in Jersey, dated 21st 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 21st October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- a report on COVID-19 vaccination coverage by priority groups, dated 21st October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- an update on Vaccine Hesitancy, dated 4th October 2021, which had been prepared by the Behavioural Science Design Group.

There being no further business to discuss, the meeting was concluded at 12.10pm.

END.