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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(16th Meeting)

24th August 2020(Meeting held via Microsoft Teams)**PART A (Non-Exempt)**

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

Minutes. A1. The Minutes of the previous meeting of the Scientific and Technical Advisory Cell ('the Cell'), which had been held on 17th August 2020, incorporating proposed amendments by the Vice-Chair, were noted and were approved, subject to clarification around turnaround times for tests, as set out in Minute No. A2 of that meeting. The Vice-Chair commended the calibre of the Minutes and emphasised to the Cell the importance of reviewing each set of Minutes at the subsequent meeting.

Monitoring Metrics. A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 17th August 2020, received and noted a PowerPoint presentation, entitled 'Scientific and Technical Advisory Cell monitoring update', dated 24th August 2020, which had been prepared by the Principal Officer – Public Health Intelligence, Strategic Policy, Planning and Performance Department.

The Cell was informed that there were currently 15 active cases of COVID-19 in the Island and whilst one new positive case had been identified over the weekend of 22nd and 23rd August, one of the 15 cases was likely to be recovered, thereby resulting in no net change to the figures. Of these, there were now 8 symptomatic cases and 7 asymptomatic. 32 deaths had been recorded in Jersey from COVID-19 during 2020 and the overall deaths for the year to date had increased to 429, which remained lower than for the same period in 2019 and significantly lower than for 2018, when there had been 538 deaths.

A total of 363 positive cases of COVID-19 had been recorded in Jersey since the start of the pandemic, of which 332 had recovered and the majority (235) had fallen into the age bracket of 18 years to 59 years. Over the previous 2 weeks, there had been 13 confirmed cases from inbound travel testing, one case arising from contact with a symptomatic individual, one through hospital admission screening and another through workforce screening. The number of positive cases in the Island, per 100,000 population, over the previous 14 days, was 16.7. The last confirmed case of an individual with underlying medical conditions had been on 18th August 2020 and the Cell was informed that there had been a recent increase in the number of positive cases where individuals were symptomatic.

Since 1st June 2020, there had been 59,650 PCR tests carried out, of which 76.08 per cent had been on inbound travellers. Overall, since testing had commenced, there had been 67,428 tests, of which 0.65 per cent had resulted in a positive result. The Principal Officer – Public Health Intelligence indicated that, in future presentations, she would include the turnaround time for tests in figures, as well as in a line graph. A total of 1,812 online notifiable disease forms had been submitted by 1,767 individuals since 20th April 2020 and over the 7 days to 21st August there had been 155 calls to the helpline, with only 6 asymptomatic callers. The majority of recent callers had fallen into the age group 18 years to 59 years.

In respect of the number of inbound travellers, it remained the case that the figures for only 4 days of the previous week were included in the report, so it was not possible to make a direct comparison with the previous, complete, week, although it was noted that the figures for the weeks commencing 3rd and 10th August 2020 had been similar. Over the 7 days to 21st August, the average turnaround times for the results of border tests had been 30 hours. Since 3rd July 2020, when the borders had re-opened, there had been 44,377 arrivals and 42,244 swabs taken. Since the same date, 26 inbound travellers had tested positive, of which 20 were considered to be active infections. The other 6, who had tested positive on arrival, had subsequently undergone serology tests that demonstrated that their infection was 'old'. Of the aforementioned positive cases, 31 per cent had arrived from red or amber countries and 85 per cent had arrived by air.

Mindful that there was a relatively wide range within amber (from 26 to 119 cumulative cases per 100,000 over the previous 14 days), the Principal Officer – Public Health Intelligence, indicated that additional work was being undertaken to provide information on a more granular level in this regard. It was noted that of the 8 individuals who were positive for COVID-19 and had arrived from an 'amber' country, 2 had been identified as a result of the testing on day 5, so it was agreed that it was beneficial to continue this testing. It was mooted that, at some point in the future and in light of the amber status of some neighbouring countries, there might be merit in testing all arrivals at day 5, irrespective of the status of the country from which they had travelled.

The Cell noted that Jersey's weekly testing rate per 100,000 of population was 9,600, which far exceeded the United Kingdom at 1,769 and other jurisdictions with which the Island had close links, including Poland, France and Portugal. Conversely, its positivity rate was far lower, at 0.1 per cent, compared with the United Kingdom at 0.7 per cent, France at 3.2 per cent and Spain at 7.8 per cent. The Cell was informed that the figures for Jersey were sent to London, who shared the information with the World Health Organisation and the European Centre for Disease Prevention and Control ('ECDC'), which published the cumulative data which was used locally to determine whether a country was designated as 'green', 'amber' or 'red'.

The Cell noted maps, which set out the geographic distribution of 14-day cumulative numbers of reported COVID-19 cases per 100,000 population on a worldwide and European basis. These showed that the Americas remained red, with over 120 cases per 100,000 and that was also the case for Spain, with the majority of cases in the Catalonian region of the country. Belgium had also moved to 'high amber', with a rate of between 60 and 119.9 cases per 100,000 population over the previous 14 days. Globally there had been over 22 million cases of COVID-19 since the start of the pandemic and almost 800,000 deaths.

In the Ille-et-Vilaine Département of Brittany (in which St. Malo was located), the 14-day rate per 100,000 population was over 28, which placed it into amber and the cases in other areas of Brittany had also increased, such that the whole region had a rate of over 26. The North West of England and the West Midlands had rates of 38.99 and 24.42 respectively and the East Midlands now stood at 26.99. It was noted that the overall figure for England was 19.85. Within the North West of England, Oldham far outranked other locations, with a rate of 165.75 and the Cell noted the figures for other areas of England, which exceeded 25. Blackburn and Leicester, at 132.94 and 107.28, followed on from Oldham. Birmingham and Luton, in which travel hubs to Jersey were located, had rates of 50.71 and 35.20 respectively. The Cell indicated that it would also be useful to receive the figures for Exeter and Bristol, which, whilst located in the South West of England, where there were lower instances of COVID-19, had direct links to the Island. In other areas of the United Kingdom, the Cell noted that the rates were 6.8 in Wales, 11.37 in Scotland and 27.88 in Northern Ireland, where there had recently been an upsurge in cases.

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It was questioned whether the hospital admission figures for COVID-19 across Europe were being collated and it was noted that the ECDC paper, entitled ‘Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – eleventh update: resurgence of cases’, which the Cell had considered at its previous meeting (item A3 referred), had provided information on increasing hospital and / or intensive care unit occupancies due to COVID-19 in Bulgaria, Croatia, Czechia, Luxembourg, Romania and Slovenia. The Cell was informed that the number of hospitalisations in France had also increased and the Consultant in Communicable Disease Control suggested that it was important to continue to carefully monitor the risk posed by maintaining the borders open. At the current time, people arriving from countries designated as ‘green’ were only receiving a PCR test on arrival, but there was evidence that a proportion of individuals became positive after that time. Many of those travelling were healthy and asymptomatic, but there was a risk that they could pass the virus on to the more vulnerable, who would develop symptoms. The number of ‘green’ countries had decreased by 300 per cent and there had been an increase in the number of ‘amber’ countries, which represented an increased risk to the Island.

The Cell was notified that the volume of calls to the helpline had increased over the week leading up to 21st August 2020. The number of people registered as actively seeking work had declined when compared with the previous week and this was also the case in respect of the number of active Income Support claims. The total number of vehicles travelling through the Tunnel had slightly declined, as had the number of bus passengers.

The Medical Officer of Health enquired whether it was possible to be provided with a statistics report on COVID-19, as well as the seasonal influenza activity, in the southern hemisphere. The Principal Officer – Public Health Intelligence stated that this would be forthcoming in due course.

The Cell noted the position and thanked the Principal Officer – Public Health Intelligence for her comprehensive update.

COVID-19  
immunisation.

A3. The Scientific and Technical Advisory Cell (‘the Cell’), with reference to Minute No.A4 of its meeting of 27th July 2020, received a brief verbal update from the Consultant in Communicable Disease Control, in relation to prioritisation of a COVID-19 vaccine roll-out, once the same became available.

The Cell was informed that the United Kingdom Joint Committee on Vaccination and Immunisation had drawn up a number of scenarios on the distribution of the vaccine, subject to the number of doses available.

In the opinion of the Consultant in Communicable Disease Control, the key issues were the availability of the vaccine and the possibility that many doses might arrive at once, in which case the number of available vaccinators became important. In either case, a priority list for receipt of the vaccine would need to be prepared. In drafting that list, officers would be guided by the United Kingdom (unless there was justification for not so doing), but it was anticipated that frontline healthcare workers would receive the first batches, followed by those in high risk groups and then those aged over 80 years, 70 years and so forth.

The Cell noted the position.

COVID-19  
strategy update  
for the Winter  
– outline of

A4. The Scientific and Technical Advisory Cell (‘the Cell’) received a PowerPoint presentation, entitled ‘Outline of proposed statement: our COVID-19 strategy update for the Winter’, dated 20th August 2020 and was asked by the Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, to indicate what

proposed  
statement.

the key public health considerations should be when framing the draft statement, mindful that it was anticipated that Winter 2020/2021 would be challenging and it was important to act pre-emptively to seek to mitigate a significant increase in cases of COVID-19, particularly when compounded by seasonal cases of influenza.

The Cell noted that a strategy existed to prepare the Island for action in the event of an outbreak of the virus in the Winter and that the key priorities would be to keep Islanders safe from COVID-19, to keep the schools open - and those who learned and worked within them safe - and to protect Islanders' livelihoods by supporting the economy. It was suggested that an additional priority should be added to keep the normal health services functioning and to be mindful of the impact that any increase in restrictions would have on Islanders' health and mental wellbeing.

The Cell was informed that officers from Statistics Jersey would apply modelling from Imperial College London and the University of Warwick to local scenarios to assist in ensuring that the number of cases of COVID-19 on Island did not exceed the capacity to treat them within the Health and Community Services Department, whilst acknowledging that the modelling was not definitive and that there might be reasons why Jersey might deviate from it. It was agreed that it was important to recognise at an early stage any surge in cases, as it would be more challenging to reverse an upward trend at a later juncture. The United Kingdom model suggested that there might be a significant increase in positive cases of the virus in November and it would be important to prevent such a re-escalation in Jersey.

This would require people to be mindful of the risk posed by the borders being open and the night-time economy. Members of the Cell had seen large groups of younger people congregating, in close proximity and, whilst this was currently in an outdoors setting, there would be an increased risk as the weather became colder and people moved indoors. Whilst the number of tourists to the Island would be likely to decline as Winter approached, students returning to Jersey at half-term and for the Christmas break might lead to an increase in the number of cases.

In the event of an uplift in local cases, the care homes would need to be protected, which might require visits to be limited, whilst acknowledging that it was healthy for residents to have contact with friends and family and the risk of cross-contamination posed by people working in several health care settings would need to be assessed. The role played by locums and visitors to the Hospital would also need to be considered, as would the feasibility of the Nightingale Ward being operated as an isolation ward during the Winter. A revised workforce plan for those working in healthcare settings would be required, to ensure that there was sufficient coverage at the Hospital and in care homes to provide adequate staffing.

It was suggested that there would be merit in maximising the uptake of influenza vaccinations, encouraging parents to ensure that their children were fully inoculated against other diseases and optimising chronic disease management in the period before the anticipated increase in cases. The Cell agreed that whatever measures were introduced to avoid clusters, or outbreaks, of COVID-19 would need to be sustainable.

COVID-19 –  
re-escalation of  
measures.

A5. The Scientific and Technical Advisory Cell ('the Cell') received a Power Point presentation entitled 'COVID-19 re-escalation of measures', dated 20th August 2020, which had drawn on research and on a workshop exercise that had been conducted in July 2020 and heard from the Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, in respect thereof.

The Cell noted that the preparation for re-escalation of COVID-19 sat alongside the wider preparation for Winter 2020/2021, as referenced at item A4 of the current meeting. It was recalled that in the event of rapid spread of the virus – if physical

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distancing was ignored – each infected person had the capacity to pass on the virus to 2.5 people within 5 days, which could result in over 400 people being infected after 30 days. Work had commenced at the aforementioned workshop to explore some potential scenarios where cases had been identified to prevent clusters from taking hold and to provide a strategic and tactical response to preventing, or de-escalating, an outbreak.

The response would be tiered from the extant ‘steady’ state of contain measures where there were small numbers of cases which would be prevented from becoming clusters, to a tactical response to act quickly and decisively to stop any clusters from becoming outbreaks and thence to a strategic response in the event of an imminent risk of an outbreak, or an outbreak. Early and assertive decision-making and transparent communications would be required to ensure that Islanders were aware of the behaviours that were required of them. The Cell was of the view that rather than identify key trigger points which would herald a move through the framework, it would be preferable to retain an element of flexibility.

The importance of being able to accurately diagnose COVID-19, as opposed to seasonal influenza, or a cough and cold was emphasised. An efficient system of testing existed at the borders, but it was key to be able to identify any indigenous cases. The Cell was informed that tests that were able to diagnose both COVID-19 and influenza were due to be released, but it was not known what quantities might be available for Jersey. On the basis that it was intended to extend vaccinations for influenza this year, the focus should be on excluding cases of COVID-19. It would be necessary to achieve a 2-hour turnaround time on the tests in order to complement the other systems in place and to protect the hospital.

The Environmental Health Consultant, expressed some concern that the Island was not already in a steady state, on the basis that 50 per cent of the bars, which had recently been visited by Environmental Health Officers, had not been complying with the requirement to take personal details, in order to enable tracking and tracing of individuals and it was important that businesses took all necessary measures in order to remain open. In addition to the issues around COVID-19 and influenza, there was the additional risk of people contracting norovirus, which was more prevalent in the Winter.

The Cell agreed that when considering any re-escalation of measures, it was important to include the borders and to consider what could be done to reduce the number of imported cases of COVID-19, because if these were prevented from entering the Island, the capability existed to deal with any indigenous cases.

The Cell noted the position and suggested that further consideration could be given to this matter once the data from the modelling referred to at item A4 of the current meeting had been prepared and reviewed.

Border testing  
arrangements.

A6. The Scientific and Technical Advisory Cell (‘the Cell’), with reference to Minute No. A4 of its meeting of 3rd August 2020 and Minute No. A2 of its meeting of 17th August 2020, received and noted various papers relating to border testing arrangements, as follows –

- a report for the Competent Authority Ministers, entitled ‘Safer Travel – Countries Risk Assessment’, dated 21st August 2020;
- a briefing note for the Cell, entitled ‘Testing capacity’, updated on 22nd August 2020; and
- a PowerPoint presentation, entitled ‘Testing to Understand’, dated 24th August 2020.

The Cell was informed that the first paper, which proposed the introduction of a regional risk assessment process, where practical and appropriate, for passengers arriving in

Jersey from certain countries, had been received and endorsed by the Competent Authority Ministers at their meeting on 21st August 2020. Using the same methodology as was currently in place to determine whether a country should be categorised as red, amber or green - primarily the number of notified COVID-19 cases per 100,000 population identified in the preceding 14 days – a regional risk assessment would distinguish between higher and lower incidences of COVID-19 within national areas. Arriving traveller forms would be updated to capture relevant travel history, with the key criteria for ‘visiting’ a region being whether the individual had spent a night in the country, or area, in question.

The Cell was asked to continue to keep the Safer Travel policy under review, including the introduction of regional risk assessments and to consider what criteria might be used to assess the current fitness of the policy.

The briefing note on testing capacity had been requested at the previous meeting of the Cell and provided an update on the number of actual passenger numbers that had arrived in the Island since the re-opening of the borders on 3rd July 2020, compared with the projected volumes. The Cell noted that in July, the actual overall volumes of tests that had been required had been 70 per cent of the anticipated figures and in August this had been 73 per cent, which were well within the expected capacity for testing.

From September 2020, Open Cell would be able to undertake 2,000 tests each day on-Island and the Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, indicated that there was confidence that sufficient testing capacity existed for the future. Micropathology, which currently analysed up to a maximum of 2,000 swabs per day in the United Kingdom could continue to be used alongside Open Cell, as necessary. The Cell agreed that there would be merit in retaining capacity at Micropathology at the same time as Open Cell operated. This would assist in the event of any snagging issues as the new operator came online and would be beneficial in that the companies used different reagents in their testing and in light of the worldwide demand for the same would address any shortfall in one or the other.

The Cell considered whether there would be merit in undertaking a fourth round of the longitudinal community testing programme, to monitor the presence of COVID-19 antibodies in a randomly selected group of Islanders, but in the light of the current low infection levels, felt that it would be unlikely to provide any additional information on which to base future policy. However, it agreed that it would be interested in establishing a more strategic partnership with an academic institution in order to have access to models used for future prevalence surveys.

The Cell discussed the optimum deployment of the additional capacity in testing and agreed that all essential workers, including teachers, firefighters *et cetera* should be prioritised, noting that healthcare workers were currently at the forefront of the testing. It was suggested that there would also be merit in undertaking PCR testing across the Island to obtain a better understanding of the number of asymptomatic individuals in the community. As more countries / regions fell into the category of amber or red, it was likely that fewer people would travel and this would reduce the risk of transmission as those individuals that did travel would be required to quarantine.

The Cell noted the position.

Children and  
COVID-19.

A7. The Cell received a critical appraisal of the study ‘*Paediatric SARS-CoV-2: Clinical Presentation, Infectivity and Immune Responses*’ that had been published in the Journal of Paediatrics, which claimed that children were silent spreaders of COVID-19 and received a brief verbal update from the Associate Medical Director for Women and Children, in this regard.

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It was noted that the study had only examined 49 COVID-19 positive patients, who had attended at one hospital, the majority of which were older – 60 per cent over the age of 11 - rather than younger children, with some participants as old as 22. Further, it had only taken into account young people presenting with symptoms and had not been based on a random sample from the general population. The study had not assessed the risk of transmission from children, but had indicated that it was ‘likely’ that children with high viral loads and symptoms could transmit COVID-19. It was known that obesity could increase the risk of becoming seriously ill with Coronavirus and over a quarter of the COVID-19-positive young people in the study had been obese. In 77 per cent of the cases, the parents had been the source of the transmission.

The Cell agreed that children were more likely to be harmed by not going to school and that the risk of them dying from COVID-19 was exceptionally rare. The instances of children catching the virus at home was greater than at school and in a recent study regarding cases of COVID-19 in schools in England, in only 2 of 30 outbreaks had the transmission been from student to student, with the majority relating to staff to staff, or staff to student, spread.

It was felt that this should provide reassurance to the Unions and the teachers as the schools prepared to re-open locally in early September.

Singing and  
brass and  
woodwind  
instruments –  
COVID-19  
transmission  
risk.

A8. The Scientific and Technical Advisory Cell (‘the Cell’), with reference to Minute No. A4 of its meeting of 17th August 2020, recalled that it had considered a report associated with the risk of the transmission of COVID-19 from singing and playing brass and woodwind instruments. There appeared to be a consensus of opinion across the world that group singing remained a high risk in relation to the transmission of COVID-19 and this had been emphasised by a statement, which had recently been made by the World Health Organisation Europe.

With regard to the one-to-one teaching of singing and instruments in schools, the Medical Officer of Health indicated that this matter would be discussed at the next meeting of the Cell, which was scheduled to take place on Wednesday 2nd September 2020 and the Head of Public Health Policy, indicated that he would prepare a summary of the key issues for consideration at that meeting.

The Cell noted the position.

Matters for  
information.

A9. In association with item No. A2 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- A report entitled ‘PH Intelligence: COVID-19 Monitoring Metrics’, dated 21st August 2020, which had been produced by the Strategic Policy, Planning and Performance Health Informatics Team;
- A weekly epidemiological report, dated 20th August 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- A report on the economic indicators for week 33 of 2020 (10th to 16th August), which had been prepared by Statistics Jersey; and
- Death statistics for the week ending 26th August 2020, from the Office of the Superintendent Registrar.