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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(20th Meeting)

16th September 2020**PART A (Non-Exempt)**

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

RAG rating
and the
borders.

A1. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A6 of its meeting of 7th September 2020, recalled that countries and regions (in some jurisdictions) were currently assessed as Red, Amber or Green (RAG), depending on the number of positive cases for COVID-19 over the previous 14 days, per 100,000 population.

The Cell was aware that the Competent Authority Ministers had met on 11th September 2020 and, having discussed the categorisation of regions, some had voiced concerns that the Island ran the risk of isolating itself as a consequence of that categorisation, which could deter some people from travelling because of the testing and isolation requirements. Consequently, the Competent Authorities had requested officers to prepare a policy paper, which included a full range of options for Ministers to consider at their meeting on 16th September 2020. This included the possibility of sub-dividing up amber in order to separate out regions as posing a greater, or lesser risk, mindful that much of the United Kingdom ('UK') was due to become amber with effect from 00.01 hours on 17th September. The Cell had received a copy of the PowerPoint slides, entitled 'Safer Travel – policy options' which were due to be presented to the Competent Authorities at their meeting and on which its views were sought. These included data on who travelled to Jersey and the risk they presented; the current situation in the UK and what was likely to happen next in that jurisdiction; and insights from neighbouring countries.

The Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, informed the Cell that one consideration when assessing the borders and the travel options was the impact that such matters could have on the airlines and the commercial decisions that they would need to reach when preparing their winter schedules.

The Chair of the Cell, indicated that the slides demonstrated that the instances of COVID-19 were increasing across Europe and the UK. It was noted that the majority of UK visitors to Jersey came from the South East and London. Those coming from the capital tended to be in the younger age groups and posed a greater likelihood of transmitting the virus. In France and Spain, the number of cases of COVID-19 were continuing to climb dramatically and both countries now had in excess of 150 cases per 100,000 population over the previous 14 days. If the UK followed the same trajectory as those countries, it would arrive at the same position (150 / 100,000) by the second week of October. If it mirrored the Belgian pattern, it would be at approximately 70 / 100,000 during the October half-term.

The Chair stated that his interpretation of the graphs relating to France, Spain and Belgium was that some people were being admitted into hospital, but not hugely significant numbers and that was also the case for those receiving treatment in the Intensive Care Units ('ICU') in France. However, it was important that people were cognisant that Jersey was in a different position to these larger jurisdictions. Whilst,

locally, there was currently no-one in hospital as a direct result of COVID-19, even small numbers of admissions would have a disproportionate impact on the ability of the Health and Community Services Department to deliver health care, due to the nature of the estate, the way in which patients were managed and the impact on staff.

The Medical Officer of Health, indicated that the last time that the Cell had been asked for its views on the borders, Summer had been approaching and the situation in respect of COVID-19 had been anticipated to improve with the warmer weather. Currently, as Winter approached, it was envisaged that things would worsen, for reasons that had previously been rehearsed. She opined that fewer people would wish to travel because of the weather and the risk posed of contracting the virus. The world remained in a pandemic and she suggested that it was not the role of the Cell to provide Ministers with advice to bolster the travel industry.

The Independent Advisor - Epidemiology and Public Health, expressed the view that it was not possible to estimate what impact COVID-19 would have in the UK over the coming 3 or 4 weeks. It was possible that there would be fewer hospital, ICU admissions and fatalities than during the first wave of the pandemic, but this could not be definitively assessed. He suggested that it would be preferable to maintain the *status quo* in respect of the borders for at least 2 weeks - but ideally longer - until such time as a clearer picture could be obtained. He opined that the economic impact of not changing the policy during that time would be minimal, accepting that the social impact might be greater.

The Chief Economic Advisor, informed the Cell that the local Finance Sector would wish to have confidence in the availability of air travel and the knowledge that routes would be maintained. It was important for the companies to have a physical presence in the Island and if those routes disappeared, this could cause uncertainty, which might lead to decisions being delayed and some businesses deciding to, potentially, relocate. The Cell was cautioned against underestimating the importance of transport links for that sector and of Jersey appearing to be 'open for business'. The ability for firms to develop new business and maintain relationships were key to this. He surmised that the Finance Sector could probably endure restrictions for a period of 3 months, but 6 months would be problematic and significant and could result in wholesale changes, with other jurisdictions potentially being favoured over Jersey.

The Consultant in Communicable Disease Control, suggested that the Island had a choice between the proactive introduction of mitigation factors, to keep the levels of the virus as low as possible, or allowing more COVID-19 to enter the Island, which would, of itself, cause restrictions. As a consequence, the former was, in his view, the preferable course of action. A failure to proactively take steps to mitigate the effects of the virus could lead to a loss of public confidence in Government and a reluctance by Islanders to accept any subsequent mitigations. It was anticipated that a vaccine would be available from November – albeit it was noted that *The Times* had reported delays to the delivery date in the UK – and although it would not be a panacea, it would assist in slowing the spread of the virus, once sufficient numbers of people had been vaccinated.

With respect to the exponential curves in the numbers of cases of COVID-19 in the UK, France and Spain, the Consultant in Communicable Disease Control explained that there would always be a time gap of approximately 2 to 4 weeks before the increase in cases translated into hospital admissions and then ICU beds.

He noted that one option, contained within the PowerPoint presentation, had been for a new 'light amber' category to be introduced for regions / countries where there were between 25 and 60 cases per 100,000 population. Dark amber would be for between 60 and 120 cases and would have the same controls as were currently in place for amber regions, viz PCR tests at days zero and 5, with self-isolation required until a negative result was obtained from the second test. It was proposed that people arriving from

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light amber areas would be required to take a test at day zero and then self-isolate until they received a negative result from that test. In the view of the Consultant in Communicable Disease Control, this would permit a significant number of cases of the virus to enter Jersey, particularly if people were arriving from countries / regions which were towards the high end of 'light amber' and, as a consequence, this posed a risk to Islanders.

The Consultant in Communicable Disease Control agreed with the Independent Advisor - Epidemiology and Public Health, that it would be inappropriate, at the current time, to change the definitions used to classify and respond to the regions and that it would be preferable to keep the state of affairs in the UK and Europe under review and update accordingly. The Island was currently on a plateau on the curve, compared with other places and it was necessary to maintain the current situation in order to help manage the virus in the Autumn. With the Open Cell laboratory on-Island and functioning, it would be possible to undertake more non-arrivals screening, in order to obtain a clearer idea of the situation in the Island and the Consultant in Communicable Disease Control emphasised the importance of the role played by track and trace in combating the virus.

The Director of Strategy and Innovation suggested that if the trajectory of the curve in the UK continued to follow the same route as France and Spain, any changes to the border policy would become irrelevant, as the whole country would become dark amber. If it was accepted that the testing currently applied to green countries was only capturing 31 per cent of positive cases, 69 per cent were being missed, so he did not feel that it would be a significant step if – as overall passenger numbers fell - a few more positive cases per thousand people were to enter the Island.

The Chair indicated that the medical members of the Cell were concerned that there was no accurate way to scale the risk posed by any proposed relaxation at the borders, but they were witnessing a significant number of people across the UK and Europe becoming unwell with the virus. He stated that for every positive inbound traveller case, there were, on average, 10 direct contacts, who would need to isolate and be tested at days zero, 5 and 8.

The Medical Officer of Health suggested that, despite the views of some, a great many people were concerned that the Island was already too 'open', a portion of the population was still shielding and, in her opinion, any relaxation of the borders would not have a positive outcome. The Associate Medical Director for Primary Prevention and Intervention emphasised that the role of the Cell was to provide advice on what was the safest thing for the public of Jersey. To date, the Island had coped relatively well, but to make it even more safe, he suggested undertaking day 5 PCR tests on arrivals from green countries.

The Director of Strategy and Innovation reminded the Cell that the strategy, which had been adopted by the States Assembly, was not to do the safest thing to reduce COVID-19 risk, but to balance the harms posed by it and by public policy responses to it and to keep overall cases to very low levels. A few positive cases had entered the Island, without the virus spreading significantly and, as passenger numbers declined with the advent of Winter, it was possible that the number of positive cases would not increase.

The Independent Advisor - Epidemiology and Public Health, stated that he had not heard a compelling argument around the economic risk posed if no change was effected to the borders for at least 2 weeks and, preferably, longer. Whilst some in Jersey wished to travel to the UK, it was, in his view, predominantly for social reasons and the pressure to relax measures to facilitate this should be resisted. He counselled against exposing people to the risk to their health posed by the virus. The Medical Officer of Health agreed that at the time when the UK was on an exponential upwards curve and it was

likely that there would be a significant number of cases of COVID-19, it would be neither safe, nor wise, for the restrictions at the borders to be relaxed locally, as it would have an adverse impact on the protection of people's health.

The Associate Medical Director for Primary Prevention and Intervention concurred and opined that, if anything, the restrictions should be made more robust, to protect Islanders' health in preparation to receive a vaccine. The Chair agreed that it had been decided to balance the harms posed by COVID-19 and suggested that the safest course of action would have been to maintain the closure of the borders. However, he had supported the steps that had been taken to-date, but now felt it would be counterintuitive to further relax the measures at a time when the UK was on an upwards trajectory of COVID-19 cases and he opined that the Island was, perhaps, at the extreme of where it could get to in the current environment. He felt strongly that the Island needed to be cautious at this juncture.

The Environmental Health Consultant, agreed that there should be no further relaxation of restrictions, particularly because the Environmental Health Team were encountering increasing instances of non-compliance with the current guidelines. Whilst many were adhering to them, some were not and he cited a wedding party, which had taken place over the previous weekend, at which 120 people had been in attendance. In his view, it would be dangerous to further ease any restrictions, as it was already proving challenging to control the current situation.

The Chair summarised the Cell's advice, which was that, taking account of all prevailing circumstances and likely trajectories, it did not consider that it was the appropriate time for any change to be made to the current categorisation of regions / countries, that would increase the risk of COVID-19 being imported at the border. It was open to reviewing this again in the future and would continue to monitor the situation. There were increasing cases of COVID-19 in the UK and Europe, with countries' COVID-19 infection rates following exponentially upwards trajectories. To relax the testing and isolation restrictions at the borders at this time, thereby allowing more potentially infectious people to enter the Island, would be a risk to Jersey's currently well-controlled situation.

The Cell was informed that the Competent Authorities would convene on the afternoon of 16th September, in order to receive the same PowerPoint presentation and the Chair, Medical Officer of Health and Consultant in Communicable Disease Control were invited to attend, if possible.