

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(23rd Meeting)

(Meeting held via Microsoft Teams)

5th October 2020**PART A (Non-Exempt)**

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

Minutes. A1. The Scientific and Technical Advisory Cell received and noted the Minutes from its meeting of 28th September 2020. The Chair informed the Members that, in the absence of any comments by the end of 5th October 2020, which should be directed to the Secretariat Officer, States Greffe, the Minutes would be taken to have been approved.

Monitoring metrics. A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 28th September 2020, received and noted a PowerPoint presentation entitled 'Scientific and Technical Advisory Cell monitoring update', dated 5th October 2020, which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department. She informed the Cell that significant technical issues had arisen over the weekend of 3rd / 4th October, so some of the data would be presented in a more manual format than the Cell was accustomed to, or might be slightly out of date.

The data had been prepared on Friday 2nd October 2020 and, as at that date, there had been 23 active cases of COVID-19 in the Island, of which 7 were symptomatic and 16 asymptomatic. Over the weekend, an additional 10 new cases had been identified, 8 as a result of arrivals testing and 2 direct contacts. All of the positive cases were within the community. Of the 31 positive cases since 26th September 2020, 24 had been identified as a result of travelling and 7 were direct contacts of positive individuals.

Deaths from COVID-19 remained static in the Island at 32, but the overall number of deaths in Jersey for the year to-date had increased to 499, which remained lower than for the same period in 2019, when there had been 553 deaths and exactly one hundred lower than in 2018.

As at 2nd October, there had been a total of 421 positive cases of the virus (excluding infections which had subsequently been shown to be 'old' following serology testing), 23 active cases and 378 had recovered. The majority of positive cases remained in the age group 18 years to 59 years (284). The number of positive cases per 100,000 population over the preceding 14 days was 24.12. A total of 7,352 calls had been made to the helpline since it had launched and there had been a recent reduction in the number of calls. The number of inbound travellers to the Island had continued to decline since the peak during the week of 17th August and it was acknowledged that the data for the week of 28th September was not complete and would not be finalised until later on 5th October. It was noted that the slide now included data, by week, for the number of new cases identified through inbound travel testing, the test positivity rate and the positivity rate per 1,000 arrivals.

For the week of 28th September, the test positivity rate was currently 0.4 per cent, but it was noted that there would have been more arrivals over the weekend and this figure

would be likely to drop to around 0.2 per cent. The Consultant in Communicable Disease Control, suggested that it would be helpful if any figures for 'incomplete' weeks could be included within brackets, in order to make them more easily identifiable. He also emphasised the importance of the absolute number of positive cases – rather than a percentage – to reflect the risk, because for every positive case identified through border testing, it was likely that a further positive case went undetected.

In August, approximately 8 positive individuals had been identified each week, which had been manageable, but as the numbers had increased to approximately 12, the threat posed was significantly greater, particularly as Winter approached. The suggestion of 12 positive cases had been estimated over the weekend of 3rd / 4th October, when, due to technical issues in obtaining that week's passenger numbers, those for the previous week had been utilised as the denominator. Ultimately, the passenger numbers had been lower, so it was unlikely that the positivity rate was as high as 0.4 per cent, as previously referenced. It was noted that, in September 2020, the PCR positivity rate in the United Kingdom ('UK') had increased from one in 800 to one in 200.

The Cell noted that, on 4th October, the first day 5 tests had been taken from arrivals from areas that had previously been categorised as Amber, but had become Green when Ministers had decided to extend the Green categorisation from 25 cases per 100,000 population over the preceding 2 weeks to 50 cases. Members of the Cell indicated that it would be of interest to see how many of the arrivals tested negative at day zero, but subsequently were positive by day 5. The positivity rate for inbound travellers had doubled when compared with 4 weeks previously and it was felt that contributory factors had been the length of time taken to change areas from Green to Amber and the aforementioned variation to the categorisation of Green. The Cell had made Ministers aware of the significant risk that this change would pose to the Island, but its advice had not been heeded.

Since the start of the pandemic, a total of 119,992 tests had been undertaken, 89,894 of which had been on inbound travellers. Jersey's weekly testing rate per 100,000 population had declined to 7,400, but still far exceeded the rate in the UK (2,715) and other jurisdictions with which the Island had close links. The Island's positivity rate – excluding the new positives identified over the weekend – remained static at 0.1 per cent, as did the UK's at 0.4 per cent. Spain had decreased to 10.2 per cent and there had been a recent, significant, increase in France to 9.2 per cent.

In respect of the prevalence of the virus amongst non-travellers, it was noted that the current non-inbound rate currently stood at 0.131. Between July and October, 16,757 tests had been carried out and 22 individuals, who had not travelled, had tested positive for COVID-19. More screening had been undertaken in September, to include 2,375 workforce tests, 1,812 screenings on admission to hospital and 733 symptomatic people seeking healthcare.

As at 2nd October, since the borders had re-opened on 3rd July, there had been 87,795 arrivals and 87,256 swabs taken. There had been 75 positive cases for COVID-19 (excluding those with 'old' infections), of which 67 per cent had arrived from Green areas and 88 per cent had arrived by air. The average turnaround time for test results over the previous 7 days had been 24 hours. Since 3rd July, 77.32 per cent of the positive cases had been identified through arrivals screening and over 50 per cent had been in people aged under 30 years.

The Cell was presented with 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, as at 5th October 2020. Also included were maps from 7th August, which indicated the changing prevalence of the virus across the world and

Europe. These demonstrated that the situation in Brittany and Normandy had worsened, with both areas now categorised as Red. Globally, there had been over 35 million cases of COVID-19 since the start of the pandemic and in excess of one million deaths.

The Cell noted data, provided by Public Health England, for week 40 of 2020 (28th September), which demonstrated that the number of cases in England continued to rise, most significantly in the North East, with the greatest numbers in the North West. The confirmed cases for people aged between 20 years and 29 years continued to increase dramatically, but the presence of the virus in all age groups had amplified, with the exception of those aged between 5 years and 9 years. The number of colds (rhinovirus) being reported had decreased when compared with the previous week, as had the prevalence amongst children aged up to 14 years. The number of COVID-19 incidents had decreased in the care homes during week 39, but had increased in workplace settings. During the same period, there had been a rise in confirmed clusters or outbreaks of COVID-19 in the primary and secondary schools and, as had been anticipated, in colleges and universities.

As the number of positive cases of COVID-19 had increased in England, so the number of admissions to hospitals and intensive care / high dependency units had grown. This remained particularly the case in the North West and in those aged 85 years and over and, to a slightly lesser extent, those aged between 75 years and 84 years. Sadly, the death rates from the virus had also increased.

The Cell noted the results for four completed rounds of the REACT-1, COVID-19 study from England and the partially complete round 5. The latter (for the period between 18th and 26th September 2020) demonstrated that the prevalence (when weighted) was approximately 0.55 per cent, representing a substantial increase on previous rounds, with the lowest (0.04 per cent) having been in the 3rd round (24th July to 11th August). This study had indicated that the virus was most prevalent in those aged from 18 years to 24 years. When rounds 4 and 5 were taken together, the reproduction number was estimated to be 1.47 and 1.06 for round 5 alone. It was noted that the reproduction rate was taking under 10 days to double in London and the North West, but longer in the South East (11.6 days) and South West (10.7). The Department of Health and Social Care's Statistical Bulletin contained information to the effect that since the test and trace scheme had been launched on 28 May, almost one fifth (18.8 per cent) of contacts of people who were positive for COVID-19 had not been reached.

In respect of the technical issue, which had been identified on 3rd October by Public Health England, it was noted that 15,841 positive cases between 25th September and 2nd October had not been included in the reported COVID-19 figures. These individuals had been made aware that they had the virus, but their data had not been transferred into the reporting dashboards, so their direct contacts had not been traced. It was not envisaged that this would impact too significantly on the 14 day cumulative figures and respective RAG ratings (Red / Amber / Green) for areas, but officers within the Strategic Policy, Planning and Performance Department would review the figures to ascertain if any area, from which a large number of people travelled to the Island, had been impacted.

With regard to influenza, the Cell noted that weekly reporting for the 2020-2021 influenza season by Flu News Europe had commenced on 28th September 2020 (week 40), with the first analysis due to be published on 10th October 2020. In Europe, flu activity generally remained at inter-seasonal levels. In Belgium and Ireland, however, it had crossed the epidemic threshold earlier than in previous years, which was thought to reflect increased cases of COVID-19. In South America, cases of the flu had reached extraordinary levels in Paraguay.

The Cell noted data, which had been provided by the Monitoring and Enforcement

Team for the period from 21st to 27th September, including the number of calls made to self-isolating passengers, electronic mail messages sent and visits made to residential addresses. During the relevant period, no arriving passenger had declined to take a PCR test, preferring to self-isolate. During the previous week, the number of calls made to the helpline had decreased, whilst the number of positive cases had increased. As referenced at the previous meeting, the graph showing the 14 day cumulative case numbers per 100,000 population, had been amended to take into account the change made to the categorisation of Green. As at 28th September, the Island had stood at 20.4 cases per 100,000 population over the previous 14 days.

For the period up to 27th September 2020, the number of people registered as actively seeking work (excluding those claiming through the Covid Related Emergency Support Scheme (CRESS)) had decreased, when compared with the previous week, but still remained relatively high because, as the schools had returned, the parents of some children had been required to actively seek work. The number of active Income Support claims had continued to fall. Footfall in St. Helier had decreased 5.7 per cent when compared with the previous week – possibly due to adverse weather conditions - but remained lower than for the same period in 2019 (down 33.9 per cent).

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

Introduction of a self-isolation requirement for Green arrivals.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 28th September 2020, recalled that, in deciding to increase the Green categorisation from 25 cases per 100,000 population over the preceding 14 days to 50, Competent Authority Ministers had agreed that anyone arriving from a Green area would be required to undertake PCR tests at days zero and 5 and, once it was possible to obtain the results of the test within 12 hours, they would be mandated to self-isolate until they received a negative result from the first test. This had been announced publicly by the Minister for Health and Social Services on 24th September 2020.

The Cell received and noted a PowerPoint presentation, dated 4th October 2020, entitled 'Introduction of a self-isolation requirement for (Green) arrivals until outcome of a Day 0 COVID test' and heard from the Interim Director, Public Health Policy, who informed the Cell that the Competent Authority Ministers had received a version of the presentation at their meeting on 4th October 2020, at which they had decided to implement the aforementioned policy with effect from 12th October 2020, by which time it was forecast that the Open Cell on-Island laboratory would be able to achieve a turnaround time for test results within 12 hours.

The Cell was cognisant that Deputy I. Gardiner of St. Helier had lodged a Proposition, entitled 'Incoming passengers from green category jurisdictions: requirement to self-isolate' (P.122/2020 referred), which requested Members of the States to agree to request the Minister for Health and Social Services to introduce, with immediate effect, a requirement for all incoming passengers from Green areas to self-isolate until they received a negative result from their day zero test. This Proposition was due to be debated on 6th October 2020.

The PowerPoint presentation explored *inter alia* whether the numbers of positive cases at the borders were increasing and the likely impact this would have on their direct contacts. It was estimated that there was some risk of onward transmission from passengers arriving from Green areas between their arrival and when they received the results of their day zero test, if they weren't required to self-isolate, as it was likely that they would have direct contact with many people. It had been estimated that, in September, 7 per cent of direct contacts had been avoidable. Although the number of travellers to the Island was decreasing, the number of positive cases appeared to be

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augmenting and with the approach of Winter, transmission of the virus would increase, compounded by people spending more time indoors. The likelihood of infections would be greater increased, should the requirement to self-isolate not be implemented before school half-terms and university reading weeks in October / November. In the meantime, the risk could be reduced by various mitigating factors, including stronger messaging around public health guidance.

The Cell was informed that Deputy R.J. Renouf of St. Ouen, Minister for Health and Social Services, had asked it to provide advice on whether the exemption from self-isolation for people arriving from Green areas, until such time as Open Cell could produce test results within 12 hours, remained proportionate and how confident the Cell was that the 12th October date could be achieved and maintained. The Chair stated that the second question was not one which the Cell was able to answer. The Director General, Justice and Home Affairs Department, indicated that Open Cell was new technology and, inevitably, there would be some challenges. Its reliability was being monitored daily and assurance levels were high, but it was not possible to say definitively that all swabs would be tested within 12 hours by 12th October. The Interim Director, Public Health Policy, informed the Cell that the decision of the Competent Authority Ministers had been to implement the new regime from 12th October and carriers were being informed accordingly. If the results of only 90 per cent of tests were being produced within 12 hours at that juncture, the remaining 10 per cent would have to self-isolate for longer. The risk of a proportion being required to wait would not change the implementation date of the 12th October. In light of the foregoing, some members of the Cell expressed the view that the matter appeared to be a *fait accompli* and perhaps irrelevant for it to discuss.

In respect of the first question, the Medical Officer of Health, opined that the Cell's firm advice had been to maintain the top level of Green at 25. The political decision to extend it to 50 now gave her and colleagues good reason to be very concerned about a potential influx of cases. 24 hours was not a significant length of time, but anyone who had the virus had the potential to spread it during that period. The issue centred not just on the inconvenience caused to the passenger, but the wider risk to the community. The Independent Advisor - Epidemiology and Public Health, concurred. It was impossible for the Cell to model the risk, but there had been a rapid increase in the number of cases in the UK, so it was likely that there would be an uplift in cases in Jersey. The Director General, Justice and Home Affairs Department, indicated that, over the next few days and pending the requirement to self-isolate, steps would be taken to increase the messaging around adhering to public health guidance and banners and leaflets would be produced to raise awareness. The Track and Trace team would be asked to call people waiting for test results to remind them to minimise their contacts in the interim. The Cell was mindful that each inbound traveller had, on average, 10 direct contacts, all of which would have to self-isolate for 2 weeks in the event of the traveller testing positive for COVID-19 and that any establishment, which they had visited, would require deep cleaning, which was an expensive undertaking.

The Consultant in Communicable Disease Control, indicated that once the requirement was introduced for people to self-isolate until they received a negative result from their day zero test (if arriving from a Green area) it would be helpful to remind them to avoid 'super spreading' sites such as pubs and restaurants and to limit their contacts until such time as they had received a negative day 5 result. With regard to the level of risk, he stated that Statistics Jersey had calculated that there would be a small reduction by introducing self-isolation until the first test. However, as the numbers of cases of the virus increased, that reduction would become more significant. Because the border testing system was not capturing approximately 50 per cent of positive cases, which was the Island's 'biggest Achilles heel', it was important that it was underpinned by an elaborate testing and tracing system. He informed the Cell that the tracing team would be gradually extending its searches backwards to identify contacts within the previous

7 days.

The Chair stated that it was not possible to provide the Minister for Health and Social Services with a definitive answer, based on strong evidence, because that did not exist. In an ideal world - had the Cell's advice been followed in respect of the recategorization of Green areas - there would be a reduced threat from not requiring people to self-isolate until the results of their first test. It would be a political decision to implement the new policy, but the Cell's advice was that it should be brought into force on or before 12th October, irrespective of whether the turnaround time for test results was at 12 hours.

Infection
Prevention and
Control team –
requirement
for additional
resources.

A4. The Scientific and Technical Advisory Cell ('the Cell') heard from the Lead Nurse, Infection Prevention and Control, in respect of the work of the Infection Prevention and Control ('IPAC') team, which provided a critical, Island-wide, service.

The team acted as specialist advisers on infection control, supported critical activity and was central to the ability to deliver an emergency response. Its role included supporting the co-ordination of workforce screening, the preparation of policies and guidelines, working with the PPE cell, to ensure that sufficient stock of personal protective equipment was available, collaborating with the vaccination group and leading on the flu programme, in addition to myriad other functions, including responsibility for infection prevention and control in care and nursing homes. If necessary, it would also provide an onsite presence at the Nightingale Wing of the hospital.

The Lead Nurse, Infection Prevention and Control, informed the Cell that at the start of the pandemic, 6 people had been redeployed to the IPAC team, but had gradually returned to their 'normal' workplaces, or had retired. As Winter approached and there was the risk of an upsurge in cases of COVID-19, the team was stretched and lacked the resilience to respond. Accordingly, a business case had been prepared for 6 clinical staff to support the team in the short term.

The Cell indicated its strong support of the business case, emphasised the significance of the role played by the IPAC team and the importance of ensuring that it had resilience at all stages.

Advice for
students
returning to
Jersey.

A5. The Medical Officer of Health, informed the Scientific and Technical Advisory Cell ('the Cell') that she had been contacted by some people to enquire what arrangements would be put into place for students returning to Jersey, at half-term, for a reading week, or at Christmas. She had provisionally indicated that they would be required to adhere to the border control arrangements that were in place at the time of their travel.

The Consultant in Communicable Disease Control, suggested that it might be necessary to apply a greater level of granularity, depending on the prevalence of infection within the relevant school, or university. It was possible that, if the risk was very high in a particular establishment, it could be categorised as 'Red', even if the area in which it was located was itself Green or Amber. That would then require any returning student to self-isolate for 14 days, which might impact on whether they should be advised to return to the Island, or not.

Data on the number of cases in the universities and boarding schools would need to be sought, but it was acknowledged that this might prove problematic as some might not wish to disclose that information.

The Head of Policy, Strategic Policy, Planning and Performance Department, informed the Cell that there were currently approximately 1,500 local students in the United Kingdom and 50 studying in universities overseas.

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It was likely that the rise in asymptomatic young people that had been experienced in the UK and France would be mirrored in Jersey and the Cell agreed that it wished to receive options at its next meeting on all and any measures that could be taken in respect of returning students, because of the numbers and the high level of risk that they posed.

Next phase
COVID-19
strategy.

A6. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 28th September 2020, received a brief discussion paper, and heard from the Interim Director of Public Health Policy, in respect of the next phase of the COVID-19 strategy.

The Interim Director, Public Health Policy, informed the Cell that he would welcome its feedback on a number of issues in relation to the planned Winter Strategy Update, in advance of it receiving the draft document at its meeting on 12th October. Appended to the paper was the planning scenario from October 2020 to March 2021, which set out, in draft, the Cell's assessment of the virus during that period. The Interim Director, Public Health Policy, indicated that he had sought to keep the scenario brief in order to maintain the public's attention and members of the Cell were invited to provide their views on the wording and whether it struck the correct balance.

The Interim Director, Public Health Policy, stated that, as a result of previous feedback from the Cell, the strategy would include a further workstream, namely, 'assure capacity and resilience of departments and key health services'. This would indicate that a light assurance process was required to ensure that the Government departments were preparing for Winter in a relatively consistent way. Work was also underway to draw up a communications plan, specifically targeted at those aged from 18 years to 30 years, recognising that they posed a greater transmission risk and to ensure that the messaging resonated with that cohort. It was noted that the European Centre for Disease Prevention and Control had recommended a specific campaign for that age group.

The Independent Advisor - Epidemiology and Public Health, stated that it was important to consider how COVID-19 had been transmitted in Jersey in the Spring. There had been imported cases and then transmissions within households and care homes, but less in the wider community. He suggested that reference should be made to the issue of shielding for higher risk groups and mooted that 6 months - from October 2020 to March 2021 - was perhaps too long and that a strategy covering 3 months would be preferable. There had been some evidence of the cases plateauing, which might result in the force of infection from imported cases declining. He also felt that mention should be made of a COVID-19 vaccine.

The Medical Officer of Health, indicated that the Health Secretary's recent rhetoric in respect of the vaccine had been more positive, with reference being made to the armed forces being deployed to assist with the logistics of its delivery. The Consultant in Communicable Disease Control, informed the Cell that the sense he had received from the Joint Committee on Vaccination and Immunisation had been similar, although his feeling was that the quantities would be small. He agreed with the Independent Advisor - Epidemiology and Public Health, that a 3 month strategy would be appropriate. He emphasised the importance of ensuring that the testing infrastructure at the borders and within the Island was robust, in order that individuals with the virus could be 'contained' (through self-isolation) before they caused clusters and of defending the health care settings and at risk individuals. In respect of the latter it would be crucial to provide them with mental health support.

The Medical Officer of Health reminded the Cell that when she, the Consultant in Communicable Disease Control and the Chair had attended the meeting of the Competent Authority Ministers, at which the Ministers had decided to increase the threshold for Amber to 50, the members of the Cell had indicated that there should be measures implemented to counterbalance that change, but she had not seen evidence of

them being introduced. The Consultant in Communicable Disease Control agreed that the border testing had to be complemented with internal structures to protect the Island. He stated that legislation was being prepared to make the wearing of face coverings mandatory in public indoor places and more effort was being directed to testing for frontline employees at 4, 6 and 8 week intervals, as appropriate.

The Cell noted the position and the Chair encouraged members to provide further feedback to the Interim Director, Public Health Policy, over the coming days.

Matters for
information.

A7 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 2nd October 2020, which had been produced by the Strategic Policy, Planning and Performance Health Informatics Team;
- A weekly epidemiological report, dated 1st October 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- Death statistics for the week to 1st October 2020, from the Office of the Superintendent Registrar;
- A report on the economic indicators for week 39 of 2020 (21st September to 27th September), which had been prepared by Statistics Jersey; and
- A weekly football report for week 39 of 2020, provided by Springboard.