

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(36th Meeting)

18th December 2020(Meeting conducted via Microsoft Teams)**PART A (Non-Exempt)**

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

COVID-19
Policy.

A1. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 17th December 2020, recalled that the Competent Authority Ministers had requested its advice on a number of measures that had been presented to them, in light of the current high numbers of active cases of COVID-19 in the Island. The Cell further recalled that it had been agreed that the Chair would summarise its discussions on 17th December into a paper for the Competent Authorities, which it would receive in advance of it being presented to Ministers.

The Cell accordingly received and noted a PowerPoint presentation, dated 18th December 2020, entitled 'Scientific and Technical Advisory Cell Advice – the need for further measures in the context of rising numbers', which had been prepared by the Chair. He indicated that, in preparing the advice, he had sought to achieve a balance, mindful that there were diverging views within the Cell, which were reflective of the current, uncertain, situation.

The presentation set out that, in formulating the advice, the Cell had been cognisant of the current position in Jersey and the number of positive cases in the community, in the Hospital and in the care homes. It had considered the impact on those settings and primary care, both in terms of positive cases, but also direct contacts. It had discussed the role of the COVID-19 vaccine and the importance of keeping the vulnerable in society safe until they could receive the same. It had also considered whether there was the need to refresh the test and tracing strategy and if the focus of the testing regime should be altered. The Cell had noted the further measures that could potentially be introduced, but had also been aware of the unintended consequences that were associated with any more stringent actions.

It was noted that the increase in the weekly testing rate had led to an uplift in positive cases being identified. However, the exact impact on the enhanced testing was not clear and caution was urged when interpreting the data and drawing any conclusions therefrom. Nonetheless, the increase in the number of people experiencing COVID-19 symptoms and seeking healthcare, together with admissions to Hospital was suggestive that there had been a real rise in the number of cases. The Cell recalled that the number of daily cases had grown from an average of 10 in November, to 30 in late November and approximately 60 in early December, to a current average of more than 80. However, the Consultant in Communicable Disease Control indicated that, as at the time of the meeting, there had been 131 new cases.

The information to be provided to the Competent Authority Ministers was that there was a lack of consensus within the Cell with regard to the likely trajectory of positive cases going forward. Whilst some members were of the view that the peak of this second wave had been attained, others were concerned that transmission was increasing and that additional measures were required, in order to control the spread of the virus.

The Cell was, however, in agreement that the Island was at a pivotal point and that clarity around the reality of the position would, hopefully, be attained within the coming days. Accordingly, the Cell cautioned the Competent Authorities against making a significant decision in short order *viz* before Monday 21st, because the trend in the number of cases over the next few days would be crucial. If an upward trajectory persisted, rapid and decisive action would be required, but it was noted that a decision to impose a lockdown would commit the Island to that path for a period of between 4 and 6 weeks, with the attendant harms to people's mental and physical wellbeing – the former having been highlighted in a survey by Mind Jersey - which had to be balanced against the wish to protect them from the virus. In other jurisdictions, such as Wales, where short, circuit break, lockdowns had been introduced, it seemed that cases gradually declined towards the end of the period of restrictions, but then rose quickly once they were lifted.

The Competent Authority Ministers would be provided with details of the number of patients in Hospital with COVID-19 as at 17th December and their medical status, noting that the Health and Community Services Department was managing, but that elective services were being impacted as a consequence of a number of staff having to isolate, either having tested positive for the virus, or as a direct contact. There were also significant pressures on the delivery of primary care for the same reason. Details of the cases within the care homes would also be provided to the Competent Authorities. It was recalled that, as at 17th December, 800 of the Island's one thousand care home residents had already received their first dose of the COVID-19 vaccine. However, they would not experience a degree of immunity for 12 days and a further 2 to 3 months would need to elapse before a majority of the most vulnerable in society - care home residents, those people with underlying health conditions and those aged over 80 years – had received 2 doses of the vaccine and had developed significant immunity to the virus.

In respect of the cases outside the aforementioned health and care settings, the most common route of transmission, since 1st December 2020, had been in households. Accordingly, the Cell was strongly of the view that emphasis should be placed on reducing the level of mixing between individuals from different households, in order to minimise the spread of the virus. The Competent Authority Ministers would be shown the graphs which mapped the number of daily cases, daily tests (per 100,000) and test positivity for the various age groups, namely those aged under 18 years, 18 to 39 years, 40 to 59 years and the over 60s. This slide was important, because it demonstrated that the most significant recent change had been the increase in positive cases in the older age group, which contained the largest number of vulnerable Islanders. There were less marked increases in the under 18s (which had been anticipated, due to the cohort testing of years 11 to 13) and those aged between 40 years and 59 years and it was believed that these could be transmitting the virus to the older people. Accordingly, it was suggested that additional test and trace capacity should be diverted toward that older age group and reference was made to a Swedish report where high infection and mortality in those aged over 70 years had been attributed to widespread community infection. In light of the pressure on the test and trace team, it was recommended that workforce testing should only continue for those working in health and care settings and that resources should be targeted towards understanding how the virus was being transmitted to the older age group, potentially by inter-generational testing.

The Competent Authority Ministers would be reminded that the more stringent measures that had been introduced in November / early December, such as the guidance to work from home, to keep 2 metres physical distance from others, to restrict gatherings and to wear face coverings, in addition to the hospitality circuit breaker, had only been in place for 2 weeks and it was to be anticipated that it would take between 2 and 6 weeks for their impact to be reflected on the epidemic curve. At the current time, the Cell was of the view that it would be unlikely to advise an easing of measures on the

hospitality sector on 4th January 2021, unless there had been a drastic reduction in the number of cases. The Cell was unanimous that the festive period posed a significant risk of an increase in transmission of the virus, largely due to household mixing. It was felt that the current Christmas guidance should be strengthened and that Islanders should be actively discouraged from socialising with people from other households, particularly where the vulnerable were involved, because of potentially fatal consequences. It was acknowledged that there was relatively low spread of COVID-19 within shops and workplaces, but by keeping them open, it might signal to Islanders that the situation was not as serious as it actually was. However, the Cell's advice was that the policy to permit cafés and coffee shops to remain open, where people met for social interaction, should be revisited by the Competent Authorities. The unintended consequences of requiring any non-essential shops to close could cause a rush for people to do their shopping, leading to panic buying and crowding in those venues. It could also, potentially, lead to Islanders gathering together more in their homes, as they had little to do. The Chief Economic Advisor suggested that there would be a limited impact on transmission by closing non-essential retail outlets, but it would send a clear message. The Cell recommended that outdoor activities should be encouraged, in line with the current guidance.

The Consultant in Communicable Disease Control suggested that the current level of risk posed by COVID-19 was being greatly underestimated and he could not over-emphasise the seriousness of the current situation. Although there had been an increase in testing, this was often of the same person, mindful that direct contacts now received 3 tests, rather than none and whilst he accepted that the data was not perfect, it had been imperfect *ab initio*, so there was a degree of comparability between the figures as at today's date and previous weeks and this demonstrated that the trajectory was steeply upwards. He would have anticipated, by now, seeing some effect from the restrictions and the hospitality circuit breaker, but the number of new cases was continuing to rise and he anticipated the situation deteriorating over Christmas as a result of household mixing. There was widespread community transmission of the virus and once it entered households it spread with alacrity. He agreed with the suggested mitigations, albeit they perhaps did not go far enough and was strongly of the view that venues such as coffee shops and cafés, where people gathered in enclosed spaces, should be closed.

The Clinical Lead, Primary Care, indicated that no-one favoured a lockdown, because of the known consequences of taking such a drastic step. He stated that it was planned to introduce one in the United Kingdom on Boxing Day, in order to prevent a pre-Christmas shopping rush. In light of the current, concerning, case numbers, he suggested that consideration could be given to some form of lockdown locally whilst focussing on providing support to Islanders and concentrating on their wellbeing.

The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, reminded the Cell that the 'rule of 10' had legislative backing. It would be key to prevent people entering other households and mixing too much over the festive period and Ministers could be advised to introduce stronger measures in this regard and to indicate to Islanders that entering other people's homes was discouraged, unless it was for the purpose of one of 2 gatherings over the Christmas period, or to provide support to a vulnerable person.

The Independent Advisor - Epidemiology and Public Health, reiterated his view that he was concerned that the Cell was reaching decisions on the basis of data, which required greater scrutiny and was misunderstood or, potentially, incomplete. As an example, on 17th December it had been recorded that 3,404 tests had been undertaken, which was a significant increase from the daily rate of 2,018 that had been reported over the previous week and he queried whether elements of double- or triple-counting were involved. He also highlighted that 44 positive cases had been identified through workforce screening

and questioned the nature of those individuals' employment. He did not dispute that the number of cases was growing, but opined that inconsistencies in the data should be capable of being resolved. He was also in agreement with the proposed mitigations and suggested that not only should inter-household contact be limited, but also intra-household contact, where, for example, elderly relatives lived with other family members. He was of the view that there was insufficient evidence to require non-essential retail premises to close, but wished to know at what point the mitigation measures might be relaxed as the vaccine was deployed. The Consultant in Communicable Disease Control indicated that the volumes of vaccine that the Island had received to-date were relatively small, when compared with the size of the population and it was not known when the Oxford Astra-Zeneca vaccine would become available. Once the care home residents had been vaccinated, it would be deployed to those aged over 80 years and front line health care workers, then those aged over 70 years *et cetera*. It was envisaged that those people aged over 50 years would not receive the vaccine for another 2 or 3 months, so caution was required until that juncture.

The Associate Medical Director for Primary Prevention and Intervention suggested that there was no uncertainty around the trajectory of cases and that they were manifestly increasing. He reminded the Cell that there were a further 3,000 people in the community, who were defined as high-risk, who had not yet received the COVID-19 vaccine. Good progress had been made in vaccinating the care home residents, but strong messaging was required to remind the vulnerable to protect themselves at this time. There was no other country in the world, where there had been an increase in COVID-19 cases in the community that had not subsequently had more hospitalisations and, ultimately, deaths. Accordingly, he suggested that it was important to consider what the situation would be in a month's time.

The members of the Cell commended the Chair for his work in this regard and it was agreed that it should be updated to include current case rates, before being shared with Competent Authority Ministers. He thanked them for their input and it was agreed to reconvene on Monday 21st December.