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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(48th Meeting)

22nd February 2021**PART A (Non-Exempt)**

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

Minutes. A1. The Minutes of the meetings of the Scientific and Technical Advisory Cell, held on 8th and 15th February 2021, having previously been circulated, were taken as read and were confirmed.

Monitoring metrics. A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 15th February 2021, received and noted a PowerPoint presentation, dated 22nd February 2021, entitled 'STAC monitoring update', which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and heard from her in relation thereto.

The Cell was informed that, as at 21st February 2021, there had been 38 active cases of COVID-19 in Jersey, who had been in direct contact with 215 people, who were self-isolating and that there had been a total of 3,213 positive cases of the virus in the Island since the start of the pandemic. The 14-day rate, per 100,000 population, was currently 33.4 and there had been no new cases on 22nd February, nor over the preceding weekend. Of the active cases, 15 had been identified through contact tracing, 11 through planned workforce screening, 6 through testing at the borders and 5 had sought healthcare on experiencing symptoms of the virus. It remained the situation that most active cases were in people of working age, there was only one in an Islander aged over 70 years and it was noted that there remained an almost equal split of those who were experiencing symptoms and those who were asymptomatic. Since 23rd January 2021, there had been an average of 3 daily cases of COVID-19.

There had been an increase in the number of tests undertaken during the week commencing 15th February to approximately 1,500 on weekdays. The Cell was cognisant that this aligned with half term, so teachers and relevant year pupils (11 to 13) had been offered tests before returning to school and those working within hospitality settings had been invited for PCR testing ahead of that sector re-opening on 22nd February. As a consequence, workforce screening accounted for the greatest testing reason. With regard to the number of daily cases of COVID-19, the number of tests and the test positivity rates for various age groups, it was noted that the test positivity rate remained below one per cent for all except those aged under 18 years, which had increased to 3 per cent.

The Cell was provided with an overview of the positive cases of COVID-19 in the Island and in certain priority groups by the Chair of the Analytical Cell (the Interim Director, Public Health Practice, Strategic Policy, Planning and Performance Department) for the first 3 weeks of February and with details of the positive cases in priority groups *inter alia* staff working within health and care settings, retail, hospitality and school pupils. The Cell was provided with in depth information in respect of 2 clusters of cases, which demonstrated the various points of transmission across the community and evidenced inter-generational spread of the virus. It was noted that whilst some children of school age had recently contracted COVID-19, they had not done so within educational settings – noting that it had been half term week - but

through friendship groups. The Interim Director, Public Health Practice, emphasised the considerable time and effort that members of the Contact Tracing Team ('the Team') had dedicated to identifying direct contacts of positive cases in order to prevent further spread of the virus. It was suggested that the media statement that had been released following the detection of several new cases, linked to household gatherings, had been somewhat 'chastising' in its nature and that, in the knowledge that some people were likely to continue to intermingle, despite advice not to do so, it would be preferable to provide guidance on how to do so safely, to avoid a situation where Islanders did not wish to furnish information to the Team because of the likelihood of subsequently being publicly shamed on social media platforms. In particular. It was further suggested that it was important to understand both Islanders' behaviours and the volume of work that the Team could effectively manage in order that it could be employed to maximum efficacy.

The Cell noted the Hospital occupancy rates and the daily admissions of people who had been positive for COVID-19 on admission - or in the 14 days prior - and those who had tested positive for the virus after entering the Hospital (based on the definitions used by the United Kingdom ('UK')) for the period from 1st November 2020 to 21st February 2021 and was informed that there was currently only one person in Hospital with COVID-19. As a consequence, the 7-day admission rate, per 100,000 population, remained very low and aligned with the 7-day case rate. Since the start of the pandemic, there had been 68 deaths registered in Jersey with COVID-19 referenced on the death certificate, of which 36 had occurred in the second wave (since 1st October 2020). The Cell was provided with the PH Intelligence: COVID-19 Monitoring Metrics, which had been prepared by the Health Informatics Team of the Strategic Policy, Planning and Performance Department on 21st February 2021 and was informed that over the previous week there had been a significant decrease in the number of calls to the Covid Helpline. With regard to inbound travellers, it remained the case that there had been very few recently and only a small number of positive cases had been encountered at the borders. The Principal Officer, Public Health Intelligence, was asked to provide details at the next meeting of the Cell on the proportion of arrivals that had tested positive for COVID-19 at days zero, 5 and 10 with effect from the start of 2021.

In respect of testing, the local weekly testing rate, per 100,000 population, had remained at 6,700 during the week ending 14th February 2021, which was slightly higher than the UK, who had tested 6,184, but the Cell was reminded that tests using Lateral Flow Devices ('LFDs') were included in the UK's figures. There had been 1,220 tests on inbound travellers, 5,610 as part of on-Island surveillance and 380 on people seeking healthcare. The weekly test positivity rate locally had been 0.1 per cent as at 21st February and in the UK had been 2.1 per cent on the 14th. On the same date, the estimated effective reproduction number (R_t) in Jersey had been estimated at between 0.6 and 1.2. The Cell was reminded that the reduction in the number of positive cases had led to a wider confidence interval and, as the numbers declined further, consideration would be given to whether it would be possible to continue to produce the estimated R_t , because the stage had been reached where it could not be considered conclusive.

The Cell was presented with the graphs that tracked attendance at Government primary and secondary schools, on a daily basis, since the delayed start of the Spring Term on 11th January 2021. It was recalled that the schools had been on half term during week 7 of 2021, but during week 6 of 2021 (week commencing 8th February) primary school attendance had averaged approximately 95 per cent and 90.5 per cent in the secondary schools. As aforementioned, there had been a number of COVID-19 cases recently in children of school age. The Cell noted the data in respect of the volume of LFD tests by school, result and date, including the number of positive, negative and inconclusive results and was informed that the results from the PCR tests that had been offered over the half term to teachers and pupils in years 11 to 13 would be presented to it at its next

meeting.

The Cell was provided with the published data, to 14th February 2021, in respect of COVID-19 vaccinations in Jersey and was informed that a total of 25,952 doses had been administered, of which 22,696 had been first dose vaccinations and 3,256 second dose. As at that date, 98 per cent of Islanders aged over 80 years had received the first dose of the vaccine, 91 per cent of those aged between 75 and 79 years, 89 per cent of those aged between 70 and 74 years and 75 per cent of those aged between 65 and 69 years. Jersey's vaccination rate, per 100 population, had been 24.07. It was recalled that focus in recent weeks had been directed to first dose vaccinations and, as a consequence, there had been little increase in the cumulative numbers of second doses administered. To 14th February, 94 per cent of care home residents had received their first dose of the vaccine and 80 per cent their second dose. In respect of the staff employed in those *loci*, these figures were noted to be 78 per cent and 60 per cent respectively. In respect of Islanders classed as 'clinically extremely vulnerable' (excluding those aged over 69 years), 74 per cent had received their first dose and 4 per cent the second. The Cell was provisionally informed that, as at the date of the meeting and subject to checking, 29,231 doses had been administered, of which 25,944 had been first dose vaccinations and 3,287 second dose, which brought the vaccination rate to 27.12 per 100 population. The vaccination rate for those aged between 65 and 69 years had now increased to 82 per cent and Islanders considered at moderate risk were now able to book their vaccine appointments. The importance of modelling the impact of the vaccine programme on severe disease was emphasised by the Independent Advisor - Epidemiology and Public Health.

The Cell heard from the Senior Informatics Analyst, Strategic Policy, Planning and Performance Department, who had undertaken an analysis of those people who had tested positive for COVID-19 at least 14 days after receipt of one dose of the vaccine. She informed the Cell that whilst the large majority of cases (*viz* 93 per cent) had been in people who had not received the vaccine, there had been 33 cases identified in people who had received one or more doses at least 14 days previously. However, there had been no further positive cases in vaccinated Islanders aged over 65 years since 18th January. During the previous week, most cases had been detected in Islanders of working age, through planned workforce screening, rather than them experiencing symptoms of the virus and seeking healthcare.

The Cell was shown a map of the UK, which set out the geographic distribution of cumulative numbers of reported COVID-19 cases, per 100,000 population, as at 21st February 2021, which demonstrated the reduction in cases across much of that jurisdiction. With regard to the maps, which had been prepared by the European Centre for Disease Prevention and Control ('ECDC'), for weeks 5 to 6 of 2021 (1st and 8th February) when compared with the previous week, the further decline in cases in Spain, Eire and Portugal was noted, whilst there had been an increase in the Ile-de-France Département of France (which included Paris).

Mindful that the Cell had asked to receive information on wellbeing, the Principal Officer, Public Health Intelligence, presented some data on tobacco and alcohol imports during 2020 when compared with previous years. She indicated that the data had been obtained from the Jersey Customs and Immigration Service and included total figures only. When compared with 2019, there had been an uplift in the importation of all types of tobacco, most notably hand rolling, which had increased by more than 132 per cent. These increases could be due to people being unable to travel and, as a consequence, not having access to duty free purchases, but could be indicative of an growth in consumption, but it would not be possible to ascertain if Islanders were smoking more until the results from the survey relating to the impact of COVID-19 on people were finalised. There had been an 18 per cent increase in the importation of spirits, whilst wine and cider imports had increased by 5 and 6 per cent respectively (noting that these

were not often purchased as duty free) and there had been a 9 per cent decrease in beer imports, potentially linked to the ‘wet’ pubs being closed. The Chief Economic Advisor suggested that although there had been fewer visitors to the Island than normal in 2020, alcohol duty (which was a volume measure) had increased by 39 per cent for spirits, 13 and 12 per cent for cider and wine respectively, whilst beer had decreased. This was a similar picture to the UK, but duty-free consumption in the Island was higher than for that jurisdiction. He was of the view that people had been consuming more alcohol during lockdown and had substituted other types of alcoholic drink for beer, as the pubs had been closed. He did not believe, as had been suggested, that Islanders had been stockpiling items in anticipation of Brexit.

The Cell was informed that footfall in St. Helier for the week of 8th to 14th February 2021 had been 44.5 per cent lower than in the same week in 2020, but 9.2 per cent higher than the previous week in 2021.

The Cell noted the position and thanked the Principal Officer, Public Health Intelligence, for the informative briefing.

COVID-19 –
Health and
Community
Services
Department’s
operational
position.

A3. The Scientific and Technical Advisory Cell (‘the Cell’), with reference to Minute No. A3 of its meeting of 15th February 2021, was provided with a verbal update by the Managing Director, Jersey General Hospital, in relation to the Health and Community Services Department’s operational position.

He informed the Cell that the overall Health and Community Services Department’s escalation status, as at 22nd February, remained ‘Green’, which was indicative that the health and care system capacity was such that the organisation was able to meet anticipated demand, within available resources. Bed occupancy at the General Hospital was at 72 per cent and there had been an improving situation in St. Saviour’s Hospital, where bed occupancy had reduced to 80 per cent. Occupancy in critical care had decreased to 25 per cent and none of the expansion beds within the General Hospital, or the Nightingale Wing, were in operation. There had been no reported issues relating to tertiary transfers and oxygen consumption continued at low levels. Attendance at the Emergency Department during the previous week had increased to 572, which was the highest level that had been experienced in the previous 12 weeks and, as referenced at Minute No. A2 of the current meeting, there was currently one patient in the Hospital with COVID-19.

The Cell noted the position accordingly.

Wellbeing
research.

A4. The Scientific and Technical Advisory Cell (‘the Cell’), with reference to Minute No. A4 of its meeting of 8th February 2021, recalled that Competent Authority Ministers had indicated a wish to focus on people’s wellbeing in relation to COVID-19 and was cognisant that this was a wide topic which impacted Islanders. The Cell received and noted a PowerPoint presentation, dated 22nd February 2021, entitled ‘Researching Wellbeing in Jersey’, which had been prepared by the Principal Officer, Public Health Intelligence and a scoping document, dated 15th February 2021, entitled ‘COVID-19 Wellbeing research’, which had been prepared by her and the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and heard initially from the Managing Director, Jersey General Hospital.

He indicated that PricewaterhouseCoopers (‘PwC’) had been commissioned to undertake some work in respect of the impact of COVID-19 on the Jersey Care Model (‘JCM’). They had carried out a sensitivity analysis and drawn up expectations in year one and beyond on such issues as waiting times for elective procedures and mental health indicators, with the primary focus on financial modelling. They had considered data and information held by the Health and Community Services Department as part of the COVID-19 recovery plan. Once finalised, the findings would be presented to the Department’s Assurance Committees and it was envisaged that they could be shared

with the Cell during the week commencing 1st March. It was noted that the output from the initial analysis might result in a change in focus for the first *tranche* of investment for the JCM, which was likely to be directed towards mental health, which was a growing issue, in respect of which some investment from the Covid fund had been received. The Cell was informed that input from direct access services, such as the Listening Lounge, Mind Jersey and independent advocacy had been received, which would assist in directing focus. It was anticipated that some of the physical health services would experience a faster recovery from the impact of the pandemic and elective services had not been so adversely impacted by the second wave, with backlogs due, for the most part, to the first wave of the same.

The Interim Director, Public Health Policy, indicated to the Cell that work on assessing the impact of COVID-19 on Islanders' health and wellbeing was underway and it was likely that more than one project would be required to crystallise the response to the various conditions. In determining the same, Islanders' testimony and the context in which they had experienced life during the pandemic would be key. The Principal Officer, Public Health Intelligence, stated that the high-level research question for the project was 'how had the coronavirus pandemic in Jersey impacted on the health and wellbeing needs of the population and what are the likely future needs'. As part thereof, potential areas of concern would include the impact of loss of earnings and livelihood, loneliness and social isolation, deepening inequalities (including technology inequality) and lifestyle impacts, such as diet, exercise and alcohol consumption. In considering these, reference was made to a useful diagram, which had been prepared by the World Health Organisation on the phases of socio-economic impact from COVID-19.

It was proposed that the study would constitute 4 'arms'. The first would comprise a quantitative random sample survey – somewhat akin to the Jersey Opinions and Lifestyle Survey ('JOLS') – which would capture the current state of Islanders' health and wellbeing, which could be compared with previous years' data from the JOLS and be benchmarked against other jurisdictions. It was noted that the JOLS would not be undertaken during 2021, because it was a Census year and it was hoped that the survey could capture that missing information. The second arm would encompass various sub-groups of the local population participating in qualitative focus groups and semi-structured interviews with a view to exploring, in depth, the challenges faced by them and their experiences of health and wellbeing, in order to elicit potential recovery needs. The method used for the third arm would be the same as for the second, but would involve representatives from the public, private and third sectors, in order to assess the impact of the virus from a professional perspective and the final section would comprise Government of Jersey employees and other health staff, such as dentists, General Practitioners and Family Nursing and Home Care employees undertaking a staff survey and participating in qualitative semi-structured interviews with a view to understanding how they had been impacted by the pandemic and whether their ability to respond to recovery needs had been affected.

In respect of the aforementioned population sub-groups, the Cell was provided with a suggested, but not exhaustive, list and was asked to provide feedback to the Principal Officer, Public Health Intelligence, in respect thereof. It was noted that a Project Board would be convened in relation to the study, in addition to a stakeholder reference group to ensure that appropriate sub-groups were targeted and understood. Work would be undertaken with the Children's Commissioner in respect of young people and the sub-groups would be prioritised in order to direct focus on those most in need. The Cell noted indicative timelines for the work, which would commence in March 2021, with the field work undertaken between May and July and the final report due by the end of the year. It was anticipated that the work would feed into other workstreams across Government, in addition to assisting the third sector and external organisations to garner an understanding of the current situation and future needs of Islanders. The Independent Advisor - Epidemiology and Public Health, opined that the study would demonstrate

that there had been lots of short-term impacts from COVID-19, rather than longer term and, as a consequence, queried the usefulness of the work if the results would not be available until November 2021. He suggested that focus should be directed to the longer impacts and very specific problem orientated research.

In response to enquiries around resources, the Cell was informed that they were likely to be reasonably significant, but an indicative budget agreement was in place to support the project, which was likely to require several staff on a full-time basis and some third party involvement, noting that it was important to use the resources to focus on the wider balance of harms.

The Cell indicated its support for the proposed work and recommended that Competent Authority Ministers should provide appropriate resources for it to be undertaken and should be mindful that some outcomes would need to be addressed in short order. It asked to be provided with updates on the project on an ongoing basis.

Results from
Vaccine
perceptions
survey.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 21st December 2020, recalled that the Behavioural Science Design Group ('the Group') had decided to focus on encouraging and optimising the roll out of the COVID-19 vaccine and longer-term adherence to non-pharmaceutical interventions ('NPIs') and received and noted a PowerPoint presentation, dated 22nd February 2021, entitled 'Behavioural Design Group STAC Update', which had been prepared by the Head of Communications, Public Health and the Chief Executive Officer, Influence at Work and heard from the latter in relation thereto.

He informed the Cell that the Group had been involved in a large number of activities, *inter alia* constructing the vaccine letter sent to Islanders, advising on appropriate messaging, leading on training events for care home managers and commissioning 4Insight to undertake a perception survey. This work had come to the attention of other Government Departments, so 2 lunch and learn sessions had been delivered and a further 2 were planned and it was hoped that these would provide a broader view of what behavioural science could do and how it could be of use. In respect of the perception survey, its purpose was to gain an insight into Islanders' reported compliance to NPI guidelines, their views of other people's adherence thereto and the general vaccine sentiment. Online and telephone surveys had been undertaken between 29th January and 15th February, with 4 online focus groups taking place between 4th and 11th February. 24 people had participated in the focus groups and in excess of 2,000 in the online survey. The data had only been received during the week commencing 15th February, so would be undergoing peer review, both internally within the Group and with statistical staff in the Government of Jersey. The initial view was that it appeared to be representative across the Parishes, gender, income and qualifications. However, participation by Islanders of Portuguese and Madeiran descent had been relatively low. This had also been the case for those aged between 17 years and 24 years, with more people aged between 45 years and 74 years becoming involved in the survey.

Participants had been asked to rate how anxious they were about contracting COVID-19 on a scale of zero to 10 from not at all to very concerned and it was noted that the mean response had been 6. The younger cohort had been less troubled than the older and most worried had been those who had not received a formal education and whose mean income was lower than average. It was not known if the risk posed by the virus to their health, or their livelihood, was the principal cause for concern in these people. There had been a high level of support for the vaccine (85 per cent) and the 15 per cent hesitancy rate aligned with results from a February 2021 Ipsos Mori poll in the United Kingdom and was much lower than in France, where the hesitancy rate was 43 per cent. In the age group from 35 years to 44 years, 24 per cent had indicated that they somewhat, or strongly, disagreed that they would be vaccinated. Respondents of

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Portuguese, or Madeiran, origin were also more hesitant, with no significant differences noted in Polish, Romanian, or other European groups. The main reasons for vaccine hesitancy were concern about side effects, the perception that they were not at risk from the virus, a belief that it was not effective, or they were against vaccines in general. Most believed it should not be mandatory to receive the vaccine, but many expected that proof of vaccination could be a prerequisite for travel in the future. It was suggested that this would be a driver in encouraging younger Islanders to be vaccinated.

Seventy-one per cent of respondents had indicated that they strongly agreed that they wanted to be vaccinated to protect the community and 67 per cent because it was the right thing to do. The Cell was informed that this sense of unity would be helpful when framing appropriate messaging. Ninety-five per cent of Islanders agreed that they were complying with the NPI guidelines around distancing, hand hygiene, mask wearing and not visiting other households. Interestingly, only 68 per cent believed that other Islanders were adhering to the guidance. It was noted that this was more likely to be a true reflection of overall compliance, as people wished to portray themselves in a good light, but were more realistic in assessing other people's behaviours.

Additional research with the Portuguese and Madeiran community to explore the hesitancy around the vaccine was felt to be of use, noting that communications to dispel the myths around the vaccine would be beneficial for all Islanders. Ongoing areas of focus and support for the Group were the development of strategies to influence ongoing high levels of adherence to NPI guidelines, research and the preparation of strategies to navigate the 'grey' areas between law and guidance that were likely to become increasingly challenging as the vaccine roll out continued, plans to optimise the use of Lateral Flow Devices across business and the provision of ongoing support on the vaccine roll out and to the Communications Team.

The Cell noted the position and thanked the Chief Executive Officer, Influence at Work, for the interesting presentation.

Census update. A6. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of the current meeting, was cognisant that a Census would be undertaken in Jersey in 2021 and received and noted a PowerPoint presentation, dated February 2021, entitled '2021 Census of Jersey – interaction with the public', which had been prepared by the Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department and heard from him in connexion therewith. He informed the Cell that he wished to make it aware of the arrangements for the Census, which was due to take place on 21st March and to receive any comments, or advice, in relation thereto, mindful that the information would be collected against a backdrop of the COVID-19 pandemic.

He informed the Cell that the response rate in Jersey to the 2011 Census had been approximately 99 per cent and it was hoped to attain a similar rate this year. With effect from 8th March, paper questionnaires would be delivered by Jersey Post to private addresses, enclosing an internet access code. This differed from previous years, when they had been hand delivered and returned by post. As a consequence, respondents had the additional options to complete the questionnaire online, or to provide the information over the telephone and Census officers would not need to enter people's homes. People in communal establishments ('CE'), such as care homes, the prison, farmworker accommodation and long-term hotel residents, would have individual questionnaires hand delivered – usually to a manager - and collected. Staff within the CE were permitted to provide assistance as required and 2 field staff would be allocated to those establishments. People who were in hospital were deemed to be visitors and counted as usually resident at their home address.

The deadline for completion of the questionnaire would be 31st March. After that date,

non-responding households would initially be sent a postal reminder. From 12th April to the end of May, Census officials would visit properties to engage with residents on the doorstep. All field staff would wear face coverings and use hand sanitiser and would undertake PCR tests as part of the workforce screening programme, with the frequency of the same to be determined (either weekly or fortnightly). It was agreed that the Interim Director of Statistics and Analytics would provide the Chair and the Consultant in Communicable Disease Control with details of the Personal Protective Equipment that would be used by the field staff visiting CEs.

The Cell endorsed the measures that would be introduced for the delivery and collection of the Census and noted the position accordingly.

Reconnection
– singing and
brass /
woodwind
music.

A7. The Scientific and Technical Advisory Cell ('the Cell') recalled that playing brass and woodwind instruments and singing were considered higher risk activities at the current time, due to their potential for propelling infectious airborne particles. It further recalled that one to one music lessons in education settings were permitted, with physical distancing of 2 metres required. Group lessons and practice were discouraged unless it was a requirement of the school or exam syllabus and in those cases was restricted to 3 participants. Small group singing was permitted within a group or class bubble for early years and primary age children only.

The Cell accordingly received and noted a paper, dated 22nd February 2021 entitled 'Public health guidance for reconnection of singing and brass / woodwind music' and heard from the Head of Public Health Policy in relation thereto. He indicated that feedback received was that the current restrictions were extremely limiting and a managed return to singing and playing brass and woodwind instruments - whilst ensuring public health measures were maintained - would benefit many Islanders.

Accordingly, it was proposed that, with effect from 24th February, people should be allowed to sing and play brass and woodwind instruments in an outdoor setting only, up to the maximum number currently permitted in the gatherings and events guidance, which was 10. Participants should be positioned side-by-side and a minimum of 2 metres apart and spectators could only be present if this did not result in the total number of people exceeding the current maximum. It was further proposed that singing and playing brass and woodwind instruments by children and young people could be permitted in both indoor and outdoor settings, where they were overseen by a legally responsible adult. Again, this being subject to the maximum number of people present not exceeding the current limit under the gatherings and events guidance. Public health controls in respect of distancing, hand sanitation, ventilation and cleansing would be adhered to and the cumulative time spent participating in the activity in any one session would not exceed 30 minutes.

The Cell accordingly indicated its support for this relaxation in respect of these 2 specific areas.

Reconnection
strategy –
'road map'.

A8. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 8th February 2021, recalled that it had discussed the reconnection strategy and was informed by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, that when he had presented the same to Competent Authority Ministers on 16th February, they had requested a 'road map' for future indicative stages of reconnection that could be shared with the public, because as the number of positive cases of COVID-19 declined in the Island, so people were becoming impatient to recommence certain activities over the coming 3 to 4 months.

The Cell accordingly received and noted a report, dated 22nd February 2021, entitled 'Discussion paper – Reconnection road map', which had been prepared by the Interim

Director, Public Health Policy and set out an indicative schedule for reconnection, based in part on the evidence of risk posed by various activities, as researched by the Public Health Team. It was noted that as the reconnection strategy proceeded, the key metrics that would be important to monitor would be the case notification rate, the community test positivity rate, data from Analytical Cell, information on new variants of the virus and the positivity rate amongst arriving passengers. It was recalled that by the end of March it was envisaged that 80 per cent of Islanders aged over 50 years would have received the first dose of the vaccine, by the end of April the same percentage of those aged over 70 years would have received the second dose and by the end of June, 80 per cent of Islanders aged over 50 years, or deemed vulnerable, would have received the second dose. An additional 2 weeks would be factored into the foregoing, to enable optimum immunity to be developed. The Interim Director, Public Health Policy, informed the Cell that implied within the timeframes was the ongoing status of the Test and Trace Team and sustained high levels of testing for COVID-19. The Consultant in Communicable Disease Control indicated that serious infection, hospitalisation and ITU rates were an important additional metric especially as the vaccine was now rolling out and he proposed that long Covid should also be monitored given the vaccine schedule. He added that the release of mitigations should be aligned to metrics, rather than dates.

The Cell noted that it was mooted that the target timing for Stage 4 reconnection would be March and would comprise a package of relaxation measures focused on Islanders' wellbeing and their wish to be able to gather with family and friends, including lower to moderate intensity indoor sport, a partial return to the work environment and limited household mixing, potentially in gardens, or on a restricted number of occasions each month. Subject to key metrics and compliance by Islanders, under Stage 5 there could be an increase in the size of outdoor gatherings to 20, further limited household mixing, the resumption of higher intensity sport and the direction to work from home could be lifted. It was proposed that the target timing for this Stage could potentially be April to May. A much more significant potential step, Stage 6, would constitute a return to relative 'normal' and would allow for transmission of COVID-19 to take place, in the context of the more vulnerable having attained a high level of vaccination protection and could possibly occur between May and July.

There were benefits and risks associated with setting out a timetable for the relaxation of restrictions, which were not unique to Jersey. Islanders were cognisant that the numbers of positive cases in the Island were currently low and understandably wished to know when they would be able to recommence certain activities. On the other hand, there was the risk of raising people's expectations and then being required to delay a reconnection, which could result in complaints.

Having discussed the foregoing, the Cell decided that there would be merit in establishing a sub-group to consider the proposals. It cautioned against providing any commitment to dates for the Stages of reconnection, but advocated the preparation of a high level list of the more significant measures and their anticipated impact. A counterbalance to the harm that the restrictions were causing was required, particularly for Islanders' mental wellbeing. The Interim Director, Public Health Policy, informed the Cell that a multifactorial model had been prepared which could be used in this regard.

It was suggested that further work was needed to enhance people's understanding of why they were currently advised not to enter other people's homes, but were permitted to gather in groups of up to 10 in restaurants, because without comprehending the risk, people would reach their own conclusions. It was agreed that the Interim Director, Public Health Policy, the Chair of the Cell and the Director General, Strategic Policy, Planning and Performance Department, should correspond on whether the paper should be presented to the Competent Authority Ministers at their meeting on 25th February,

or whether further discussions were required.

Matters for information. A9 In association with Minute No. A2 of the current meeting, the Scientific and Technical Advisory Cell ('the Cell'), received and noted the following –

- a weekly epidemiological report, dated 18th February 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 18th February 2021, which had been compiled by the Office of the Superintendent Registrar; and
- an estimate of the instantaneous reproductive number (R_t) for COVID-19 in Jersey, dated 17th February 2021, which had been prepared by the Strategic Policy, Planning and Performance Department.

In respect of future agenda items for the Cell, it was noted that input from PricewaterhouseCoopers in relation to their work on COVID-19 and its impact on the Jersey Care Model was anticipated to be ready for the next meeting. It was envisaged that the Joint Committee on Vaccination and Immunisation (JCVI) would report on its recommendations for priority groups for the second phase of the vaccine during the week commencing 22nd February and this was likely to require some work, as it was not anticipated to be as clear as for the first phase. Some research was also underway in respect of 'long Covid' and the Independent Advisor – Epidemiology and Public Health requested an agenda item on modelling of risk of severe disease, by age group, in light of emerging evidence of efficacy of the COVID-19 vaccine.