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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(62nd Meeting)

(Business conducted via Microsoft Teams)14th June 2021**PART A (Non-Exempt)**

All members were present, with the exception of R. Naylor, Chief Nurse, Dr. S. Chapman, Associate Medical Director for Unscheduled Secondary Care, Dr. M. Patil, Associate Medical Director for Women and Children and, S. Skelton, Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, from whom apologies had been received.

Mr. P. Armstrong, MBE, Medical Director (Chair)  
 Dr. I. Muscat, MBE, Consultant in Communicable Disease Control  
 C. Folarin, Interim Director of Public Health Practice  
 Dr. G. Root, Independent Advisor - Epidemiology and Public Health  
 R. Sainsbury, Managing Director, Jersey General Hospital  
 Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention  
 Dr. M. Garcia, Associate Medical Director for Mental Health  
 S. Petrie, Environmental Health Consultant  
 A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department  
 I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department  
 N. Vaughan, Chief Economic Advisor

In attendance -

J. Blazeby, Director General, Justice and Home Affairs Department  
 R. Corrigan, Acting Director General, Economy  
 R. Williams, Director, Testing and Tracing, Justice and Home Affairs Department  
 S. Martin, Chief Executive Officer, Influence at Work  
 Dr. M. Doyle, Clinical Lead, Primary Care  
 M. Knight, Head of Public Health Policy  
 B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department  
 S. White, Head of Communications, Public Health  
 M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department  
 L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department  
 Dr. N. Kemp, Senior Policy Officer, Community and Constitutional Affairs  
 S. Huelin, Senior Policy Officer, Strategic Policy, Planning and Performance Department  
 C. Keir, Head of Media and Stakeholder Relations  
 C. Maffia, Assistant Director, Planning and Environment (for a time)

R. Johnson, Head of Policy, Strategic Policy, Planning and Performance Department  
R. Young, Executive Support to the Medical Director  
S. Nibbs, Secretariat Officer, States Greffe

Note: The Minutes of this meeting comprise Part A.

Minutes and thanks.

A1. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, confirmed that the previous week had been very busy and that there has not been an opportunity to consider the draft minutes of the Scientific and Technical Advisory Cell ('The Cell's') previous meeting dated 7th June 2021. It was therefore agreed by the Cell that it would review and aim to ratify the minutes dated 7th June 2021 at its meeting on 21st June 2021.

P. Armstrong, MBE, Medical Director (Chair), referred back to the Cell's meeting of 7th June 2021 and confirmed that it was impressed by and grateful for, the excellent work undertaken on scientific modelling by M. Clarke, Principal Officer, Public Health Intelligence and L. Daniels, Senior Informatics Analyst, and the rest of the Strategic Policy, Planning and Performance Department.

COVID-19: Active cases and vaccination overview and update

A2. M. Clarke Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, provided the Cell with an update of the number of active COVID-19 cases within the Island, as well as associated statistics.

Ms. Clarke apprised those present that, on Friday 11th June 2021, there had been 31 active cases of COVID-19 in the Island, resulting in 468 direct contacts. Twenty-three of the active cases had been symptomatic, with the remaining eight cases being non-symptomatic. Therefore, an average of three cases per day, overall were being reported.

It was noted that there had been a significant increase in inbound travel tests, with a peak of more than 3,000 such tests having taken place on one day in the weekend immediately prior to the meeting. The more usual figure recorded was 2,000 tests per day. It was further noted that there had been no Covid-19 related hospital admissions or deaths.

The Cell heard from C. Folarin, Interim Director of Public Health Practice who confirmed that, from 5th June 2021 onwards, there had been an "uptick" in cases. The cases under review had resulted in the identification a cluster from within the hospitality sector and also within the beach protection teams, such provision being provided by the Royal National Lifesaving Institution (RNLI). It was noted that a further outbreak cluster had also been linked to a television crew that had been filming in the Island. Ms. Folarin informed those present that the cases under review, had spread from 5th June 2021 and that it was of interest that some cases had only become positive following the day eight test result.

The consensus was that the majority of the cases had been due to attendance at various events across the Island and that the clusters had also been traced back to nine different restaurants. In addition, the common connection to several different cases has been identified. Further data had come to light over the weekend and it was confirmed that this was under review.

Dr. G. Root, Independent Advisor – Epidemiology and Public Health, questioned whether the cases discussed had only been associated with hospitality, or whether

such cases had also been associated with private parties. Ms. Folarin confirmed that this was the case, but in terms of the nine restaurants identified, the likelihood would be that the Cell would see further positive cases coming about, as a result of the transmission of COVID-19 through hospitality venues. Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, confirmed that, one of the cases that had been of most concern had been eventually traced back to a restaurant on Friday 11th June 2021, at which the track and trace team knew other individuals had been present. Due to this knowledge, a successful tracking backward exercise had been able to take place.

Ms. Clarke further confirmed that there had been an increase in calls to the health line and further that approximately 8,800 travellers had entered Jersey during the first week of June 2021. The testing rate in Jersey currently stood at 13,700 tests for the month to date, with a 0.2 percent positivity rate emerging. Those present noted that this included inbound testing, together with on Island testing. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department, then discussed the “early warning metrics” with the Cell and advised that the schools metrics confirmed that there had been no new cases since the middle of May 2021 in this forum. The Cell was further apprised of the Vaccine Programme update and noted that 113,192 vaccines (a combination of both the first and second vaccine), had now been provided in total, meaning that 105 persons per 100 people in the population had now been vaccinated. The Cell noted that the most recent Vaccination Report had also been circulated on Friday 11th June 2021.

L. Daniels confirmed that new classification data would show that Scotland would be classified as “red” in accordance with the Common Travel Area (‘CTA’) Red/Amber/Green (‘RAG’) classification system. It followed that further emergency brake areas would be added in England as well, due to the increase in positive COVID-19 cases in several regions.

In terms of economic indicators, it was noted that there was a declining number of individuals actively seeking work who were registered with the Social Security Department. Economic activity was also signalled by an increasing number of bus passengers travelling with Liberty Bus, which had been confirmed as carrying just over 60,000 passengers last week. Weekly footfall data in connexion with St. Helier was also noted. R. Sainsbury, Chief Executive of Jersey General Hospital, confirmed that there was nothing of note to report on behalf of the General Hospital to the Cell.

There followed a discussion regarding vaccination analysis by age group, with those present noting that the maximum volumes possible of all eligible age groups were currently being vaccinated and that the initial target of vaccinating up to 80 percent of each eligible age group had been superseded. As a result, the target for each relevant age group had been increased to 90 percent. It was confirmed that none of the age groups had been closed off, and that anyone who had not yet received a vaccination from any of the relevant age groups could still make a booking for an appointment. Dr I. Muscat, MBE stated that it was important, through the use of appropriate communications, to remind every age group that the “door was still open” for them to come forward for vaccination, as it had been found that the reporting of new cases in other parts of the world and within the United Kingdom, often caused an increase in vaccination appointment requests.

It was noted that the British and Irish Lions rugby squad was now present in the Island, and that certain team members had agreed to be photographed and filmed whilst having their second vaccines. It was hoped that this piece of work would also promote further vaccine uptake in the Island. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department asked

whether the numbers of positive cases being noted in the Island were in line with expectations. He was advised that this was the case and it was re-affirmed that there had been no hospitalisations or deaths as a result of the current rise in cases in Jersey.

Ms. Folarin discussed the issue of vaccine hesitancy with the Cell, and considered whether there was any more that could be done to “help people across the line” to receive the immunisation, especially around the issue of ‘informed consent’. C. Keir, Head of Media and Stakeholder Relations, confirmed that the Communications Team was working closely with R. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department and S. Martin Chief Executive Officer, Influence at Work to ensure that the maximum amount of vaccinations possible were being provided. Dr. G. Root, Independent Advisor - Epidemiology and Public Health noted that in terms of vaccination targeting, the Jersey team was “several weeks ahead” in terms of vaccinating those of fifty years of age and older. Ms. Clarke added that those who had returned to the Island for half term week were approaching their ‘day eight’ COVID-19 tests, so this would be an interesting point in time.

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, stated that Jersey either had to “learn to live with the virus, or shut down”. He was of the view that there was current set of mixed messages in terms of public health safety which were confusing. such as the need to no longer wear masks in certain indoor environments from the present date. Dr. Noon further expressed the view that publishing an increasing list of numbers tested and infections was not in itself helpful, unless such figures were contextualised by adding in hospital admissions and deaths due to COVID-19, of which there were none. Dr. Noon expressed further concern that the extant messaging to the public was potentially provoking the thought that the COVID-19 epidemic was “over”, because masks no longer needed to be worn in certain situations. In short, there was a risk of mixed messaging being conveyed that could cause confusion.

The Chair considered the exact meaning of “hospital admissions” due to COVID-19, and whether this meant including those seeking help from the COVID-19 helpline, or whether this should be narrowed to focus on attendance and admission to the General Hospital, for example. N. Vaughan, Chief Economic Advisor asked those present to bear in mind that there would be likely to be a “structural break” between infections occurring and other information relating to such information, being available.

#### Stage 7 reconnection strategy and options

A3. Mr. P. Armstrong, MBE, Medical Director (Chair) requested an update from C. Maffia, Assistant Director, Planning and Environment and R. Johnson, Head of Policy, Strategic Policy, Planning and Performance Department regarding the current status of the Stage 7 reconnection strategy.

It was noted that the Stage 7 reconnection was due to be implemented on the morning of the current meeting. It was noted that, whilst some elements of the strategy had proceeded, face masks were still strongly recommended to be worn in healthcare settings and when using public transport. It was noted that private gatherings in homes and gardens were limited to twenty people, but that the number of attendees allowed at weddings was now unlimited. Those present also recalled that standing drinking was not allowed in venues at the present time.

The Cell discussed how it would advise Ministers upon the next phase of reconnection and considered two options:

Option 1: Put the reconnection roadmap back on track, or

Option 2: Retain the current pause in reconnection, and agree how long this would need to be for.

The Cell recalled that Ministers had stated publicly that a further decision would be taken and conveyed no later than 21st June 2021. C. Folarin, Interim Director of Public Health Practice recalled that the age cohort most closely linked to the venues where clusters had arisen and which had since come to the attention of the Cell, were mainly aged between their twenties and early 40s. She reminded the Cell that it should also take into account “those individuals who we have no idea about”, in terms of symptoms and diagnosis with COVID-19. The Cell recalled that the Delta variant of concern was highly transmissible, even after a ‘fleeting’ connection with an afflicted person. It was further noted that some cases were still coming into the Island from inbound travel, especially from regions on the “red list”, such as Liverpool and Edinburgh.

Ms. Maffia also reminded the Cell that there had also been a case of workplace transmission and confirmed that the majority of cases had gone on to be symptomatic. The Chair sought the opinions of the Cell regarding the Stage 7 reconnection strategy.

Dr. G. Root, Independent Advisor - Epidemiology and Public Health questioned maintaining the current pause. Dr. Root stated that the Cell had to define its risk threshold and also to decide what the risk of severe illness was in the population. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department was of the view that Option 2 would be preferable. R. Corrigan, Acting Director General, Economy, asked those present whether there was a risk that the Cell was taking too much account of a small amount of cases. He noted that the known current cases were being treated as controlled infections and via those affected isolating at home. Dr. Root also asked the Cell to consider whether there was any risk that it could be suggested that the Cell was “victimising” the hospitality sector. It was discussed that any enforcement action needed to be “fit for purpose”. Dr. Root asked what steps had been taken against the nine venues where COVID-19 infections had clustered, as an example to others.

J. Blazeby, Director General, Justice and Home Affairs Department confirmed that there had been a number of prosecutions against venues which had flouted COVID-19 regulations during recent months. It was further confirmed that all of the premises referred to had been referred to the Health and Safety Inspectorate (‘H&SI’). Where it was appropriate to so, prosecutions would continue to be sought against offending venues. Ms. Maffia confirmed that Mrs T. Fage, the Head of the H&SI was supportive of taking such measures forward. It was noted that the Trax.je smart phone application had also showed a sharp reduction in venue check-ins. It was agreed that, to help support premises staying open, that there should also be a duty on those attending hospitality venues to check into them as well.

Mr. Corrigan was of the view that social gatherings should take place in approved premises and not within private homes, and that he would be in favour of progressing to Stage 7. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department agreed that there were a number of concerns to be discussed, but that the Island would soon be but at an inflection point as soon as those in the 18 – 24 age group were vaccinated. He stated that he had some sympathy with Dr. Root’s point. There were also concerns to be addressed about the potential for there being a large wave of COVID-19 infections in the remainder of

June and July 2021. The reconnection plan would depend on how Ministers would construct a variety of different components into their strategy, especially in terms of the use of Non-Pharmaceutical Interventions ('NPIs').

S. Petrie, Environmental Health Consultant was of the opinion that if the Stage 7 reconnection plan did not re-establish itself at the present moment, then there was a risk that the plan would either stall for too long or indeed for good. Dr. M. Doyle, Clinical Lead, Primary Care noted that the 'crossover group' for further consideration were older school children, and that this was one social group that was of slight concern. Dr. I. Muscat, MBE, Consultant in Communicable Disease Control asked the Cell to take into account that England was considering delaying its re-opening by some four weeks. He advised that it had to be accepted that the Delta variant had overtaken other variants of concern and was therefore resulting in more hospitalisations than the Alpha strain in England, for example. The decision about what to do regarding Stage 7 reconnection was necessarily involved with the decision regarding what to do with the border controls into the Island, as the two issues were interrelated and one should therefore be considered in light of the other. Dr. Muscat, MBE also stated that the seeding of the virus remained a concern.

Mr. Khaldi was of the view that keeping schools open for the next 6 weeks was a top priority for the Cell to consider and he also agreed that it was necessary to discuss what was happening at the border.

Whilst accepting that the United Kingdom was different to Jersey, it was again noted that the Island was progressing well with vaccinating those in the 50 – 59 age bracket, especially when compared to the UK. Whilst anticipating the inflection point in August, Mr. Petrie did not think that the Cell "should hold this up as the time when Jersey reached a threshold or herd immunity". Rather, the inflection range that was under discussion should be based on the Cell's tolerance of risk. It was discussed that, if the Cell were to do anything, that should perhaps be the reduction and / or the cessation of household mixing. Ms. Folarin asked the Cell to be mindful that individuals were able to infect school communities after taking part in an outside activity, for example and that taking part in such activities had an impact on the transmission of the COVID-19 virus. R. Sainsbury, Managing Director, Jersey General Hospital noted that Jersey was in a different position of reconnection to the UK and asked whether the projected volume of potential cases were manageable, and if any such cases would have a relatively low impact.

The Chair wished to ensure that the Cell was basing its decisions on data, and, failing that, upon logical conclusions where no data was available. Dr. Muscat, MBE stated that, unfortunately, the Cell was once more entering somewhat unknown territory. N. Vaughan, Chief Economic Advisor went on to consider vaccination uptake and what the threshold was for herd immunity against a serious disease risk. Those present also expressed interest in knowing what the greatest risk was – for example the risk of re-opening nightclubs, compared to mixing households.

[R. Sainsbury left the meeting at 1200 hrs].

J. Blazeby, Director General, Justice and Home Affairs Department confirmed that he had "good confidence" in the contact and tracing team. He expressed the view that "huge lessons" had been learned between November and December 2020, including regarding the impact of contact tracing. Mr. Blazeby also asked those present to consider whether there came a tipping point when isolation became problematic in terms of keeping the economy moving and keeping essential services running. Dr. Doyle confirmed that large volumes of isolation could have a significant impact on providing health care workers to provide care for other medical

62 Meeting  
14.06.21

conditions. Mr. Khaldi opined that the choice of either Option 1 or 2 depended on what Ministerial objectives were, and how Ministers then balanced their strategy in terms of economic recovery. It was discussed that Ministers, through the auspices of Competent Authorities Ministers' meetings (CAM), might wish to instigate a wider range of internal controls - crucially what they decided to do at the border would also have a mixture of effects. It was also necessary to consider how to gauge the impact of a particular measure at a particular time. Mr. Khaldi expressed the view that he was not sensing a definitive view from the Cell regarding the choice between Option 1 or Option 2.

Dr. Root noted that there was a greater degree of vaccine hesitancy in the UK, and, in comparison, Jersey was in a favourable and "different" place regarding such hesitancy. Dr. Muscat, MBE, stated that what the Cell needed to consider was amending what was to be done with a number of different areas and levels at one time, rather than "putting all its eggs in one basket." He felt that there was a requirement some degree of control at both at the borders, and some degree of control regarding reconnection within the Island. Ultimately, no single item was being disregarded.

In terms of herd immunity, Dr. Muscat reminded those present that if the vaccination rate was 80 percent of the population, a protection rate of 64 percent would result if the vaccine itself had 80 percent efficacy. He said that he did not think that the Cell could take this decision independently regarding what was thought about the future protection of the borders from the increasing risk of COVID-19 and its variants. It was suggested by Dr. Muscat, MBE that there should be a discussion regarding border options prior to making a firm recommendation to CAM regarding the choice between Options 1 and 2, above.

[C. Maffia left to attend another meeting.]

Future  
seasonal  
influenza  
vaccinations:  
patient  
payment  
options.

A4. R. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department presented a paper regarding future seasonal influenza ('flu') vaccinations.

Ms. Sherrington explained that, presently, flu and COVID vaccinations were provided free of charge to Islanders, and that the flu vaccine had been made free of charge in response to the COVID-19 epidemic that had commenced last year and that, currently, no patient payment was anticipated. She provided a policy objectives overview and those present also considered whether or not the population would be subject to 'vaccination fatigue', given the strength of the campaign regarding COVID-19 vaccinations in Jersey.

Mr. P. Armstrong, MBE, Medical Director (Chair) and Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, along with others present, agreed to keeping the flu vaccine free of charge during 2021 to encourage the full support and uptake of those requiring vaccination. Ms. Sherrington thanked those present for their support.

Potential  
amendments to  
Safer Travel

A5. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, referred the Cell to the previous travel policy decisions taken by the Competent Authorities Ministers (CAM) during their recent

## Policy

meetings. Mr. Khaldi reminded those present of the twin ministerial objectives, namely in improving travel connectivity from within the Common Travel Area and managing the changing risk of Islanders contracting COVID-19. Mr. Khaldi recapped on previous ministerial decisions and further recalled that Ministers had been advised that their policy decisions in connexion with connectivity were not capable of being sustained in the long term.

It was agreed that it would be very difficult for the Cell to consider an inflection type announcement at the present time, especially in view of the recent announcement by the Government of Guernsey regarding connectivity changes, which, it was noted by the Cell, had more recently been adjusted. Mr. Khaldi referred to the 'Changes to Safer Travel Policy' presentation and explained that the Cell would no doubt appreciate the vast increase in passenger volumes. It was estimated, for example, that the Island could expect up to 10,000 passengers per week to arrive in Jersey during the high summer.

Mr. Khaldi confirmed that Jersey had received more than 8,000 inbound travellers during the week of 31st May 2021, such time also coinciding with half term for most schools. It was challenging, therefore, to strike a balance between the twin ministerial objectives, as set out above. The Cell undertook a review of the UK infection rate trajectory. Given the further Safer Travel Policy question that was due to be addressed by Ministers later during the week, Mr. Khaldi stated that he would like to understand what the consensus of the Cell was in relation to this matter.

It was noted by the Cell that there had been some complaints by external parties regarding an 'inherent unfairness' by classifying children accompanying their parents as 'Red Arrivals', where both parents were each doubly vaccinated. It was discussed that the extant "Red means Red" policy in respect of children did act as a disincentive for families to travel to Jersey. There was a discussion regarding whether it would be feasible for those under the age of 11 years to enter the Island via an exemption, but with the potential in place to test children and young people above the age of eleven years. The Cell recalled that the current government policy was not to test those under eleven years of age on arrival, so it would therefore be a proportionate step to allow those entering the Island to retain this status.

There followed a discussion regarding whether there should be any mitigation of the policy agreed for those double vaccinated individuals who were due to arrive in the Island from 'Green' areas. There was also discussion concerning whether double vaccinated individuals could become infected with COVID-19. It was agreed that the risk of this scenario was not fully understood, but that vaccination remained the optimum manner in which an individual could protect themselves against COVID-19. It was noted that more than one third of passengers who were arriving in Jersey were now double vaccinated and that this trajectory was only likely to increase, which was positive.

The Cell considered the concept of introducing a "Dark red cap", which would be intended for use to ensure that the COVID-19 virus was not carried into Jersey from regions where infection rates were particularly high. Policy design work around this concept would be undertaken for review by Ministers following further discussion around this issue by the Cell. The Cell averred that one of its collective intentions was to attempt to reduce the complexity of the current RAG travel classification system, as matters were now reaching the point of becoming too complex for many travellers and potential travellers to the Island.

If Ministers were not content to designate England as either 'Amber' or 'Red', there was a further option available to change the thresholds themselves. The Cell also



discussed the potential to abolish RAG ratings and to consider designating certain English regions as 'Emergency Brake' areas. There also existed the possibility to revert to a Local Authority assessment framework. The Cell was largely of the view that the designation of certain regions as 'Emergency Brake' areas had potentially run its course, for a number of different reasons.

The Cell noted that current UK and Jersey COVID-19 rates of the Delta Variant of Concern (VoC) continued to increase and that it was important to try and simplify what was occurring in terms of different VoCs. The Delta variant was noted as the dominant COVID-19 variant in UK, outstripping the Alpha. Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention agreed that the Cell needed to ensure dialogue with the public. Whilst travel was deemed important, the likelihood was that England was likely to go 'Red'. Therefore, the Cell considered the impact on those from Jersey who wished to travel to Europe.

C. Keir, Head of Media and Stakeholder Relations advised that, from a Communications perspective, what was unsettling for members of the public were the extant children issues, given that it was not logical to enable a fully vaccinated set of parents to be certified as 'Green', whereas, for example, their young child, as an unvaccinated passenger, would be given a nominal 'Red' status and theoretically would have to isolate alone. Clearly this was not a logical situation. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department stated that he was unsurprised that Jersey now found itself in a confusing situation, as it had "stacked policies on top of each other". There was also a discussion regarding the ideal travel volume to aim for and to be maximised upon. Mr. Khaldi recalled that CAM had recently focused a great deal on the economic impact of a lack of tourist travel.

The Chair considered that, ideally, any incoming flights would be 80 percent full to be viable, but also that no specific ideal number of potential travellers was available.

It was noted that there existed a risk of a "significant risk of backlash from Jersey families", who wished strongly for their loved ones to return to Jersey and see them, or to go and see their own families in England. Dr. Muscat, MBE, agreed that the intention should be to try and establish a clear system, perhaps based on the LTLA system, with a ceiling on what level positive testing rate was acceptable. It followed that, the higher the risk of the areas being travelled from, the higher the risk of seeding of the virus became. The transmission risk of the Alpha variant was noted as 50 percent, with the transmission risk of the Delta variant being significantly higher. The Cell acknowledged that the degree to which young people were protected, remained largely unknown.

The Cell summarised that whilst it was laudable to safeguard the Island's economy, there was also a balance to be struck which would necessarily include accepting 'living with' COVID-19. Mr. Khaldi reminded those present that the Cell's function was not to advise on economic matters to Ministers, but to take an approach rooted in Public Health policy.

He also referred those present to a recent Public Health England report regarding vaccination rates and transmissibility. It was agreed that it was not for the Cell to advise on the tension between public health and the economy, although it was of course aware of such tension. Dr. Root concurred with this sentiment and opined that it was the Cell's role to advise Ministers of what is the public health threat was from COVID-19. He noted that there was "growing confidence" that the risk of severe disease arising from COVID-19 was low if the person in question had been doubly vaccinated. Mr. Petrie felt that there was a need to decide on a policy which

would see the Island through the short to medium term, for both the benefit of Islanders and businesses. This would ultimately have to be agreed by politicians and there also existed the need to ensure that mitigation was in place as far as possible.

Ms. Folarin reminded those present of the need to be mindful of the unique population demographics in Jersey in comparison to England and the impact that such dynamics could have on the vaccine uptake by some ethnic groups. She further confirmed that risk assessment around the Delta variant had shown a reduction in vaccine effectiveness when it was compared to the Alpha variant. The difference in such effectiveness was more pronounced after one dose, as this only offered between fifteen and twenty percent protection against the Delta strain before the second dose of vaccine was provided.

[J. Blazeby then left the meeting].

Dr. Root raised a discussion point about the risk of the contact tracing system potentially becoming overwhelmed. This was noted. Ms. Clarke expressed concerns regarding evidence of increased hospitalisations for the new Delta variant, but also noted that there was evidence of shorter hospital stays. Vaccine hesitancy in certain groups continued to be an issue in a small proportion of residents.

I. Cope and C. Keir then left the meeting. There followed a short discussion regarding what would happen should England be re-classified as 'Red'. It was noted that most international destinations did not distinguish between Jersey and the UK as separately categorised destinations. The Chair thanked those present for expressing their views during the meeting and it was agreed that Officers would continue their deliberations during the course of the day. It was further agreed that all options discussed would be conveyed to Ministers in a manner that was both cogent and reasonable; and that it would be for the Competent Authority Ministers to take another series of difficult decisions at its next meeting.