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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(66th Meeting)

(Business conducted via Microsoft Teams)

12th July 2021

PART A (Non-Exempt)

All members were present, with the exception of Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, R. Sainsbury, Managing Director, Jersey General Hospital, M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and J. Blazeby, Director General, Justice and Home Affairs Department, from whom apologies had been received.

Mr. P. Armstrong, MBE, Medical Director (Chair)
Dr. I. Muscat, MBE, Consultant in Communicable Disease Control
P. Bradley, Director of Public Health
Dr. G. Root, Independent Advisor - Epidemiology and Public Health
Dr. M. Garcia, Associate Medical Director for Mental Health
S. Petrie, Environmental Health Consultant
I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department
N. Vaughan, Chief Economic Advisor

In attendance -

Dr. M. Doyle, Clinical Lead, Primary Care
M. Knight, Head of Public Health Policy
R. Corrigan, Acting Director General, Economy
B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department
S. White, Head of Communications, Public Health
Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department
L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
M. Rogers, Director General, Children, Young People, Education and Skills (CYPES)
K. Posner, Head of Office, Education, CYPES
C. Keir, Head of Media and Stakeholder Relations
Dr. M. Patil, Associate Medical Director for Women and Children
J. Lynch, Policy Principal, Strategic Policy, Planning and Performance Department
S. O'Regan, Group Director, Education, CYPES
S. Gay, Senior Public Health Policy Officer
S. Martin, Chief Executive Officer, Influence at Work
S. Huelin, Senior Policy Officer, Strategic Policy, Planning and Performance Department

R. Johnson, Head of Policy, Strategic Policy, Planning and Performance
Department
S. Nibbs, Secretariat Officer, States Greffe

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

Interim
Director of
Public Health
Policy -
appreciation.

A1. The Scientific Technical and Advisory Cell ('the Cell') commenced the meeting by recording its sincere thanks to Ms. C. Folarin, Interim Director of Public Health Policy, for her hard work and contributions to the Cell during the tenure of her office. It noted that Ms. Folarin had now left this role and that Mr. P. Bradley had been appointed as the Director of Public Health.

Minutes

A2. It was noted that the Minutes of the meeting of the Scientific and Technical Advisory Cell ('the Cell'), which had been held on 14th June, 21st June, 28th June and 5th July were in draft format and were being reviewed by the States Greffe.

Intelligence
overview
including
Analytical Cell
Update and
HCS service
activity.

A3. The Scientific Technical and Advisory Cell ('the Cell') reviewed a PowerPoint presentation providing a Monitoring Update which had been prepared and was presented by Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department and L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department.

L. Daniels informed the Cell that there had been 987 active COVID-19 cases recorded on Friday 9th July. More than 400 further cases had been identified over the weekend of 10th and 11th July and this data was being processed. There were currently 4351 recorded cases of COVID-19 in the Island. There was a seven-day rate of 617.81 and a fourteen-day rate of 886.83. The majority of COVID-19 cases were still predominantly developing in the 10 – 13 age group. More than 3,000 swab tests were being undertaken daily. In terms of age group dynamics, the highest positivity rates had been found in the age group of 18- to 39-year-olds, in contrast to the last wave of COVID-19, where test positivity had been noted across the age ranges. It was confirmed that a further 97 cases per day were being diagnosed, using a five-day average. With inbound travel cases removed from this daily total, 89 cases per day were being diagnosed.

It was confirmed that there had been six COVID-19-related positive hospital admissions, however there were no COVID registered deaths to report. C. Newman confirmed that the "overwhelming" new reasons for COVID-19 being diagnosed, were due to individuals seeking healthcare and contact tracing taking place. It was further noted that the 14-day case rate was almost equal to the highest previous rate of COVID-19 infections last recorded during December 2020.

The Cell was apprised that one patient with COVID-19 had been moved to the intensive care unit ('ICU'), joining one other COVID-19 positive patient. Both patients were in the fifty to fifty-nine age categories. Other active cases were being cared for in another dedicated hospital ward. Within the emergency and essential services, there were four active cases diagnosed within the Prison Officers work group and two Fire Officers. Confirmation was awaited as to whether two Police Officers were also COVID-19 positive. It was noted that there was widespread community transmission, with the employees of at least thirteen finance companies also affected. Household transmission also continued to be a very significant source of COVID-19 infection. Additionally, COVID-19 cases were distributed across

forty educational institutions, with cases in schools remaining predominantly within the student population. A wide distribution of cases between siblings were also confirmed.

It was noted that a total of 126,544 doses of vaccine had been provided to date and that this translated to 82 percent vaccine coverage of all adults in the Jersey population. A total of 6856 total direct contacts had been traced.

L. Daniels updated the Cell regarding calls to the COVID-19 helpline, reporting that there were up to 250 callers per day contacting the service, with many presenting COVID-19 related symptoms. The COVID-19 positivity rate in Jersey was 1.9 percent, whereas in the United Kingdom, the positivity rate was 2.6 percent. The Cell was further apprised that there were forty registered cases of 'Long COVID' syndrome. The R rate estimated within the Island also remained consistent at between 1.9 and 2.1, presently.

A comparison of extant case rates with Susceptible, Exposed, Infected, Recovered ('SEIR') modelling scenarios was also noted. The Cell noted that there was potential for 7,000 positive cases of COVID-19 to be diagnosed by the end of July 2021.

Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, noted the UK positivity rate and asked how much of this rate could be contributed to by inbound travel. It was confirmed that the UK-published statistics did not have a testing reason associated with them so this figure could not be determined. Regarding hospitalisation, it was determined that if numbers of those affected continued to escalate, there would be more tangible effects with people not able to attend their workplaces because they had been in contact with those already affected by the COVID-19 virus.

C. Keir, Head of Media and Stakeholder Relations, confirmed that the Island's media has been requesting further data, this to ensure that as much information as possible was available to members of the public, on the basis that they would not otherwise be able to make an informed decision about their behaviour. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, confirmed that the Independent Statistics Users Group had also been in touch to make similar points. It was concurred that it was important to provide further data, and furthermore that an explanation of the data provided was also imperative. Dr. I. Muscat, MBE, stated that further data had been provided at the last press conference that he attended. It was clarified that such information was not being concealed, but that further data would be published on the COVID-19 website.

Dr. G. Root, Independent Advisor - Epidemiology and Public Health, agreed that it would be positive to publish further data, so as to provide information to enable the population to make informed decisions. Dr. Root opined that there was a need to focus on providing the data that was the most pertinent. He further noted that, in the UK, there was some evidence that the doubling rate of the COVID-19 virus had been slowing down.

Dr. M. Doyle, Clinical Lead, Primary Care, stated that the hospital was witnessing an astonishing amount of viral illness presenting, including Norovirus. The presentation of those same symptoms were creating quite some pressure in general practice, as well. Dr. Doyle further stated the need to make colleagues aware that there was significant pressure on maintaining staffing levels in the hospital at the present time. There followed a short discussion comparing COVID-19 death rates with death rates due to influenza. Mr. Cope noted that there had been 790 total deaths in Jersey during 2019, compared to 820 deaths during 2018. To date, it had not been

possible to find online information regarding flu-related deaths in Jersey to put potential COVID-19 deaths into context. It was agreed that it would be helpful to have access this information if it became available, as this could be a useful comparator with the UK for statistical modelling purposes.

Addressing
infection rates:
Outline
Intervention
Proposal

A4. The Scientific Technical and Advisory Cell ('the Cell') considered the need to address infection rates and welcomed M. Rogers, Director General, Children, Young People, Education and Skills (CYPES) and K. Posner, Head of Office, Education to the meeting to consider this issue. The Cell also had regard to a presentation entitled 'Addressing infection rates: Outline Intervention Proposal', prepared by the Director of Public Health Policy.

Mr. Rogers explained that he, together with colleagues from within CYPES, was concerned to fully understand the strategy for managing COVID-19 cases at the current stage, as there were communications considerations to address with both politicians and schools. Mr. Rogers confirmed that Summer Clubs and other activities were due to be run from the following week, as it was the end of the school term in Jersey. It was highly likely that such clubs and activities would be supported by a cohort of younger teaching staff, and it followed that this cohort may only have been vaccinated once due to their age group.

Mr. Posner confirmed that both he and Mr. Rogers had met with two secondary head teacher colleagues that morning regarding reintroducing mask wearing into the classroom for the remaining few days of the school term. However, Mr. Posner stated that the head teachers had informed them that, although they could introduce masks into classroom settings once more, it was felt this could be to the detriment of young people's well-being. Primarily, such a step was likely to raise generalised anxiety amongst young people. The head teachers who had been involved in these discussions had therefore been of the view that this proposal could be viewed as "a step back for young people". It was also relayed that such a step could understandably raise numerous issues including why there was a requirement to wear face masks in the classroom, but not within other indoor environments outside of the school premises.

Messrs. Rogers and Posner summarised the issues that the Education team within CYPES were considering. Whilst it was accepted that all such issues would not be for the Cell to consider, it sought the latter's views from a public health perspective. Those present noted that one of the principal concerns within CYPES was that since direct contact (DC) related isolation was now deemed unnecessary as a requirement (if testing had been agreed), DC-related school absence was being replaced with COVID-19 positive-related absence. Along with increasing pupil absence, CYPES were also aware of absence in non-vaccinated or single-vaccinated school staff. Therefore, there was an extant risk of class, year group, or school closures.

Further concern was expressed for young people, regarding substituting the anxiety borne of DC-induced isolation with anxiety borne of fear of COVID-19 positive induced isolation. It was agreed that, whilst any measures might not be able to impact upon the rest of the school term, CYPES were concerned to protect the summer schemes that would commence the following week. It was agreed that communication remained important, as CYPES members had expressed concern about losing the understanding of the school community, staff and pupil 'audience' by not being able to be explicit with them about any COVID-19 protection strategy that was specific to the educational setting.

P. Bradley, Director of Public Health confirmed that the intention of the Cell was not to eliminate infection, but rather to slow the rate of infection spread. Steps that the Cell could recommend would be likely to have the effect of stopping exponential growth of the COVID-19 virus. On this basis, it was agreed that the Cell required a clear set of proposals to provide to Competent Authority Ministers at its next meeting. Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department reflected on the Active Cases overview, and it was reiterated that there had been a “massive increase in COVID-19 positivity” from those seeking healthcare. Jersey’s trajectory of infection was amongst the steepest in the British Isles. L. Daniels also reflected upon the Risk Scenarios and Cumulative Scenarios that had been modelled, up to and including the end of August 2021.

The Cell recalled that Jersey had a workforce population of approximately 60,000 persons, with ten percent of this number working on ‘zero hours’ contracts. It was recalled that four Police Officers were now affected by COVID-19, and there was certainty that the virus was also now affecting both hospitality staff and office workers. Mr. Bradley noted that downstream infection risks varied according to the network patterns of individuals. The Cell noted a summary of evidence and a report based on data from Israel, which noted that the vaccines available retained a rate of 93 percent effectiveness against serious illness. Feedback was provided from the contact tracing team. The team was witnessing a fifty percent increase in cases every three to four days, and contact tracing projections further suggested that July was a month of risk, as recruitment of further contact tracing team members struggled to keep up with a rise in cases of COVID-19. Cases were currently doubling every five days, and it was therefore likely that the contact tracing team would see 500 cases per day by 20th July 2020, if the current doubling time were to continue.

The Cell also had regard to reframed Ministerial objectives and commentary, the principal objective being to minimise serious disease, hospitalisation, and death. Rates of hospitalisation as a proportion of infections were now expected to be low, given current assumptions about vaccination protection and variants circulating in Jersey.

It was noted that Ministers were keen to balance potential harm to the community, but also to continue to keep the Island’s infrastructure in a state of progress. The Cell retained its confidence in the current vaccination programme and reiterated its encouragement to residents to engage fully with the vaccination programme. The Cell noted that all cases in the Island now consisted of the Delta variant. It was further discussed that Ministers understood that Jersey was now within a “living with COVID-19” phase of the virus. The Cell reminded itself of core objectives and outcomes of the proposed intervention. The main objective was to reduce infection rates to fewer than 200 per 100,000 of the population over 14 days, and to reduce on-Island test positivity to below one percent. The principal outcomes would be the prevention of severe disease, hospitalisation and deaths, and a reduction in isolation as well as an anticipation of mild to moderate sickness and therefore a lessened impact on Islanders, businesses, key infrastructure. The principles underpinning intervention slide were noted as being both essential and supporting in nature:

1. Capable of effectiveness in achieving the objective and outcomes, based on local and wider evidence;
2. Enabling Islander consent and understanding;
3. Recognising the significant protection vaccination afforded;
4. Minimising any harms created by restrictions; and
5. Using legal force only where necessary.

It was noted that following a first package of interventions, it would be likely that a strengthening of measures might be needed. Ministerial agreement was therefore to be sought as soon as possible. The Cell agreed that it was vital to maintain a fourteen-day isolation period for anyone who tested positive for COVID-19. The focus for intervention measures was considered using priorities such as addressing behaviour of direct contacts in households where there were positive cases, and creating physical barriers to transmission via masks, supporting Islanders most at risk to be safer, and also preventing super spreading events and mitigating high risk settings. It was therefore recommended that masks should be retained in indoor public places and that the 'Stage 7 Pause' should continue. The Cell stated its aim that all measures should be in place no later than Friday 16th July 2021. There was also the consideration of whether some form of financial isolation benefit could be introduced, to relieve the economic pressure on those who would not earn their usual income during such isolation time. Discussion and conclusions were therefore invited from the Cell against this background.

R. Johnson, Head of Policy, Strategic Policy, Planning and Performance Department stated that it was relatively simple to re-introduce masks from a legislative perspective and that the re-introduction of this effective non-pharmaceutical intervention would require the judicious use of communications. This was because the government was currently on a trajectory to lift the Stage 7 Re-connection strategy 'pause' on Thursday 22nd July 2021. There followed a lengthy discussion regarding the range of measures proposed. Dr. G. Root expressed the view that he continued to consider the current Stage 7 'pause' as having little effect on actual transmissibility. There was also a discussion regarding what symptoms were now indicative of COVID-19, as there was a widening list of such symptoms.

Mr. Bradley stated that the Cell was not yet at the stage where it needed to recommend to Competent Authority Ministers to introduce a surveillance-based model, however, this could be undertaken in the future, if necessary. Dr. Muscat, MBE, was of the view that two issues were under discussion, one being that if the numbers infected were very large, individuals would be isolating because they were symptomatic, but also if the number of individuals being hospitalised was small, then that number would also be significant.

M. Patil left the meeting.

Mr. P. Armstrong, MBE, Medical Director (Chair), summarised the Cell's position, noting that Mr. Bradley was of the view that the Island was not yet at the point of more passive, surveillance lead monitoring. On the subject of schools, the Chair stated that it would seem sensible that education establishments would be able to take risk-based decisions. This was agreed and Mr. Rogers advised that this would be helpful. It was recalled that there were still a number of younger teachers who were not double vaccinated. The Cell also noted the increasing anxiety regarding children potentially contracting COVID-19, as well as the resulting concern that resulting direct contact isolation would exacerbate this further. Suggestions were invited as to any other measures that could be taken. The Cell was reminded that head teachers felt that it could be seen as a retrograde step to bring masks back into classrooms for the next three days, until the end of the term.

Dr. Muscat, MBE stated that whilst he understood that the proposal would only be for three days during the current school term, the wearing of face masks would also be relevant to indoor activities during the summer holidays, especially as the majority of children enrolled in summer clubs would be of primary age. He went on to state that he did not think that masks were being considered only in relation to school children, but also more generally. The Chair advised that his understanding

was that the measures proposed were not “significant”, and therefore their impact could be limited. However, the Cell did consider the measures to be reasonable as a starting point and that they should be implemented. Mr. Bradley supported this position, stating the point that the measures discussed did work, but it was a case of whether these would in themselves be sufficient. Dr. Root supported this viewpoint.

The Cell concurred that it had not yet discussed meta risk and at what point there could be a need to put in place measures that would have a more significant impact on COVID-19 transmission. Dr. Muscat stated that any measures undertaken needed to be proportionate to the risks that were being faced, as further measures would be difficult to implement whilst there was a low hospital admission rate. Mr. Rogers stated his support for the strengthening of Direct Contact guidance, such as those waiting for the results of their COVID-19 tests to act responsibly whilst they awaited the results, especially if there were other positive cases in that person’s household.

Dr. Muscat, MBE, considered whether or not the Cell should propose that direct household contacts isolate, and whether this should be done at an advisory level, or at a more stringent level, given that there were currently ten patients in hospital with COVID-19 at the present time. Mr. Posner also expressed the view that children living in a household where there was a positive case or cases should not attend school for the final few days of the current term.

M. Garcia-Alcaraz, Associate Medical Director for Mental Health, expressed the concern that the current wave of COVID-19 cases could severely disrupt the Island’s health services, with such disruption being caused by a combination of people on leave from work, away from work due to illness and the risk of essential workers going to isolation, should there be a COVID-19 positive direct contact in their household. Dr. Muscat also felt that the Cell should consider the potential impact of simultaneous infection. Referring to the presentation, Mr. Bradley noted that direct contact guidance was considered. He considered whether this was one measure that could be increased upon and recommended to Competent Authority Ministers. Mr. Bradley further expressed the view that, whatever was happening at the present time, the Cell was likely to see that there was likely to be a major impact in terms of people becoming ill with COVID-19. Dr. Muscat agreed with this summary and stated that the present problem was the large number of sick people.

L. Daniels proposed that the Cell should undertake a further review of the risks scenario slide (which showed cumulative scenarios to the end of August 2021), to assist the Cell in consider how the trajectory was progressing. The Chair also expressed his concern regarding the hospitalisation element of cases by the end of August 2021. Mr. Rogers stated that, whilst he was not advocating for isolation of those awaiting their first test result, the team at CYPES was seeking guidance that stated more clearly when caution should be exercised. Currently, schools were seeing small numbers of children attending school from households where most others had already tested positive for COVID-19, and then the child in question would be likely to also test positive once their test result was provided.

Dr. M. Doyle, Clinical Lead, Primary Care asked whether daily testing could be proposed. However, Dr. Muscat, MBE, did not think that this capacity was available at the present time. Dr. Root was also supportive of the idea of daily testing and asked if this could be achieved by re-deploying resources. Dr. Doyle also queried whether there would be capacity that could be re-deployed, given the imminent end of term. Dr. Newman confirmed that the reporting portal was not yet set up for home testing to be reported back on a daily testing basis. Dr. Newman added that this option could however be explored.

K. Posner thanked those present for their time and left the meeting.

Dr. Muscat, MBE, proposed that the Cell could consider obtaining lateral flow tests and whether this would be a useful exercise. Dr. G. Root proposed that those currently performing arrivals testing could be re-deployed to undertake direct contact tracing. It was also noted that there would be communications issues that would need to be managed, should any such re-deployment take place, as Islanders could be concerned that the virus may otherwise find its way into the Island via inbound travellers. Ms. Johnson expressed the view that the Cell should ask CAM whether or not they required the public health team to re-frame its testing capacity. Dr. Doyle opined that workforce surveillance could be an area where some capacity could be released.

Dr. Newman confirmed to the Cell that she was in possession of sufficient information to go to CAM and, that she would also discuss matters with the Chair following the current meeting.

British and
Irish Lions
Return.

A5. The Scientific Technical and Advisory Cell ('the Cell') with reference to Minute No. A6 of its meeting of 28th June 2021, received an update from R. Corrigan, Acting Director General, Economy regarding the proposed return visit of the British and Irish Lions ('BIL') to Jersey on 9th August 2021. The Cell recalled that BIL would return from South Africa through the Republic of Ireland (ROI) (rather than through the United Kingdom), the ROI not possessing a comparative 'red' list of countries that were considered to present further risk to other travel destinations in terms of the risk of COVID-19 variants being passed on to residents.

The Cell was advised that BIL were currently staying on the Western Cape in South Africa and they remained in a bio-secure bubble, save for playing other nations at its match fixtures. If enabled to return to Jersey from their tour, the primary benefit for the BIL touring party would be that they would be able to avoid managed quarantine within the UK for a ten-day period.

The Cell recalled that UK Government policy was a travel ban for arrivals from Red list countries. Entry to the UK was limited to UK nationals, with only limited exceptions for critical workers. All arrivals, save for limited exceptions, who had visited a Red list country in the ten days prior to entry, were required to enter managed quarantine (a quarantine hotel) for a minimum of ten days. The BIL proposal would therefore require a variation from the Government of Jersey alignment policy, by affording a Green variation to UK Red List passengers. It would also require a variation to UK Government policy to enable the party to transit to Jersey directly, without entering a quarantine hotel.

It was noted that the Irish members of the BIL team would depart from the rest of the tour group at that time and remain in Ireland. It was further noted that family members of the players and support team might seek to travel to Jersey to be re-united with the squad. The proposal would therefore require an amendment to the current policy, as detailed above. It was confirmed to the Cell that an update had been sought regarding the risk of the Beta variant, as this had first emerged within South Africa. It was noted that the Beta variant still posed a risk nonetheless, although the Delta variant was now the dominant variant of concern in South Africa, as it was in Jersey and the United Kingdom.

Dr. I. Muscat MBE also noted that the graphological evidence presented retained its date of 21st June 2021. The Cell was apprised that, by way of risk management, that

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there would be a testing programme undertaken by every member of the team in South Africa, during the team's last three days there. Pre-departure tests would also be required of any family members who met the team in Jersey and all players and support team members would be tested upon arrival in Jersey in the same manner as other visitors to the Island. It was noted that the BIL team would be accommodated in a maximum of three hotel venues in Jersey.

The Chair asked whether there had been any discussions with UK colleagues as to whether this proposal could be seen (by the UK) as a covert means for travellers to return to the UK without having to adhere to the relevant guidelines in place. Mr. Corrigan confirmed that such discussions had not taken place. He further informed those present that the Minister for External Relations and Financial Services was wholly supportive of the proposal.

C. Keir, Head of Media and Stakeholder Relations noted that the Communications team would need to consider the issue of fairness, notably around the difference in what the BIL were allowed to do in terms of proposed travel and isolation freedoms compared to what others were allowed to do. Mr. Corrigan confirmed that it was his intention to work around the communications aspect on this proposal ahead of time and to emphasise the mitigation that was being put in place to assist the players and their support team.

The Chair confirmed that the advice from the Cell would be that, having reviewed the proposal, it considered there remained a small risk that the Cell could not quantify, regarding the potential for the BIL to introduce other variants of concern to the Island. It was noted that this risk remained, despite the fact that the Delta variant had overtaken the Beta (South African) variant. Certain assurances were also sought by the Cell that the appropriate communications with the UK government had been undertaken through External Relations colleagues, and that the English government had been notified of the BIL's return travel intentions.

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