

SEN

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(69th Meeting)

(Business conducted via Microsoft Teams)

2nd August 2021

PART A (Non-Exempt)

All members were present, with the exception of M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department, N. Vaughan, Chief Economic Advisor, and S. Martin, Chief Executive Officer, Influence at Work, from whom apologies had been received.

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

In attendance -

M. Knight, Head of Public Health Policy
Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
J. Blazeby, Director General, Justice and Home Affairs Department
S. Devlin, Group Director, Children, Young Persons and Education Service
D. Houseago, Group Director, Economy, Office of the Chief Executive
S. Nibbs, Secretariat Officer, States Greffe

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

Minutes

A1. The Scientific and Technical Advisory Cell ('the Cell'), reviewed the Minutes of the meetings held on 12th, 19th and 26th July 2021. The Minutes were ratified, and it was noted that these would be provided to the Scrutiny Panel following the extant meeting.

Intelligence
overview
including
Analytical Cell
Update and
HCS service
activity.

A2. The Scientific Technical and Advisory Cell ('the Cell') reviewed a PowerPoint presentation, which had been prepared by M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department.

The Cell was advised that there had been 2523 active COVID-19 cases in the Island as of Friday 30th July 2021. 1361 such cases had been identified through individuals seeking healthcare. However, in line with a seeming decline in cases, this number had fallen from 45 percent of the overall reporting rate to 22 percent of the overall reporting rate. It was noted that the largest number of cases were being diagnosed in those aged 18 to 29 years. 728 further cases had been identified through contact tracing and 220 cases via arrivals screening. More than 2000 tests per day were being carried out at the present time.

The Public Health monitoring dashboard was also noted as recording just under 13000 travellers arriving in the Island during the previous week. The test positivity rate in Jersey was 5.7 percent higher than the current UK positivity rate of 3.4 percent. External factors, such as the recent heat wave and the European football championships, had each had an impact by increasing the positivity rate due to increased socialisation. Following a short time lag post these events, 420 cases were reported, following which a higher proportion of males than females tested COVID-19 positive in the ratio of 55:45.

Of the 8260 total positive COVID-19 cases registered in the Island to date, the Cell noted that there was a prevailing seven-day rate of 688 and a 14-day rate of 2336. 8145 direct contacts were also noted. Without inbound travel being taken into account, there were an average of 46 new COVID-19 cases being diagnosed daily. According to modelling data from 18th July 2021, the 'R' estimate was between 1.4 and 1.7.

Dr. Daniels apprised the Cell that the Public Health Intelligence team had not been able to run the R model during the last week, as there were changes to the testing model. However, the modelling would be run once more on 4th August 2021, for publication on the same day. The Board also recalled that, on 16th July 2021, the testing programme had been amended to focus only on day zero tests for all incoming travellers and all those who had tested positive for COVID-19 following direct contact tracing. The actual numbers of cases in evidence were noted as being on a downward trajectory.

The Cell was advised that there had been 16 COVID-19 related cases of hospitalisation on Friday 30th July and that eleven such cases had been diagnosed as clinical COVID-19. Five patients were in being treated in the Intensive Care Unit, and five further patients were being treated in other designated hospital wards. Eight of the patients mentioned above were fully vaccinated.

The Cell noted that technical issues regarding the gathering of data from helpline calls was still an issue, so it was not possible to report precisely on the number of calls being received and answered by the helpline at the present time.

The Cell was apprised that 101 patients were currently recorded in the Island's central GP recording register, EMIS, as suffering from Long Covid. 51 of those patients were symptomatic for ongoing COVID-19, and 50 further patients were classified as having post COVID-19 syndrome.

The Cell was reminded that the codes relating to Long Covid in EMIS had only been available for use since March 2021, so the current figure of 101 patients diagnosed with Long Covid was likely to be an underestimate.

By way of a vaccination update, the Cell noted that 140,245 total doses of vaccine had been provided to date, with 73,964 of these being the first dose. 66,281 second dose vaccines had also been provided. This therefore equated to 130.10 doses per 100 members of the population. Dr. Daniels advised the Cell that the Island's 'first dose data' compared favourably with other nations and as of 15th July 2021, Jersey had vaccinated 85 percent of its eligible adults who were aged 18 years and above. The Cell was pleased to note that 100 percent of health care workers were now vaccinated.

R. Sainsbury Managing Director, Jersey General Hospital, apprised the Board that there was an "improved position" within the General Hospital that day. Following the weekend, the updated inpatient information showed that there were now ten inpatients in total, with three of those patients being cared for in the ICU. There had been a notable decrease in Emergency Department activity, with fewer people presenting with COVID-19 like symptoms. Mr. Sainsbury advised the Board that there was 68 percent occupancy in the General Hospital that day, which meant that it had "green" capacity status. There were various planned patient discharges in progress and a relatively low usage of oxygen within the hospital.

I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, questioned whether certain data collection issues had been resolved to enable the production of a 'Vaccinations Status Chart', as requested previously. Mr. Cope was advised that although a stronger data picture was emerging, this was not yet finalised. The Cell also agreed that the commencement date of the third wave of COVID-19 was to be taken as 1st May 2021.

Mr. Sainsbury returned to the matter of the ongoing vaccination programme and how to address the vaccine hesitancy that was apparent in certain social groups. He reported that the General Hospital team was seeing evidence of 'escaped' vaccination groups within the hospital, such as those who were more than 80 years of age, as well as some members of the homeless population. Mr. Sainsbury therefore asked the Cell to consider whether it now needed to amend its focus in its targeting of unvaccinated members of the population. Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, confirmed that discussions were underway with the relevant [Adult Social Work] professionals at Maison de Pape, who worked with members of the Island's homeless population. Further discussions confirmed that migrant workers were also a group that required assistance to become vaccinated as well. It was agreed that Dr. Muscat, MBE would discuss matters relating to the vaccination of the above-mentioned groups with B. Sherrington, Head of Vaccine Programme, Strategic Policy, Planning and Performance Department as soon as possible.

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, reassured those present that the vaccinations team had accomplished a constructive piece of work with the Shelter around what was defined as 'true' homelessness, and that the team was also aware that it needed to further consider those who had no fixed abode, and who were staying at various addresses on a temporary basis. The Cell was reassured that it had a good channel of ongoing communications with the Jersey Farmers Union (JFU) in order to communicate with seasonal farm workers. It had been found that, during routine inspections, most farms had excellent isolation arrangements in place, if the same were required. It was acknowledged that it was more difficult to target seasonal workers in the hospitality industry.

A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, referred the Cell back to the timings of COVID-19 cases arising in the Island, and the timeline that went alongside this. It was averred that it was difficult to know for certain what the mixture of factors was, and in what volume, which were creating the number of COVID-19 cases and driving the peaks in those cases. Mr. Khaldi opined that the impact of 'self-mitigation' also needed to be considered, and that it was still difficult to be clear about how and when the epidemic curve could peak and decline.

The Cell reviewed the use of non-pharmaceutical interventions ('NPIs'), recalling that the use of masks had been re-introduced on 13th July 2021. With the benefit of hindsight, the Cell agreed that the re-introduction of masks would ideally have been brought about earlier but recalled that the Ministerial decision regarding the same was taken at the peak of the most recent wave of infection. The Cell agreed that, as a Scientific and Technical Advisory Committee, its role was to advise those in government, and it was sometimes difficult to always ensure that decisions were taken at an optimum time. Although even more individuals had been vaccinated over the course of the recent wave of infection, the COVID-19 virus retained the scope to strengthen and re-establish itself. The Cell therefore remained cautious about the current safeguards in place.

Dr G. Root, Independent Advisor - Epidemiology and Public Health, emphasised to the Cell, the importance of ensuring that as much as possible was done to put in place mitigating protective factors at certain points in the future.

Professor P. Bradley, Director of Public Health, reminded the Cell that it was also very important for it to continue to differentiate between certainty and hypothesis. This was also distinct from having definitive evidence available upon which to base decisions. Professor Bradley further suggested that the Cell could consider a greater focus on the clusters of infection that were now occurring in residential care settings.

Dr. Root stated that the balance of evidence showed that the increase in cases was so steep because the variant of concern in question was the Delta variant and of course it remained highly transmissible. The Cell reminded itself that vaccination remained the strongest antidote to the COVID-19 virus. It was felt that the closure of schools at the end of the Summer term had also had a positive impact on the most recent wave of the virus.

Dr. Root maintained the viewpoint that the Cell had perhaps taken an incorrect position in relation to the timing of introducing masks initially, later agreeing that face coverings in certain public places could be withdrawn, and later re-introducing masks once more. A. Khaldi reminded the Cell that the recent Ministerial decision on the re-introduction of masks had taken place at a point where infection rates were exceptionally high, and without full knowledge that those rates would subsequently decline, as had since been noted. Broadly, it had not at that time been possible to reach conclusions regarding which factors had contributed to the [sharp] rise and decline of cases, because of the complexity of the situation. There followed some discussion regarding the previous modelling processes used and the scientific evidence followed by the Cell on previous occasions. Mr. P. Armstrong, MBE, Medical Director (Chair), thanked the Cell for its discussion of this issue and concluded that it was always worthwhile for the Cell to consider how it had taken decisions in the past, so that it might be in a stronger position to advise Ministers further in the future.

As Dr. C. Newman was not present at the meeting, the remainder of the Analytical Cell summary was held over until the next meeting of the Cell, which was proposed to take place on Monday 16th August 2021.

COVID-19
Strategy –
Autumn 2021

A3. The Cell had regard to a presentation, entitled ‘Covid Strategy Soundings – September – November 2021’ prepared and presented by A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department. It was recalled that Ministers wished for the Stage 7 reconnection plan to proceed in an uninterrupted manner as possible through its remaining stages and for the progression to a fully open and free society to be more linear than it had been in recent months. The Cell was also mindful, however, that Ministers had also accepted that certain social activities did need to remain limited for a short while longer.

The Cell was reminded that, in pausing Stage 7 of reconnection, and in introducing measures and communications to slow the spread of the current wave of infection, Ministers had expressed a strong view that a strategy for September 2021 onwards would be required. It was noted that a strategy would have multiple objectives, but in essence would provide greater clarity for Islanders concerning the following issues:

- the benefits in reduction in severe disease established by the protection of a (largely) completed vaccination programme for those eligible;
- the end of legal restrictions hampering personal freedoms and economic activity; and
- future COVID risks and likely mitigations.

In due course, Ministers would be asked to comment on and agree the scope of their forward strategy and to provide comments in general terms about the desired objectives. Mr. Khaldi added that Ministers would also be asked to agree a timetable which would allow specific proposals to be brought forward. It was noted that the Public Health department was consulting with the Cell concurrently on the evidence base for strategy options, and that the proposed consultation would continue as proposals developed.

Mr. Khaldi asked the Cell to consider the next proposed phase of its planned advice to Ministers during September to November 2021. The Cell was further requested to consider the presentation from a scientific and technical perspective and to note the phases discussed therein. The Cell was reminded that the Vaccinations Team would have achieved its target of vaccinating 80 percent of the eligible adult population by the end of the August, if not before. It was accepted that the forthcoming Winter period of November 2021 until March 2022 would bring extra challenges in terms of winter illnesses as well as a potential fourth wave of COVID-19. The focus of the paper presented by Mr. Khaldi was also on the current period of time.

The Cell was apprised that work had commenced with Children, Young People and Education Services (CYPES) colleagues to consider the various issues relating to the commencement of the Autumn term in September 2021. The Cell agreed that it also needed to consider the suppression of the ‘R’ number of the Delta variant and how this was to be configured over the medium term. Furthermore, the ongoing testing strategy, including the use of lateral flow tests, also required further consideration. The Cell had regard to the ‘Overarching Questions’ slide, and considered the following matters:

It was agreed that it was essential for the Cell’s public reporting to continue to provide Islanders with the correct information that they required in order to make

well guided choices in relation to protecting themselves from COVID-19. It was noted that Ministers had been clear that they did not wish to enforce mandatory vaccination and that the vast majority of the population was taking up the offer of a double vaccine against COVID-19.

However, the Cell noted that it did need to advise on the due diligence of a mandatory vaccination programme, so that the risk of having the same in place, when compared with the current voluntary regime, could be measured.

The Cell agreed that its objectives had developed over time, considering, for example, the existence of Long Covid alongside the need to keep schools open and operative during term time. It was agreed that it was sometimes difficult for Ministers to deliver consensus and clarity regarding public health objectives, due to the competing pressures on them. Nonetheless, Mr. Khaldi was due to attend the Competent Authority Meeting with key Ministers the next day to explore this matter further. Dr G. Root, Independent Advisor - Epidemiology and Public Health supported the Cell's discussion about what its ongoing strategy was, opining that that any such strategy must be "proportionate". It was also considered that the ongoing public health strategy in relation to COVID-19 should be compared and viewed in line with strategies around other illnesses in the Island.

I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department was of the view that the Cell's primary need was to achieve the minimisation and management of hospitalisations arising from COVID-19 and also to avoid disruption to the wider economy. Professor P. Bradley, Director of Public Health added that those areas for greater focus should also be those of Long Covid and the continuing needs of the more clinically vulnerable populations in Jersey.

Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, proposed forming a sub-committee to consider matters in greater depth. He expressed the view that there were a number of steps to be taken before Winter 2021. Dr. Muscat, MBE also favoured continuing to make extensive use of the ongoing vaccinations programmes, future COVID-19 booster programmes and influenza inoculations, and to consider which non-pharmaceutical interventions (NPIs) the Cell would employ. The Cell was also mindful of the need to consider Norovirus and the respiratory viruses that would prevail during the Winter period, as well as patient issues arising in dealing with any potential clinical backlog due to earlier COVID-19 waves. It was an agreed point that as much effort as possible should be made to ensure that schooling was as undamaged as possible.

Mr. Khaldi opined that it was likely that Ministers would wish to re-introduce the Stage 7 re-connection strategy and to have as few limitations in place as possible, apart from the test, trace and isolate programme. The Cell was collective in its agreement that it did not wish for Ministers to agree on a certain policy or stance, and then be alarmed by its outcomes.

The Cell was referred to the current modelling scenarios and public reporting of COVID-19 cases by Mr. Cope, which confirmed a high number of such cases prevalent amongst young people, in comparison to other age groups. With the return to school planned as normal for September 2021, it was considered that the re-introduction of face coverings might become necessary in educational settings during the Autumn term. With regard to modelling, Mr. Cope was of the view that the Cell should work out what approaches were appropriate, as well as the need to be cognizant in terms of public reporting. He further suggested bringing in the assistance of the Statistics Users Group, if possible, as they had made helpful observations previously.

Dr. Root expressed the view that the “most useful” exercise would be for the Cell to consider the current wave and also to review hospital admissions to understand fully the economic and healthcare burden placed on the Island. He opined that the emphasis should be on maintaining vaccination and, following this, a booster programme. It was hoped that the Cell would be able to provide its advice to Ministers to enable Stage 7 reconnection this week, if possible.

The Cell discussed an hypothetical future move towards a more ‘passive surveillance model’ and that it might be the case that Jersey would have to move away from arrivals testing, although were this to be the case, Ministers would have to accept that there would be seeding of future variants of concern (VOCs).

Dr. Muscat, MBE, agreed that it was essential to maintain vaccination coverage before reconnecting significantly. He expressed the viewpoint that the formation of a sub-committee would enable certain members of the Cell to consider a recent document published by the Academy of Medical Sciences, which reviewed the medical risks of the coming Winter as a whole.

Dr. Root opined that the Cell should not over-estimate the impact of the proposed Stage 7 reconnection and put forward the view that any hospitalisations arising from the completion of this stage would be likely to be “negligible”. He further expressed puzzlement regarding why the Cell might not confirm to Ministers that such reconnection should be completed by 10th August 2021, offering the view that the Cell appeared to be prepared to “restrict society”, when the public health benefit of such restriction was not being witnessed. Dr. Muscat, MBE stated that he wished to maximise vaccine coverage by the end of August 2021, especially within the clinically vulnerable who were eligible for such vaccination.

R. Sainsbury Managing Director, Jersey General Hospital considered that whilst the Cell’s discussions of non-pharmaceutical interventions were helpful, there existed the need to amend the discussion into one incorporating mitigation and preparedness. It was agreed that vaccination had been the key factor which had changed the context of COVID-19, and this needed to continue to inform the Cell’s strategy. All three waves of the virus had emphasised that Jersey was indeed different to many parts of the United Kingdom, as it had a different healthcare and public health infrastructure and a different social and economic demographic.

Mr. P. Armstrong, MBE, Medical Director (Chair), agreed that the formation of a sub-group was a helpful idea. It was questioned whether the Cell should be advising on vaccinating the younger people of Jersey from twelve years of age upwards, and to have a discussion about this possibility, despite the fact that the Cell had followed the Joint Committee on Vaccination and Immunisation (JCVI) advice to date, which did not recommend such a course in healthy children. Dr. Muscat, MBE agreed that it was reasonable to consider this question and that he would wish to discuss this with a number of stakeholders, including the Chief Pharmacist. However he stated that the Cell would also need to justify its position in this regard and to further be mindful of those 13-year-olds who had in certain instances developed myocarditis (an inflammation of the heart muscle) following the Pfizer vaccine. Dr. Muscat recalled that Jersey had moved away from JCVI advice when the Island had first vaccinated secondary school children against flu, for example. It was agreed that this this piece of investigative and research work would be commenced over the next few weeks, subject to resource allocation, given the Public Health team’s already maximised resources.

Mr. Sainsbury opined Jersey did have a track record of “doing things differently”, and that furthermore the Island had a proven history of doing this in the healthcare

sphere. Whilst noting this, Dr. Root was of the view that it would be a “brave decision” to be seen to “go against” the findings of the JCVI in such a manner. Mr. Khaldi noted that there was consensus that there would indeed be the presence of “some COVID-19” from September 2021, onwards.

The Cell would be likely to suggest to Ministers the need to reconsider the test, trace and isolate policy at that time, in the view of the “reasonably significant” ongoing potential for disruption to schools due to the virus. It also noted Dr. Root’s point that the majority of children with COVID-19 were asymptomatic.

Mr. Sainsbury stated that it would be helpful to be able to review more clinical data and to receive guidance via both primary and secondary care interaction and data validation to assist the Jersey medical profession’s understanding of Long COVID issues. The Cell expressed its caution regarding the present quality of such data integrity in Jersey and it was agreed that there needed more work in this space to understand the Long COVID position. Professor Bradley agreed and echoed the concerns expressed regarding data quality. The Cell agreed that it would endeavour to improve the data in relation to this condition over the next two months. Mr. Sainsbury proposed that the primary and secondary care sectors should be brought together to agree a clearer clinical coding of the condition, and this was agreed.

Mr. Khaldi thanked the Chair and colleagues for their input.

British Irish
Lions:
Proposed re-
visit to Jersey.

A4. The Cell, with reference to its Minute No. A5 of 12th July 2021, briefly discussed the proposed return of the British Lions Team to Jersey.

It was recalled that the Cell’s main concern, expressed previously, was the risk of the British Irish Lions (BIL) rugby team unwittingly importing the Beta Variant of Concern (VOC) of COVID-19, to Jersey from their present tour in South Africa, should they re-visit the Island as proposed, without entering managed quarantine in the United Kingdom first. It was recalled that the Beta variant (which originated in South Africa) had been the dominant strain of COVID-19, until such time as the variant had been overtaken by the Delta variant. Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, stated that in the event that the BIL did return to Jersey immediately following their tournament, that the entire party would be tested daily from four days before the team arrived in Jersey, until ten days after arriving in Jersey via the PCR testing method.

The Cell again noted the risk and its concerns regarding a relatively small group inadvertently importing with it a “large risk” of either the Beta or Delta variant of concern, or indeed both VOCs. Dr. Muscat, MBE stated that enquiries should be made to the External Relations department to address the Cell’s remaining concerns about the proposed arrival of the BIL and how appropriate government permissions had been granted to achieve this objective.

It was therefore agreed that A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and D. Houseago, Group Director, Economy, Office of the Chief Executive, would hold a telephone call immediately following the extant meeting to seek appropriate comfort from the External Relations team in connexion with the concerns set out above, and that the outcome of that call would be communicated via an electronic mail message to the Cell, to provide written confirmation of the actions taken.

69th Meeting
02.08.21

STAC
discussion

A5. The Cell, not having any further items of business to consider, concluded the meeting at 1215 hrs. P. Armstrong, MBE, Medical Director (Chair), thanked all those present for their contributions.

It was noted that there would be no meeting of the Cell on Monday 9th August 2021, and that the Cell would meet next on Monday 16th August 2021.

End.