

SN

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(74th Meeting)

4th October 2021**PART A (Non-Exempt)**

- All members were present, with the exception of Dr. I. Muscat, MBE, Consultant in Communicable Disease Control (Vice Chair), M. Clarke, Head of Public Health Intelligence, and Dr. M. Doyle, Clinical Lead Primary Care, from whom apologies had been received.

Professor P. Bradley, Director of Public Health (Chair)

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention

Dr. G. Root, Independent Advisor - Epidemiology and Public Health (co-opted lay member)

Mr. S. Petrie, Environmental Health Consultant

Mr. A. Khaldi, Interim Director of Public Health Policy

Mr. I. Cope, Interim Director of Statistics and Analytics

Dr. C. Newman, Public Health Principal Officer

B. Sherrington, Senior Nurse Adviser in Public Health

In attendance -

S. Martin, Chief Executive Officer, Influence at Work (For Item A4 only)

Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department

S. Huelin, Senior Policy Officer, Strategic Policy, Planning and Performance Department

S. Nibbs, Secretariat Officer, States Greffe

Note: The Minutes of this meeting comprise Part A and Part B.

Minutes

A1. The Minutes of the Scientific and Technical Advisory Cell ('the Cell') dated 13 th September 2021, were taken as read and were duly approved by the Cell for onward provision to Scrutiny.

Intelligence overview, including Analytical Cell update and HCS activity

A2. The Scientific and Technical Advisory Cell (The Cell) received a presentation from Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department and Dr C. Newman, Public Health Principal Officer, entitled 'Intelligence Overview', containing both an Analytical Cell update and activity in connexion with the Health and Community Service with regard to the COVID-19 pandemic.

It was noted that there were 236 active cases of COVID-19 currently recorded in the Island, with those affected mainly being in the age cohort of their 20s, 40s and 60s. 1758 direct contacts had arisen from the known active cases. Contact tracing and seeking healthcare were the two main reasons for positive test results being recorded. It was understood that the Track and Trace team were still performing more than 2000 tests per day, with the majority of such tests being carried out due to inbound travel.

Dr C. Newman, Public Health Principal Officer, noted a seven-day rate of 131 and a fourteen-day rate of 263. It was noted that there were 4 patients with COVID-19 in the hospital and the Cell was apprised of the clinical status, age ranges and vaccination status of the patients. Information in respect of admissions from 28th June to 30th September 2021 was provided.

‘Long COVID’ statistics in EMIS, the GPs Practice Management System, were reporting that this condition applied to 177 patients in total, the coding for Long COVID having been in place since March 2021. An update on vaccination booster doses was also noted, with 23 percent of those aged 80 plus years having received the same. Vaccination coverage was recorded as 87 percent of those aged over 18 years of age within the Island. This compared favourably with other international locations.

The Cell was advised that there had been 78 deaths overall throughout all three waves of the COVID-19 pandemic in Jersey, that were attributable to the virus. It was noted that there had been nine deaths during the most recent wave of infection in Jersey. With regard to the weekly testing rate, Jersey was currently testing 19,100 per 100,000 of the population, with a resulting positivity rate of 0.8 percent.

It was confirmed that four Health and Community Services (HCS) staff were currently diagnosed as COVID-19 positive. Three infection clusters have been identified outside of the school clusters. All groups were working closely with the track and trace teams. Dr. G. Root stated that it was interesting that this infection rate fitted with those groups of individuals who had all been vaccinated in early course, and where such immunity could now be waning. It was noted that the COVID-Safe team had continued to provide their support to those schools that had been affected by the COVID-19 virus. Twenty-one positive lateral flow test (LFT) results had been the outcome from schools LFT programme between 6th and 30th September 2021, with a 0.16 percent positivity rate occurring from such tests. I. Cope, Interim Director of Statistics and Analytics, asked if it would be possible to receive further data to confirm the number of students who were needing to self-isolate as a result of testing positive. This was agreed and it was noted that such data would be provided in early course. Dr. G. Root, having reviewed the schools LFT information, noted that cases were being detected in schools due to the extensive LFT regime in place within the education sector, but was also of the view that this was growing evidence that schools should in fact be treated “more normally” and such a regime re-considered. Dr. Root questioned how much was being gained by continuing LFT in schools beyond a certain point.

Dr. C. Newman considered what an appropriate denominator would be to use and agreed that caution should be exercised when reviewing the figures available to the Cell. A Khaldi, Interim Director of Public Health Policy, agreed that it was an interesting discussion and questioned how much the Cell should rely on reported LFT positivity and negativity rates, given that there would be a number of results that were not reported back to the Cell. A. Khaldi remained cautiously supportive of the LFT programme and was of the view that the testing programme did not cause harm.

He was however mindful of the inconvenience that could be caused to all parents, especially working parents, if their child had been recognised as a direct contact, in case they then tested positive for COVID-19 and became obliged to isolate under parental supervision.

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention echoed the views of A. Khaldi and stated that he had spoken to two colleagues who were General Practitioners, during the weekend, who had reported to him that children and young people had reported feeling both “low level anxiety and guilt” that they had potentially infected others, especially with regard to their friends. Dr. Noon expressed

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the need for the Cell to be mindful of this mental health impact and this concern was duly noted by the Cell. Dr. G. Root pointed out that cases in the school-tested groups could also potentially be found were other cohorts to be tested in the same way, for example if the Government of Jersey took the decision to test all those working in the finance industry or another adult cohort, the results could well be similar. Professor P. Bradley, Director of Public Health (Chair) reminded The Cell that the reason for testing school aged children (particularly primary-school aged children) was because younger children did not currently have access to the COVID-19 vaccination programme, whereas of course all medically eligible adults had access to the ongoing vaccination programme.

Dr. G. Root echoed the concerns felt amongst students and teachers with the feelings of anxiety that were evident and expressed concern for the resulting impact that this could have upon the education of young people.

Summarising, Professor Bradley was of the view that this topic should be re-considered by the Cell at a future meeting, and that the discussions on this point during the extant meeting had been most helpful. Dr. A. Noon was of the view that ideally, COVID-19 would one day be treated as on a parallel with influenza, whereby if one was unwell then they would not attend work or school, whereas if one felt well, they could carry on attending at their place of work or education.

Vaccination update

A3. The Scientific and Technical Advisory Cell ('The Cell') received a Vaccination Programme Governance Update report from B. Sherrington, Senior Nurse Adviser in Public Health. The Cell recalled that the vaccination programme for young people aged between 12 and 15 years of age and those aged between 16 and 17 years old, consisted of one single dose of the Pfizer vaccine, until such time as the Joint Committee on Vaccine and Immunity (JCVI) advised that a secondary dose could be given to such age cohorts. In addition, it was noted that COVID-19 booster vaccinations were being currently provided by priority groups, including those aged over 80 years and the clinically vulnerable.

It was noted that a bulk-bought supply of influenza vaccinations was due to arrive in Jersey on Friday 8th October 2021 and that the flu vaccinations would therefore also be offered to those being vaccinated against COVID-19 when they visited the vaccination centre. The vaccination programme timeline was reviewed, with a three-month window being anticipated to provide flu vaccines to Islanders. An 'Ask the Panel' communications campaign was due to go out next week, at which the Children's Commissioner and other key figures would be available to answer questions regarding both vaccination programmes. A Khaldi, Interim Director of Public Health Policy, expressed interest in when the JCVI was likely to conclude its thinking with regard to advising when 16- and 17-year-olds would be able to receive a second dose of the vaccine against COVID-19. It was noted that the COVID-19 helpline was receiving numerous calls from parents, asking if their children were fully vaccinated or not.

B. Sherrington confirmed that she would follow up on this issue by putting the question regarding the need for a further vaccination of young people to the JCVI and reporting back on the same to the Cell in due course.

Vaccine hesitancy

A4. The Scientific and Technical Advisory Cell ('The Cell') received a PowerPoint presentation prepared by S. Martin, Chief Executive Officer, Influence at Work, entitled 'COVID-19 Vaccine Hesitancy Update'. The Cell was apprised that, to date, Jersey had achieved an "impressive" uptake in its COVID-19 vaccination programme. As of 19th September 2021, 87 percent of eligible adult Islanders had received one vaccine dose and 84 percent had received two doses of an approved vaccine. Despite this

commendable performance, it was noted that progress in this regard had slowed of late. This was especially the case in younger age cohorts in those aged 50 years and below. As of 19th September 2021, it was noted that 67 percent of 18 to 29-year-olds had received a first dose of the vaccine and 75 percent of 30- to 39-year-olds had received a first dose of the vaccine.

To ensure that Jersey's vaccination programme "left no Islander behind", the Cell agreed that it was important that it understood both the inhibitors and enablers to vaccination. It was therefore proposed that primary research was undertaken within the Island to better understand the reasons for vaccine hesitancy and how potential recipients could be worked alongside and persuaded to take up the continuing vaccine offer. It was anticipated that primary research would explore findings for a Jersey-specific context, with it being noted that there was a limited availability of demographics for the unvaccinated cohort in Jersey, but younger age groups were a known target audience. As an example, the 18-39 years of age group was known to represent 73 percent of the outstanding group of unvaccinated Islanders.

Exploratory qualitative research via a Jersey-based agency, 4insight, aimed to meet the following objectives:

1. To obtain the views of Islanders aged 18-39 on vaccinations to inform Government of Jersey policy and communications.
2. To arrange qualitative focus group discussions to explore common narratives and driving factors in vaccine hesitancy.
3. To conduct a pre-screening exercise in order to identify a mix of COVID-19 perceptions and vaccination status among the group;
4. To collect common stories and narratives to shape future a communications plan.

It was estimated that the delivery of findings would take place in five to six weeks of the research project being agreed.

It was further noted that existing secondary research would support the exercise, with known issues and elements being considered to be the following:

Hesitancy towards COVID-19 vaccines did exist, however such hesitancy was not seen to be widely prevalent in the United Kingdom. This was underpinned by the fact that the most recent Office for National Statistics (ONS) data showed a figure of four percent hesitancy in Great Britain (as at 9th August 2021), with 14 percent of the eligible adult population being unvaccinated at this time. It was further noted that vaccine hesitancy in the UK had trended downwards since the vaccine programme had been rolled out.

An 'Islander perception survey' dated February 2021 had revealed that hesitancy in Jersey was line with UK sentiment, and that such hesitancy stemmed mainly from not being able to take a 'leap of faith' to become vaccinated. Using the expression 'reluctant trust', most vaccinated adults were able to instinctively follow the recommendation of experts. It was further noted that much hesitancy linked to an inability to overlook perceived concerns without review, and that uncertainty over side effects and concern about long-term effects were two common doubts.

The Cell was apprised that a broad homogeneity existed across those who were hesitant, and those who remained unvaccinated, including the following characteristics, with those remaining unvaccinated likely to be from within the following cohorts:

1. Younger age groups.
2. Those in lower income bands.

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3. Those who were unemployed and
4. Those who were non-native speakers of the native language of the location performing the vaccinations.
5. Those who were less likely to be vaccinated also included those who perceived themselves to be at lower or no risk from the effects of contracting COVID-19.
6. There was no evidence that hesitancy among healthcare professionals differed from that of general public.

The Cell considered that the established evidence demonstrated that no ‘silver bullet’ existed to overcome factors relating to vaccine hesitancy. Rather, it was agreed that the Government of Jersey would instead need to rely on ‘marginal gains’ from several interventions, using learning from successful vaccine programs elsewhere.

Using an established behaviour change model, the Cell was therefore recommended to adopt the following two-fold approach:

1. Increasing the motivation of those to be vaccinated by making salient the health risks still posed by COVID-19 to unvaccinated individuals and reframing non-presentation for vaccines as an active and deliberate choice.
2. Maximising ability in both physical and mental terms, by reassuring all eligible Islanders that their vaccine was still waiting for them, by continuing to make the vaccine available to Islanders through the use of ‘Rock Up’ clinics, and by bringing any willing but under-served Islanders to the vaccination centre or making arrangements to take the vaccine to them.
3. In addition, the Cell was mindful of the need to reframe the intentions of those who did not currently wish to be vaccinated by maximising the use of relatable “reformed messengers” (i.e., those who had previously been hesitant about receiving the vaccine, but who had since been vaccinated), and to continue to reinforce the positive evidence on safety and effects as part of the proposed campaign.

S. Martin described the challenge ahead as being “one of persuasion”, noting that those who doubted the efficacy of vaccines were more willing to accept narratives of beliefs being changed than they were to believe facts without a story around them. I. Cope, Interim Director of Statistics and Analytics, felt that young people were seeing their peers contracting COVID-19 and recovering from it, which was dis-incentivising them from seeking the vaccine, as there was a prevailing belief that, if they too were to contract COVID, they felt that they would be likely to recover. There was also anecdotal evidence to suggest that most young people wished to become vaccinated to protect those around them, especially older members of their families.

Dr. G. Root, Independent Advisor - Epidemiology and Public Health (co-opted lay member) raised the potential to charge those who were incoming arrivals to the Island and who are unvaccinated, for their PCR tests, which were currently provided free of charge by the Government of Jersey to all arriving passengers. S. Martin was supportive of charging for PCR tests for those arriving on Island who were unvaccinated.

The Cell was also mindful that public focus should also be maintained in connexion with the vaccine booster programme? A Khaldi opined that, if the Cell did not try to increase the number of younger people undertaking vaccination against COVID-19, there remained a risk of infection. Therefore, in the absence of more punitive measures, the focus would also be on “marginal gains.” Whilst it was noted and understood why Ministers had not to date sanctioned an on-Island vaccination certification scheme, it was considered that this type of scheme could potentially galvanise those who were

vaccine-hesitant to become vaccinated if it had become the case that there were some activities that they could not otherwise undertake without such certification.

**Winter
strategy
update**

A5. The Scientific and Technical Advisory Cell ('The Cell') received a report from A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department in connexion with the Winter Strategy Update in respect of COVID-19. It was recalled that the first Strategy Update was drafted in June 2021, but that, to date, a public strategy document had not been circulated. Also circulated to the Cell and noted was the COVID-19 Response Autumn and Winter Plan (UK) and a document entitled 'Possible discussion points for STAC'.

The Cell was apprised that Public Health Officers were currently preparing a COVID-19 Winter Strategy Update, which, as with previous strategy documents, would be a public document. The purpose of the paper presented by A. Khaldi was to facilitate an initial discussion within The Cell. It was intended that a full draft of the strategy update would be tabled for discussion at the Cell's next meeting on 11th October 2021. It was noted that the strategy update document was intended to fulfil several purposes, specifically to anticipate winter public health risk and ensure policy and preparations were appropriate, in light of the data and evidence, and also to:

- Fulfil/strengthen Ministerial accountability for COVID strategy over the winter; both to the Assembly and to the public;
- To influence public behaviour;
- To influence the policies and practices of government and non-government organisations;
- To provide assurance and clarity to Islanders.

The Cell also noted a research report which summarised COVID-19 strategies in place in other jurisdictions. It was of interest that vaccination certification for both travel and domestic purposes was playing an increasingly substantive role in the strategies of many European countries. Some areas within the same were highlighted in order that the Cell could consider a number of aspects of its draft plan, and to focus in particular how the data and evidence from both Jersey and internationally was and could be translated into the strategy update.

The Cell considered a number of strategy components, including overall tone and messaging, which would emphasise the transition away from legally enforceable non-pharmaceutical interventions (NPIs) to risk-based choices; a discussion around the risk of COVID infections and severe disease, using a comparison of COVID-19 Waves 2 and 3 in Jersey to show the significant reduction of the risk of severe disease. The strategy document would also focus on risks specific to winter and the continued plan with regard to vaccination, treatment and the ongoing test and trace function. Contingency measures would also be considered as necessary; however the planned intention was not to need to use contingency measures.

The Cell was also mindful of a newly developed anti-viral drug manufactured by Merck known as 'Molnupiravir', that was currently being tested against a placebo in the United States and noted that this would be the subject of a paper that would be presented to the Cell at its meeting on Monday 11th October 2021.

A Khaldi welcomed comments and input from members of the Cell in connexion with the planned strategy document. Dr. G. Root asked if it would be possible to re-affirm to the public that risks from COVID-19 continued to be monitored. A. Khaldi agreed that this point would be re-affirmed. The Cell recognised the value of the strategy and noted the A. Khaldi would provide a draft of the strategy at the Cell's

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next meeting on 11th October 2021.

**COVID-19
reporting**

A6. The Scientific and Technical Advisory Cell (the Cell) received an oral update from Professor P. Bradley, Chair, regarding the reporting of COVID-19 in Jersey. Professor Bradley proposed the establishment of an informal Task and Finish group (as opposed to a standing sub-committee) to consider and report on this matter. I. Cope, Interim Director of Statistics and Analytics, mentioned that the statutorily independent Statistics Users Group had raised with him concerns about the lack of publication of statistics on Covid hospitalisations, and the vaccine status of positive cases, and that he had flagged this issue for discussion. Dr. C. Newman, was also fully supportive of this proposal.

It was suggested that I. Cope and L. Daniels would be part of this group's membership and Dr. C. Newman, Public Health Principal Officer, was also proposed for membership. It was agreed that I. Cope would set up the working group with Dr. Newman and that he would revert back to the Cell. Dr. L. Daniels proposed that membership from the Health Informatics team should also be included. This was agreed.

**Any other
business**

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, reported back from his weekend working in the Accident and Emergency Unit, reporting that a single swab provided to young children who had presented with viral symptoms had managed to isolate RSV and other viruses, as well as COVID-19, which was very helpful. Dr. Noon wished to record his thanks to Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, and his team, and it was queried whether this single swab test could also be provided in areas such as general practice, in order to assist with the diagnosis of COVID-19 and other viral infections. It was agreed that this matter would be raised with Dr. Muscat, MBE upon his return.

There being no further business, the meeting concluded at 1215 hrs.

END.