

SN/LP

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(77th Meeting)

1st November 2021

(Business conducted via Microsoft Teams)

**PART A (Non-Exempt)**

All members were present with the exception of B. Sherrington, Senior Nurse Adviser in Public Health and Dr. M. Doyle, Clinical Lead, Primary Care from whom apologies had been received.

Professor P. Bradley, Director of Public Health (Chair)  
 Dr. I. Muscat, MBE, Consultant in Communicable Disease Control  
 Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention  
 Dr. G. Root, Independent Advisor - Epidemiology and Public 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  
 M. Clarke, Head of Public Health Intelligence, Strategic Policy, Planning and Performance Department  
 Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department

In attendance -

R. Williams, Director, Testing and Tracing, Justice and Home Affairs Department  
 S. Martin, Chief Executive Officer, Influence at Work  
 S. White, Head of Communications, Public Health  
 E. Baker, Lead Nurse, Infection Prevention and Control, Health and Community Services  
 K. Posner, Director of Policy and Planning, Children, Young People, Education and Skills Department  
 R. Barnes, Operational Lead, Vaccination Programme, Health and Community Services  
 J. Norris, Principal Policy Officer, Strategic Policy, Planning and Performance Department  
 J. Lynch, Principal Policy Officer, Strategic Policy, Planning and Performance Department  
 J. Mason, General Manager, Health and Community Services  
 S. Nibbs, Secretariat Officer, States Greffe  
 P. Le Conte, Trainee Secretariat Officer, States Greffe  
 L. Plumley, Trainee Secretariat Officer, States Greffe

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

## Minutes

A1. It was noted that the Minutes from the last meeting of the Scientific and Technical Advisory Cell ('the Cell'), which had been held on 25th October 2021, were being finalised and it was hoped that they could be presented to the Cell for approval at its next meeting.

Intelligence  
overview,  
including  
Analytical Cell  
update and  
HCS activity

A2. The Scientific and Technical Advisory Cell (the Cell) with reference to Minute No. A2 of its meeting of 11th October 2021, received a PowerPoint presentation dated 1st November 2021, entitled 'STAC Monitoring Update' which had been prepared by Ms. M. Clarke, Head of Public Health Intelligence and Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department and heard from them in connexion therewith.

The Cell was informed that, as at Friday 29th October 2021, there were 461 active cases of COVID-19 in the Island, from which 3,237 direct contacts had arisen. As at the same date, the 14-day case rate, per 100,000 population, had been 532 and the 7-day rate 309. Of such active cases, 199 had sought healthcare, 114 had been identified through arrivals screening, 123 were direct contacts and the remainder had been identified through planned workforce, admission or cohort screening. The majority of cases (148) were in those aged between 10 and 19 years and in those aged between 40 and 49 and between 50 and 59 years, which when combined, accounted for 156 cases. Most of the active cases (65.2 percent) were symptomatic and over half (56 percent) were fully vaccinated. It was noted that the number of daily tests was currently averaging over 2,000. The majority of tests were being undertaken on inbound travellers and a smaller percentage on individuals seeking healthcare, or who had been contact traced.

The daily incidence rate, which had been relatively stable since August 2021, with an average of 30 cases per day, had increased since 21st October 2021, to an average of 50 cases per day and Ms. Clarke informed the Cell that this figure had climbed further over the weekend of the 30th and 31st October, when 60 to 65 cases had been identified per day. The Cell noted that results from Lateral Flow Device ('LFD') testing were being fed into the data and this was a work in progress. The overall test positivity rate was increasing across all age groups, and currently stood at 2.41 percent, and when the inbound travel figures were removed, the on-Island rate was 7.3 percent, the Cell noted that the increase may be due in part to increased LFD testing and the resulting data being included in the statistical analysis.

For those aged under 18 years, the test positivity rate was 5.4 percent and there had been a slight decrease in the rate for those aged between 40 and 49 years to just over 2 percent, whereas for the other age groups, it had increased to over one percent. The Cell reviewed a graph of the 7-day case rate, per 100,000 population, for Islanders of different ages and noted the increase over the last 3 weeks to 687 for those aged under 18 years. A lesser increase was also noted for those aged 40 to 59 years, and those aged 19 to 39 years, whilst the rate remained relatively stable for those aged over 60. The Cell noted that seeking healthcare continued to account for the main testing reason and test positivity rates for this cohort had increased to 25 percent.

Dr. Newman informed the Cell that, as at 29th October 2021, there had been 4 patients in the Hospital with COVID-19. Details were provided of the positive cases linked to health and care settings, Government departments and schools. Dr. Newman informed the Cell that 2 cases of a 'variant under investigation', the Delta sublineage 'AY.4.2', had been identified, and that there were no obvious links between these cases. An increase in the test positivity rate for the schools LFD testing programme had been observed, which now stood at 0.37 percent.

M. Clarke informed the Cell that there had been 80 deaths from COVID-19 since the start of the pandemic, of which 11 had occurred since 28th June 2021 (the third wave).

It was noted that the number of travellers into Jersey over the previous week had increased to over 16,000, due to the half term holiday, with the majority of arrivals coming through the airport. During the week ending 24th October, Jersey's testing rate, per 100,000 population, had been 16,500, which far exceeded the United Kingdom ('UK') rate of 9,700, despite that jurisdiction including tests undertaken on LFDs. The positivity rate locally had been 1.3 percent compared with 4.9 percent in the UK. The Cell was informed that during the same week, 12,320 tests had been undertaken on inbound travellers, 5,750 as part of on-Island surveillance and 640 on people seeking healthcare on experiencing symptoms of the virus.

Based on data to 24th October 2021, the effective reproduction number ( $R_t$ ) was locally noted to be between 1.1 and 1.4, which suggested that the spread of COVID-19 infection was increasing. The Cell was reminded that future changes to testing might make it difficult to continue to provide the  $R_t$ , but this would be kept under review on a weekly basis.

The Cell noted that 216 patients were currently recorded in the EMIS clinical IT system as suffering from Long Covid. Of these, 108 had ongoing symptomatic Covid and 116 had post COVID-19 syndrome, but it was recalled that these were not mutually exclusive, and one individual could have both codes assigned to them. Women aged 40 to 49 were the most affected group.

In respect of the COVID-19 vaccine programme, the Cell noted that, up to 24th October, 71 percent of Islanders aged over 80 years had received their booster dose, whilst 51 percent of those aged between 16 and 17 years and 23 percent of those aged between 12 and 15 years had received their first dose. In respect of the estimated vaccine coverage for the Joint Committee on Vaccination and Immunisation ('JCVI') priority groups, the Cell was informed that 51 percent of care home residents had received their booster dose, as had over a third of those working in frontline health and social care settings and other health and social care workers. It was noted, however, that a small amount of the data was of questionable quality and was coded Amber. The Cell was shown a graph which tracked the booster vaccine uptake by age group, this was increasing for all eligible age groups.

The Cell noted a graph, which had been prepared by the European Centre for Disease Prevention and Control ('ECDC') and which showed the cumulative vaccine uptake amongst people aged over 18 years, including both first and second doses in the same chart. It was recalled that first and second dose coverage in Jersey was 88 and 85 percent respectively, which compared favourably with many countries.

The Cell was informed that a total of 22,770 flu vaccines had been delivered as at 24th October 2021 across a number of settings, with the highest number delivered in schools and nurseries as part of the annual flu vaccination programme. Coverage was highest for those aged 65 to 79 years, of whom 47 percent had received the vaccine. The Cell noted that 45 percent of those over 80 years and 43 percent of those aged zero to 16 years had been vaccinated. Information regarding flu vaccination rates by eligibility group showed that 63 percent of school students in Reception to Year 11 and around a quarter of Health and Community Services Staff had received the flu vaccine, although it was noted that this was based on data considered to be of moderate quality and was coded Amber. The Cell noted that 34 cases of influenza-like illness had been reported in primary care during the week ending 31st October 2021, compared to 23 the previous week.

The Cell was presented with a map of cases in the UK for the 7-day period ending on 23rd October and noted high rates in Wales. In England, the 14-day case rate per 100,000 population had increased slightly to 869, had remained steady in Scotland at 593 and in Northern Ireland had decreased in to 908. The case rate in Wales was the highest of the devolved nations at 1,206. There had been a decrease of 9.8 percent in the number of people testing positive for COVID-19 in the UK when compared with the previous week, whilst hospital admissions had increased by 10 percent and deaths by 16.2 percent.

The Cell noted maps prepared by the ECDC, comparing 14-day case rates on 21st and 28th October, showing increases in France and Eire, and high case rates in much of Eastern Europe.

In respect of the Delta sublineage AY.4.2 variant under investigation, the Cell was informed that over 15,000 cases had been detected in England and the mutations in this variant could plausibly be biologically significant, but there was minimal laboratory evidence at present. The variant had a modestly increased growth rate relative to the Delta variant and a higher secondary attack rate for household contacts (12.4 percent compared to 11.1 percent). 420 of the cases identified had a recent travel history with the most frequent countries of travel being Spain and Greece. Cases of AY.4.2 were increasing and accounted for one in 5 cases sequenced in the South East of England as at 21st October 2021.

Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, was mindful of the current trajectory of infections and expressed his concern that there could be a “wave or ripple in progress”, the progression of which should inform the Cell’s advice to Ministers.

Dr. G. Root, Independent Advisor - Epidemiology and Public Health, noted that the terminology of “seeking healthcare” as a testing reason was now flawed due to changes in the testing regime and the definition needed to be reviewed. Ms. Clarke agreed that this was an issue and Dr. Newman confirmed that the topic had been discussed in a sub-group which would be reporting to the Cell at its next meeting.

Mr. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, recalled that the border screening programme was changing as of 1st November and this would lead to less information being available to the Cell, for example details regarding the 114 positive cases identified through arrivals screening as at 29th October 2021. Mr. Cope noted the increase in the test positivity rate for those aged 40 to 59 years and questioned whether this was due to waning protection from the vaccine. Professor P. Bradley, Director of Public Health, noted it was not possible to say definitively, but it was a potential explanation. Dr. I. Muscat, MBE, Consultant in Communicable Disease Control considered that the more recent vaccination of younger age groups afforded them more protection against the waning effect and mooted the possibility that household transmission from children to parents was a factor, which was deserving of further investigation to determine whether booster vaccines were needed for those aged 40 to 59 years. Dr. Root agreed that inter-generational transmission was possible and noted that the 10-to-19-year age group was also more likely to undertake social mixing compared to other age groups.

77th Meeting  
01.11.21

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention was surprised by the relatively low incidences of flu recorded in EMIS, given his weekend working in Accident and Emergency, where he had seen a number of patients with respiratory complaints. Dr. Muscat, MBE informed the Cell that people presenting to the Hospital with respiratory symptoms were tested and whilst there was a high incidence of Respiratory Syncytial Virus ('RSV'), there were few cases of flu detected, which was in line with expectations as flu usually became more prevalent in December and early January.

Professor Bradley noted the rise in cases and thanked members of the Cell for their suggestions with regards to how data quality might further be improved going forward.

The Cell noted the position and thanked officers for the update.

Winter  
Strategy:  
Step 1  
contingency  
measures

A3. The Scientific and Technical Advisory Cell ('The Cell'), with reference to Minute No. A3 of its meeting of 11th October 2021, recalled that officers from public health had been preparing a COVID-19 Winter Strategy Update which, once approved, would become a public document and would explain what the Island should do over the Autumn and Winter in order to sustain progress made to-date in combatting COVID-19 and to prepare the community for the challenges it was likely to face over that period.

The Members of the Cell accordingly received a report dated 29th October 2021, entitled 'Winter Strategy: Step 1 contingency measures' and heard from J. Norris, Principal Policy Officer, Strategic Policy, Planning and Performance Department, in connexion therewith. The Cell was informed that the COVID-19 Winter Strategy 2021-2022 recognised that Winter brought greater risk, and there was an expectation that there would be another wave of infection over the period. The latest epidemiological evidence showed both a rise in the number of cases and in the rate of growth in cases. As of Friday 29th October, there were more than 450 active cases. This represented an increase of around 300 since early October when there were around 150 active cases. Much of the recent increase in positive cases was in the population aged under 18, with the 7-day case rate per 100,000 population in that age group rising from 100 in early October to 644 as of Friday 29th October 2021. Cases in older adults (those aged over 60 years) remained lower, at a 7-day case rate of 180 per 100,000 population as of Friday 29th October 2021. There were 4 active cases in hospital as of Friday 29th October. Local estimates suggested that in recent months just over 1 percent of cases required hospital treatment, a much lower percentage than pre-vaccine waves of infection (over 4 percent in winter 2020 for example).

It was reasonable, therefore, at this stage to consider what contingency measures would be required to manage an increase in COVID-19 cases, and at what point these measures should be introduced.

The Winter Strategy envisaged two steps in terms of implementing contingency measures. 'Step 1' was proposed in circumstances where there was a need to mitigate against the risk of major economic and societal consequences (staff sickness causing disruption to schools, essential infrastructure and services for example), but where the risk of hospitalisation was lower. The measures proposed in Step 1 were based on the following characteristics: the available evidence (whether in the Jersey context or broader literature) should show that the measures were effective in reducing COVID-19 transmission. The Cell acknowledged that the measures were not legal restrictions, which should only be used as a last resort and the measures should have low economic and societal impacts.

As a first step, the Government would propose the introduction of a package of voluntary guidance to increase levels of self-mitigation behaviour amongst islanders, and which were consistent with the step 1 characteristics. The proposed measures in order of recommendation were:

- (1) Advice to increase the frequency of Lateral Flow Device ('LFD') testing, with a particular focus in education settings.
- (2) Surge vaccination measures for key populations, especially children and younger adults where reluctance or hesitation is more prevalent.
- (3) Strong recommendation to wear face masks in indoor public environments.
- (4) Use of carbon dioxide monitors in education settings to encourage good ventilation in schools and colleges.
- (5) Stronger advice to reduce the frequency of attendance at higher risk gatherings such as parties and nightclubs.
- (6) Strong recommendation for working at home where possible.

Alongside these Step 1 measures, there would be a continued emphasis on ongoing mitigations such as the use of on-demand, self-administered LFD testing, and encouraging vaccination take up in eligible populations, and the vaccine booster. The goal was to implement the package of measures to control the spread of COVID-19 by reducing the risk that infectious people were mixing with others in the population, thus reducing the risk of transmission in any given setting or environment. The measures should be implemented in the most effective and targeted manner possible, minimising their social and economic impact. There would not, at this stage, be any legal restrictions introduced, which would only be used as a last resort where there was a strong possibility of widespread severe disease and hospitalisation. The measures had the potential to reduce COVID-19 transmission, but their overall effectiveness would be reduced by potential low levels of adherence among the population. It remained important to ensure continued communication and engagement to encourage behaviours that reduced the risk of COVID-19 transmission.

The implementation of contingency measures needed to anticipate the trajectory of COVID-19 cases before it reached critical levels. It could take several weeks from the implementation of the measures to show through in the infection rate and associated data. A decision to act early and introduce the measures by the beginning of November could, therefore, help to flatten infection rates in the run-up to Christmas and New Year, and any potential disruption this might cause. A Competent Authority Ministers (CAM) meeting had been arranged for Thursday 4th November 2021, so these measures, if approved, would not come into effect until the week commencing 8th November 2021 at the earliest.

The Cell was asked to consider firstly, whether the potential package of contingency measures was appropriate and sufficient to mitigate the risk of a significant rise in COVID-19 cases, and which, if any, could be advised or omitted at present; and secondly, what indicators and factors would be employed to inform the decision to introduce those measures, and at what point those measures should be introduced.

In response to a question from Mr. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, it was clarified that the Cell was being asked to recommend the implementation of the Step 1 measures at the earliest opportunity, due to the recent increase in cases and to reduce the risk of potential disruption in the run-up to Christmas and New Year.

Mr. Cope noted his concern with regard to the socio-economic impact and acceptability assessment of Recommendation 5, which could potentially have a medium to high economic impact on businesses as a result of a reduction in trade, as well as a loss of confidence and trust from effected industries. Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, opined that the third wave was uncharted territory, and recalled that previous measures in connexion therewith had been in put in place later than the Cell would have liked; in the context of rising case numbers, the Cell needed to be forward looking and the proposed measures would improve the levels of protection afforded by the vaccination programme.

Mr. Khaldi confirmed that the measures were intended to have the lowest potential socio-economic impact possible and that with the significant spread of COVID-19 in younger age groups and the potential negative impact on education, it was crucial to the success of the measures to implement them as soon as possible.

Dr. G. Root, Independent Advisor - Epidemiology and Public Health, noted that there had been a paradigm shift compared to Winter 2020, due to the success of the vaccination programme, and although there was clear evidence of waning immunity following second vaccinations, uptake of booster vaccinations was high. Having achieved the objective of protecting the vulnerable from infection and hospital admission Dr. Root questioned whether consideration should be given to changing the isolation policy, rather than attempting to challenge transmission rates amongst age groups where the risk of serious illness was extremely low. Although he was fully supportive of vaccination for all age groups, he was nervous about the impact that Recommendation 2 could have on the booster vaccination programme, given limited resources in the health service. It was essential, in his view, for the emphasis on the booster vaccination programme to continue. Dr. Root noted that the package of measures was largely based on self-regulation and cautioned that the uptake was likely to be variable and the impact potentially limited; in particular he felt there would be an understandable reluctance among younger age groups to adhere to the guidelines. Dr. Root indicated that he would wish to “unpack” the proposals further before seeking approval from CAM.

Dr. Muscat, MBE noted the increase in case numbers in Jersey and the upward trend in deaths and hospital admissions in the United Kingdom ('UK'), and the likelihood that half term travellers could bring back with them a function of the infection rates that they encountered whilst abroad. In addition to concerns regarding COVID-19, he reminded the Cell that the impact of Winter viruses such as Influenza and Respiratory Syncytial Virus ('RSV') had not yet been fully felt and needed to be taken into consideration. Dr. Muscat, MBE was of the opinion that LFD testing was an incredibly useful measure which could be used on a day-to-day basis by individuals prior to attending events or parties and would only restrict those who were infectious. No single measure on its own would be sufficient and therefore Dr. Muscat, MBE was in agreement that a collection of measures was required in order to ensure that clinically vulnerable individuals continued to be protected, which, to his mind, was the first and foremost consideration for the Winter Strategy.

Mr. Khaldi reminded the Cell that there had been a number of hospital admissions and deaths during the 3rd wave of infection, and he recognised the additional pressures and risks that the Winter season could bring. Mr. Khaldi supported Dr. Muscat's point regarding Winter pressures more generally and was of the opinion that the danger had not passed, therefore he wished to ensure that risks were minimised, and levels of critical disease and disruption remained low. It was necessary, in his view, to look at what had changed, what risks lay ahead and for the prevention of severe disease to remain a key driver with regard to decisions concerning the Winter Strategy. Mr. Khaldi noted that it was preferable to act early by putting in place advisory measures with a low socio-economic impact now rather than waiting for a further wave of infection to crystallise.

Dr. Root noted that the picture in the UK was nuanced, and it appeared that transmission of COVID-19 in the UK had been falling slightly over the last 2 weeks; there was speculation that this could be because the high levels of infection amongst young people over the previous month had provided sufficient acquired immunity to reduce levels of transmission.

Dr. Root believed the most effective measure continued to be vaccination and was sceptical that voluntary measures would have a significant impact, particularly amongst younger age groups who were less likely to adhere to recommendations to socially distance. Children appeared to be a key vector of transmission in the context of waning immunity of older age groups who they might mix with.

Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department agreed with Dr. Root that vaccination was crucial and reminded the Cell that whilst the risk of critical disease and death was lower for children, it was still a risk and therefore it was important to consider how to keep case rates low amongst younger age groups.

Professor P. Bradley, Director of Public Health, noted that the Cell was in full agreement that the vaccination programme was key to continuing to combat infection in the winter months and acknowledged that, whilst the proposed measures were evidence based, there was a risk that public perception would not be supportive. He noted that the majority of the Cell supported the first 4 proposed measures, and that some members had expressed concerns about the socio-economic impacts of measures 5 and 6 and invited members of the Cell to consider these measures in more detail.

Mr. Khaldi reminded the Cell that the suggested measure number 5 was not proposing to close nightclubs or asking people not to gather at home, rather the intention was to encourage individuals to exercise caution and engage more safely or at lower levels of frequency, for example by taking an LFD test before attending gatherings. Mr. Khaldi accepted that adherence was likely to be variable and felt it was better if some people were taking precautions than for no action to be taken at all, and referred to an article by Professor N. Ferguson, Director of the MRC Centre for Global Infectious Disease Analysis and Jameel Institute, in this regard. The communications around the Step 1 contingency measures would need to be carefully constructed, the intention was not to frighten people, Mr. Khaldi emphasised, but to create a positive impact to slow the spread of infection over Winter. With regards to measure number 6 - the strong recommendation for people to work from home if possible - Mr. Khadi noted that the alignment of the Government, as Jersey's largest employer, to this policy, could have a significant effect. It was recalled that financial, legal and professional services companies had been largely compliant with such measures previously.



77th Meeting  
01.11.21

Professor Bradley acknowledged that the Cell was aware that measure number 6 was a strong recommendation only and therefore only partial implementation might result.

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, noted that it was important for clear guidance to be provided regarding Christmas parties as these events could be a source of transmission if LFD testing guidelines were not followed. Ms S. White, Head of Communications, Public Health, advised that similar advice would need to be issued to all those attending the Government's Our Stars Awards ceremony taking place at the Royal Jersey Showground on 9th November 2021.

Dr. Root repeated his concerns regarding the socio-economic impacts of measures Nos.5 and 6, noting that they relied on self-regulation and that recommending that Government staff work from home would impact on the wider economy and staff performance. He was also concerned that the measures could cause vulnerable individuals to feel unnecessarily fearful.

Dr. Muscat, MBE agreed that whilst the situation had improved due to the success of the vaccination programme, COVID-19 still posed a considerable threat, particularly in the context of the additional risks posed by other Winter viruses.

Low infection rates meant a safer society and therefore he felt it was reasonable to implement measures to reduce risk at several levels.

Professor Bradley noted that the main objective of the measures was to reduce risk and the majority of the Cell, with the exception of Dr. Root, for the reasons outlined above, were in agreement that the proposed Step 1 contingency measures should be recommended for prompt implementation by CAM due to the lead time for implementation and increasing levels of COVID-19 infection, in conjunction with appropriate public communications.

Matters for  
information

A4. The Scientific and Technical Advisory Cell, with reference to Minute No. A2 of the current meeting, received and noted the following –

- a weekly epidemiological report, dated 28th October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 28th October 2021, which had been compiled by the Office of the Superintendent Registrar;
- an estimate of the instantaneous reproductive number (' $R_t$ ') for COVID-19 in Jersey, dated 28th October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- a report on COVID-19 vaccination coverage by priority groups, dated 28th October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- a report on Flu vaccination coverage by priority groups, dated 28th October 2021, which had been prepared by the Strategic Policy, Planning and Performance Department; and
- a technical briefing on variants of concern and variants under investigation in England, dated 22nd October 2021, which had been prepared by the United Kingdom Health Security Agency.

There being no further business to discuss, the meeting was concluded at 11.55am.