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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(82nd Meeting)

(Business conducted by electronic mail)13th December 2021**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 -

H. Lucas, Interim Chief Operating Officer, Health and Community Services (items A1-A2 only)  
 E. Baker, Lead Nurse, Infection Prevention and Control, Health and Community Services  
 J. Mason, General Manager, Health and Community Services (items A1-A2 only)  
 S. White, Head of Communications, Public Health  
 S. Martin, Chief Executive Officer, Influence at Work  
 R. Williams, Director, Testing and Tracing, Strategic Policy, Planning and Performance Department  
 J. Norris, Principal Policy Officer, Strategic Policy, Planning and Performance Department (items A1-A2 only)  
 J. Lynch, Principal Policy Officer, Strategic Policy, Planning and Performance Department  
 Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department  
 S. Huelin, Senior Policy Officer, Strategic Policy, Planning and Performance Department  
 K. Sharman, Office of the Chief Executive  
 L. Plumley, Secretariat Officer, States Greffe

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

Intelligence overview, including Analytical Cell update and HCS activity.

A1. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 6th December 2021, received a PowerPoint presentation dated 13th December 2021, entitled 'STAC Monitoring Update' which had been prepared by Ms. M. Clarke, Head of Public Health Intelligence, Dr. C. Newman, Principal Policy Officer and Dr. L. Daniels, Senior Informatics Analyst, of the Strategic Policy, Planning and Performance Department.

The Cell was apprised of the current situation with regards to public health monitoring, noting that as at Friday 10th December 2021, there were 1,245 active cases of COVID-19 recorded in the Island, from which 4,621 direct contacts had been identified. The majority of cases (808) had been identified in individuals seeking healthcare, with smaller numbers being identified through contact tracing (226) and positive Lateral Flow Test ('LFT') results (129) and the remainder through various screening programmes. The age ranges, gender and vaccination status of the active cases were shown. Around 1,500 tests were being undertaken on a daily basis and an average of 121 cases per day had been identified since 6th November 2021, with the majority of current cases in those aged under 20 years and in those aged between 30 and 59 years. Three quarters of the active cases were symptomatic.

The Island test positivity rate (excluding inbound travel) had decreased since the previous week to 9.6 per cent, and the test positivity rate for those aged under 18 years remained at 17 per cent whilst for those aged over 60 years it had decreased to 2.6 per cent. A slight increase in the test positivity rate for the schools LFT programme had been observed and now stood at 0.99 per cent, though it was noted that positive results were more likely to be reported than negative results. As at 10th December 2021, the 14-day case rate per 100,000 population had decreased to 1,556 and the 7-day rate to 745. It was noted that the number of inbound travellers had been decreasing since the end of October 2021 and that 12 cases had been identified through border testing in the week commencing 29th November 2021, which equated to a test positivity rate of 1.25 per cent.

The Cell reviewed the age range and vaccination status of cases in hospital since 28th June 2021 and noted that as at 10th December 2021, there had been 15 patients in the Hospital with COVID-19, which had increased to 18 as of the present day. It was confirmed that safe levels of care were being maintained in the Hospital and that additional bed capacity was being made available in line with contingency plans. It was noted that Brexit and COVID-19 had resulted in a reduction in the availability of temporary staff, and it was agreed that an update from Primary Care (to include the emergency services) should be provided to the Cell going forwards.

It was noted that pressures in the United Kingdom ('UK') health system had led to delays in transferring a small number of patients requiring tertiary or quaternary care in the UK. The Cell recalled that a number of COVID-19 patients who were 'medically fit for discharge' were not able to be discharged until they had completed isolation due to policies in the care settings to which they would be returning and that the community sector's ability to care for these patients was crucial to maintaining Hospital capacity. It was agreed that discussions between Public Health and the Care Commission were needed to ensure such patients could be discharged in a timely fashion, noting the need for appropriate infection control measures to be in place.

In light of the combination of pressures on the Hospital from both COVID-19 and 'business as usual' medical needs, the availability of temporary staff and the ability to discharge 'medically fit' patients, the Cell was in agreement that maintaining Hospital capacity over the Christmas period and into January 2022 was critical and

that a separate meeting to review this matter from an operational perspective should take place. The Cell noted that the point where it might be prudent to consider further public health measures to control the number of admissions to Hospital could be being reached and that the outcome of the aforementioned meeting would inform the recommendations that would be proposed to the meeting of the Competent Authority Ministers ('CAM') taking place the following day.

Details were provided of the positive cases linked to health and care settings, Government departments and schools. The Cell received an update on the actions being taken in relation to the cluster of cases in the Prison, which included vaccination, testing, hygiene and sanitation measures, a proportionate approach to isolation and dedicated contact tracing. The somewhat transient nature of the prison population was noted to be a contributing factor to the low vaccination rates that had been identified and the Cell requested that a further update be provided at its next meeting.

The Cell was informed that 3 COVID-19 related deaths had been registered in the previous week as part of the '4th wave', bringing the total number of deaths in the pandemic to 84.

Details regarding the COVID-19 and flu vaccine programmes were shared and high rates of coverage for booster doses and flu were noted for older age groups. For those aged 12 to 15 years, 37 per cent had received their first dose whilst for those aged 16 to 17 years the figure had increased to 57 per cent. In terms of priority groups, it was noted that 75 per cent of care home residents and around 60 per cent of carers working in care homes and health and social workers had received a booster dose. Uptake of booster doses was increasing, with a sharp rise amongst those aged 40 to 49 years noted once eligibility had been extended to that group. It was confirmed that the testing and contact tracing programmes were running smoothly, and additional staff were being inducted to the latter to increase capacity.

The Cell recalled, with reference to Minute No. A2 of its meeting of 29th November 2021, the difficulties inherent in publishing local information demonstrating the protective effect of vaccination with regards to the risk of hospitalisation and the need for the Cell to review the definition of 'fully vaccinated' in light of the gradual extension of eligibility for booster vaccinations. It was noted that work to progress this matter was underway, and in view of the strong public appetite for this information, it would be desirable for it to be completed as a matter of priority. Updating the definition of 'fully vaccinated' would also send a useful signal to shift public perception of the term to include a booster dose and reinforce the need for people to receive the same.

The Cell was apprised of the situation in UK, noting that over the 7 days to 12th December 2021, cases had increased by 11.9 per cent, deaths had remained stable and hospitalisations had increased by 3.7 per cent. 3,137 cases of the emerging 'Omicron' variant of concern had now been identified in the UK, with 1,239 cases reported on 12th December 2021. It was recalled that the UK government had issued a recommendation for people to work from home where possible from 13th December 2021 and was aiming for all adults to be offered a booster vaccine by the end of December 2021. The 'UK Health Security Agency Risk Assessment' for the variant, dated 9th December 2021, was shared, which estimated with high confidence that the Omicron variant displayed a growth advantage over the Delta variant, based on analysis of UK data showing increased household transmission risk, increased secondary attack rates and increased growth rates compared to Delta.

In terms of transmissibility, it was estimated, with low confidence, that Omicron was at least as transmissible as Delta, and with high confidence, that it displayed a reduction in immune protection against infection. There was insufficient data available at present to assess the severity of infection. The 'UK Health Security Agency Technical Briefing 31', dated 10th December 2021, which had been circulated prior to the meeting, anticipated a swift rise to dominance of the Omicron variant, based on the prevalence of specimens with S-gene target failure, with the fastest growth currently being observed in the London area. Although vaccine effectiveness against symptomatic disease with the Omicron variant appeared to be significantly lower than compared to the Delta variant, moderate to high vaccine effectiveness of 70 to 75 per cent was seen in the early period after a booster dose.

In terms of the local impact, it was likely that under the same conditions, Omicron would spread faster and affect more people than the currently dominant Delta variant. Therefore, an increase in infection rates was anticipated when the Omicron variant arrived in the Island.

The Cell was reminded of the need to review the evidence in relation to fomites as a likely source of transmission at a future meeting.

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

Vaccination  
update.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 6th December 2021, received a presentation, entitled 'COVID-19 Vaccination Programme, Update to STAC/CAM' dated 13th December 2021 prepared by Ms. E. Baker, Lead Nurse, Infection Prevention and Control, Health and Community Services.

It was recalled that, in light of the rapid spread of the Omicron variant, the United Kingdom ('UK') government had brought forward the date for all eligible adults in England aged 18 and over to be offered a COVID-19 booster vaccine, to the end of December 2021. Consequently, an operational plan was being prepared to implement the same in the Island. The Cell was apprised of the number of vaccines delivered to date and of the scale of the task ahead, noting that around 32,000 people would now be eligible to receive a booster vaccination.

It was noted that 46 per cent of those aged over 18 years had received their booster vaccination and an acceleration had been noted in the number of appointments being booked. Around 700 slots per day were currently being offered, however capacity would need to be increased to 1,200 slots per day to meet the new delivery timelines. Bookings would be opening to those aged over 18 years later this week and a communications campaign aimed at increasing uptake amongst Health and Community Services ('HCS') staff was being prepared. Members of the Cell made a number of suggestions in connexion therewith, including exploring the feasibility of offering vaccinations to HCS staff at the Hospital, which officers undertook to investigate. The schools vaccination programme had now concluded. The mobile unit would continue to undertake visits to private homes and care homes and tailored sessions for pregnant women would be offered on a weekly basis at the Vaccination Centre, with midwives present. The Cell noted the great deal of work that was being undertaken with regards to the operational plan for vaccine delivery, amidst changing eligibility conditions.

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The Cell discussed the use and effectiveness of various methods of communication to reach people and particularly the most vulnerable and those at increased risk, namely those aged over 40 years. It was noted that the Modernisation and Digital department were progressing work to enable targeted text messages to be sent to eligible individuals reminding them to book a booster vaccine appointment and the Cell agreed that it would be helpful to explore the option of personalised letters, noting with thanks the offer of behavioural science input from one of the members. The Cell was in agreement regarding the importance of prioritising the uptake of booster vaccination amongst those most at risk, whilst ensuring that all those eligible were encouraged to be as up to date as they could be in their vaccination schedule.

It was noted that in the context of Omicron, the public narrative was likely to change and consequently it was likely that there would be an increase in the number of people presenting for booster vaccination, and the Cell emphasised once more the need for targeted communications to ensure that the most at risk populations came forward to increase both vaccine coverage and booster uptake. It was acknowledged that communications regarding the need for booster vaccination should not inadvertently cast doubt on the effectiveness and importance of primary vaccination, as both offered significant protection, and were critical in view of the emergence of the Omicron variant.

It was recalled that today marked exactly one year since the first COVID-19 vaccine had been administered and the Cell noted that communications regarding the same would be issued to underline the importance of the vaccination programme.

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

COVID-19  
Winter  
Strategy  
update.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 6th December 2021, received a discussion paper dated 13th December 2021, entitled 'Response to current COVID context and anticipated Omicron VOC impact', prepared by Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department.

The 'UK Health Security Agency Risk Assessment' for the variant, dated 9th December 2021, was shared and the Cell noted that compared to the Delta variant, the Omicron variant displayed a growth advantage, was at least and potentially more transmissible, immune protection against infection was reduced and there was continuing uncertainty over the severity of infection. It was acknowledged that the evidence currently available was concerning and, given the growth advantage displayed by the variant and the actions taken by the United Kingdom ('UK') government in response to Omicron, it would be apposite for the Cell to consider the government's current and forward policy response, and whether policies required strengthening to mitigate the effects of Omicron. Comments were sought to inform Public Health policy recommendations that would be considered by the Competent Authority Ministers ('CAM') on 14th December 2021.

It was noted by one of the members of the Cell that the model which informed the decisions of the UK government had not included an additional factor regarding severity of disease, which remained uncertain at the present time, but had assumed an impact similar to that of the Delta variant.

The Cell turned its attention to a number of policy levers in turn and members were asked to comment on the proportionality, likely effectiveness of the measures and whether, in their view, policy changes were needed given the current epidemiological context. It was recalled that COVID-19 infections remained high, but had been broadly stable for the past 4 weeks at an average of 120 new infections

per day, however pressures from COVID-19, 'business as usual' medical needs and the global health picture were being felt in the Hospital and consequently could become more challenging to manage if the impact of Omicron turned out to be more severe than that of the Delta variant. Additionally, notwithstanding the extant uncertainty around disease severity, the Cell acknowledged the possibility that Omicron's growth advantage might result in a high volume of cases leading to significant pressure on the Hospital and the fact that younger populations not eligible for vaccination continued to constitute a risk in terms of providing a pool and vector for infection, even if they themselves remained at low risk of severe disease.

The Cell discussed incentives to encourage vaccination take up including mandation, which one member strongly agreed with, particularly for health care staff. A general consensus was reached that this was not a policy option that the Cell would recommend at the present time, though it was open to holding further debate and discussion in the future with regards to mandatory vaccination for health care staff. The Cell noted that vaccination remained the most effective and important measure and expressed its support for efforts to increase uptake.

The Cell was in agreement that it was preferable to employ vaccination take up incentives as opposed to mandation at the present time and supported the notion of making vaccination as easy and accessible as possible, for example by holding vaccination clinics at the Hospital for health care staff and exploring whether large employers could potentially offer the same for staff on their premises. It was recalled that the Cell had previously recommended charging for the testing of unvaccinated arrivals, but this measure had not been adopted by the Competent Authorities Ministers (CAM) and the Cell's position on this matter remained unchanged.

The Cell supported the use of 'Covid Status Certification' for large events or gatherings whilst noting the significant preparation and lead times that would be required to implement this measure. Members were encouraged by increased participation in the Lateral Flow Test ('LFT') programme, though it was noted that the correct self-administration of LFTs was dependant on individuals using the appropriate swabbing technique and it was suggested that people should be encouraged to undertake LFTs prior to visiting the Hospital.

It was acknowledged that whilst a stronger Safer Travel policy could support the slowing of spread of Omicron to Jersey, its arrival was considered inevitable given the permeability of the border. Since only the most severe policy would be effective at eliminating seeding, the impact of such a policy would be disproportionate and potentially ineffective due to the necessity of some travel being permitted.

Turning to consideration of voluntary Non-Pharmaceutical Interventions ('NPIs'), it was recalled that the Cell's recommendation to strongly encourage people to work from home where possible had not been adopted by CAM due to concerns about the economic impact of such a measure. An anecdotal increase in people working from home had been noted by several members, which suggested a degree of precautionary, voluntary movement in this direction. The importance of the key Christmas trading context to the economy was acknowledged and it was recognised that implementation of the recommendation at a later date might be more acceptable from a political perspective. It was also noted that the Christmas period might provide a 'firebreak' particularly if people exercised caution and undertook LFTs appropriately.

It was recalled that the voluntary use of masks in indoor public settings was now strongly encouraged and members' views on making this a mandatory measure were sought. One of the members expressed a view that the impact on transmission was

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not sufficiently effective to justify mandation, and the focus should be on vaccination.

The Cell was in agreement that antiviral treatment, the use of which was being operationalised outside the Hospital setting, whilst extremely welcome, was a last resort measure and should not be perceived as an alternative to active vaccination.

The Cell observed that highlighting the vaccination rates for care home staff might encourage booster uptake amongst this group, given that 60 per cent of carers working in care homes had received a third dose, noting that the data quality assessment was rated amber (moderate quality). It was desirable to increase this rate to better protect care home residents. It was noted that this information was already published on a weekly basis and the Cell was in agreement that it should be given more prominence. The Cell noted the challenges associated with publishing data at individual care home level and agreed that it would be preferable to highlight the overall figure.

Mr. Khaldi thanked the Cell for a helpful discussion and noted that the Public Health policy recommendations would be considered by CAM in the wider political and economic context.

Matters for  
information.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A1 of the current meeting, received and noted the following –

- a weekly epidemiological report, dated 9th December 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 10th December 2021, which had been compiled by the Office of the Superintendent Registrar;
- a report on COVID-19 vaccination coverage by priority groups, dated 9th December 2021, which had been prepared by the Strategic Policy, Planning and Performance Department; and
- a report on Flu vaccination coverage by priority groups, dated 9th December 2021, which had been prepared by the Strategic Policy, Planning and Performance Department.

There being no further business to discuss, the meeting was concluded at 13.15pm.