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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(90th Meeting)

(Business conducted via Microsoft Teams)14th February 2022**PART A (Non-Exempt)**

All members were present with the exception of Ms. M. Clarke, Head of Public Health Intelligence, Strategic Policy, Planning and Performance Department, 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, Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department
 Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department
 E. Baker, Head of Vaccination Programme, Strategic Policy, Planning and Performance Department
 Dr. M. Doyle, Clinical Lead, Primary Care (items A5 and A6 only)

In attendance -

R. Williams, Director, Testing and Tracing, Strategic Policy, Planning and Performance Department
 Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
 M. Knight, Head of Public Health Strategic Policy, Strategic Policy, Planning and Performance Department (items A5 and A6 only)
 S. Luce, Senior Policy Officer, Strategic Policy, Planning and Performance Department (items A5 and A6 only)
 K. Sharman, Office of the Chief Executive
 S. White, Head of Communications, Public Health
 S. Martin, Chief Executive Officer, Influence at Work
 L. Plumley, Secretariat Officer, States Greffe

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

- Minutes. A1. The Scientific and Technical Advisory Cell ('the Cell'), received and noted the Minutes from its meeting of 7th February 2022, which had previously been circulated. The Minutes were approved by the Cell.
- Intelligence A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to

overview, including Analytical Cell update and HCS activity.

Minute No. A2 of its meeting of 7th February 2022, received a PowerPoint presentation, entitled 'STAC Monitoring Update', dated 14th February 2022, which had been prepared by Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department and heard from her in connexion therewith.

The Cell was apprised of the current situation with regards to public health monitoring, noting that as at Friday 11th February 2022, there were 2,081 active cases of COVID-19 recorded in the Island. The majority of cases were in children aged zero to 9 years and 10 to 19 years, followed by cases in those aged 40 to 49 years.

Seeking healthcare was the most common reason for testing, accounting for 1,134 cases; 794 had been identified following positive Lateral Flow Tests ('LFTs'); 25 through arrivals screening; 7 through contact tracing and the remainder through various screening programmes. The age ranges, gender and vaccination status of the active cases were shown, with a further breakdown by age for active cases in those aged 18 and under.

Subsequent to changes in the testing approach, the number of daily tests being undertaken had decreased to fewer than 1,000 and an average of 290 cases per day had been identified over the previous 4 weeks, though the daily incidence had fallen to fewer than 200 cases as at 13th February 2022. The overall test positivity rate (measured as a 7-day rolling average) had increased to 31 per cent. The relatively high-test positivity rate was due in part to people coming forward for testing following a positive LFT result.

The 7-day case rate per 100,000 population had fallen for those aged under 18 years, though it was still comparatively higher than in other age groups, where rates were noted to be plateauing.

The Cell reviewed the clinical status of cases in hospital since 28th June 2021 and noted that as at 11th February 2022, there were 19 patients in the Hospital with COVID-19. An increase in the number of cases in care homes was noted.

Details were provided of the positive cases linked to schools, which had resulted in a significant number of pupils working from home during the previous week.

A further 2 deaths had been recorded, bringing the total to 106, with 28 registered since the start of the 4th wave on 1st October 2021.

During the week ending 6th February 2022, Jersey's testing rate, per 100,000 population, had been 6,600, compared to the United Kingdom ('UK') rate of 11,830, which included LFTs. The test positivity rate locally was 26.3 per cent compared to 6.5 per cent in the UK.

The Cell noted that 379 patients were currently recorded in the EMIS clinical IT system as suffering from 'Long Covid'. Women aged 40 to 49 years continued to be most affected and the Cell was informed that a review was being undertaken with regards to the underlying data and monitoring metrics for Long Covid. (Minute No. A6 of this meeting refers.)

It was noted that footfall in St. Helier had not returned to pre-pandemic levels but was higher at present than it had been in January 2021. Traffic levels and bus usage had begun to increase from mid-January 2022.

The Cell was apprised of the results of social media sentiment analysis, noting

misinformation being posted in response to Government posts; a number of Islanders stating that they would continue to wear masks voluntarily to protect the vulnerable; and a mixed response to the suspension of Safer Travel measures, with some Islanders concerned and others more positive, and some expressing doubts over the rationale for receiving the booster vaccine now that there were no travel benefits to vaccinated Islanders. In relation to schools, questions were noted with regards to the timeline for implementation of air filtration devices, and a polarisation of sentiment with regards to the recommendation to undertake daily LFTs was apparent, with some parents reporting that their children were happy to comply whilst others were reluctant or unwilling to cooperate.

Details regarding the COVID-19 vaccine programme were shared and it was noted that as at 6th February 2022, 220,629 doses had been administered, of which 59,849 were third 'booster' doses, with high rates of coverage in older age groups and a slowing down in uptake rates across younger eligible populations, however 50 per cent of those aged 12 to 15 years and 65 per cent of those aged 16 and 17 years had now received their first dose. It was estimated that 79 per cent of care home residents, 81 per cent of carers working in care homes and 83 per cent of front-line health and social workers had received a booster vaccination, though it was noted that these assessments were coded Red or Amber due to questionable or moderate data quality.

The Cell was informed that 11 episodes of flu-like illness had been reported in primary care during the week ending 13th February 2022. Overall, levels of flu-like illness were now similar to those of Winter 2020 to 2021 and significantly lower than in previous Winter seasons.

The Cell was apprised of the situation in UK, noting that over the 7 days to 13th February 2022 (7th February 2022 for hospitalisation figures), cases had decreased by 31 per cent, hospitalisations by 11 per cent and deaths by 27 per cent.

A graphical comparison of 14-day case rates per 100,000 population showed that Jersey's rate of 3,730 was greater than that of Northern Ireland (2,720), Guernsey (2,250), England and Scotland (both 1,550), the Isle of Man (1,200) and Wales (780), though it was noted that this may be explained in part by Jersey's relatively high testing rate compared to those jurisdictions. The Cell was informed that 14-day case rates remained high across Europe.

The Cell was provided with an update on Hospital capacity which confirmed that safe levels of staffing and care were being maintained.

The Cell was informed that the Harbour testing site had been decommissioned and Polymerase Chain Reaction ('PCR') testing would now be offered at the Airport drive-through testing site as of 14th February 2022. The facility for people to book their own tests had resulted in a marked reduction in non-attendance for testing appointments. Updates to the booking system would shortly be implemented to record the sectors in which individuals worked, to assist the Covid Safe team with identifying and addressing outbreaks in particular settings.

A member of the Cell noted that whilst Jersey's 14-day case rate might appear to compare unfavourably with those of other jurisdictions, the comparison did not account for higher rates of testing in Jersey, which arguably meant cases were being detected more effectively and in greater numbers. The member remarked that the recommended daily testing of schoolchildren in Jersey could also partly account for the higher detection and case rates observed in the Island. Following on from this, the member noted that their position with regards to the school testing policy

remained unchanged and, given their belief that it had a limited impact on transmission and was negatively affecting children's education, asked if consideration had been given to alignment with the UK approach, noting that the Prime Minister had recently announced that it was intended to end all COVID-19 restrictions by 24th February 2022. Another member cautioned that due to the continuing high prevalence of COVID-19, it would be, in their opinion, both premature and unwise to step down the Lateral Flow testing in schools at the present time. It would also constitute a significant change in approach, with ramifications for students, parents and staff in educational settings. The member noted that a paper would be presented to the Cell in due course regarding options for a change in the overall approach to testing. The first member expressed a wish for the paper to include consideration of the level of support amongst parents for continued daily testing of schoolchildren and likely levels of compliance. A third member noted that the picture with regards to parental support and compliance was mixed and would be considered in the paper as they were relevant factors. It was noted that the review of the testing approach would require a significant amount of work to be undertaken and therefore it was anticipated that a final analysis could be presented to the Cell in 2 to 3 weeks' time.

The Cell noted the position and thanked Dr. Daniels for the update.

Omicron
update.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 7th February 2022, noted the 'UK Health Security Agency Risk Assessment', dated 9th February 2022, and the 'UK Health Security Agency Technical Briefing 36', dated 11th February 2022, and heard from Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department, in connexion therewith.

The Cell was informed that with regards to immune evasion, there was evidence of a small antigenic distance between the dominant Omicron BA.1 variant and the Omicron sub-lineage BA.2, designated as a Variant Under Investigation, but no evidence of a difference in vaccine effectiveness in English data.

The Cell noted the position and thanked Dr. Daniels for the update.

Vaccine
update.

A4. The Scientific and Technical Advisory Cell ('the Cell') with reference to Minute No. A6 of its meeting of 7th February 2022, received a presentation, dated 14th February 2022, entitled 'Covid-19 Vaccination Programmes, STAC and Ministerial Briefing', which had been prepared by Ms. E. Baker, Head of Vaccination Programme, Strategic Policy, Planning and Performance Department and heard from her in connexion therewith.

The Cell was apprised of the progress of the COVID-19 Vaccination Programme, noting that 77 per cent of eligible Islanders aged over 18 years (those who had received two doses of vaccine) had come forward for their booster dose so far; 50 per cent of 12 to 15 year olds and 65 per cent of 16 and 17 year olds had received a first dose; scenario planning for new cohorts (including children aged 5 to 11 years) had begun and a review of security was being undertaken in respect of the Vaccine Centre and Outreach Team. A member asked to be apprised of the number of individuals yet to come forward for their first or second dose, which officers undertook to provide.

It was anticipated that a recommendation would shortly be issued by the Joint Committee on Vaccination and Immunisation ('JCVI') in respect of extending the

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vaccination offer to all children aged 5 to 11 years, which the Cell would need to consider, with a view to deciding whether the recommendation should be adopted locally. It was agreed that a sub-group of the Cell ('the Sub-Group') could be convened, if necessary, to consider the advice expected to be issued by the JCVI. This would enable the JCVI's recommendation to be reviewed and a decision arrived at on behalf of the Cell in a timely manner.

The Cell noted the position and thanked Ms. Baker for the update.

Anti-viral
treatment.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A7 of its meeting of 7th February 2022, heard from Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, in connexion with the delivery of anti-viral treatment for COVID-19.

It was recalled that work was being undertaken to formalise the delivery pathway for the oral anti-viral medication 'Molnupiravir', which was recommended for use in the community to treat individuals with confirmed COVID-19 within 10 days of diagnosis, who were at risk of severe disease but did not require hospitalisation. Supplies of the drug had arrived in the Island and been prescribed to a number of eligible patients via General Practitioners, however work was being undertaken with regards to a longer term, robust solution that could also be used to prescribe other anti-viral COVID-19 treatments that would become available in the future. It was anticipated that requests for treatment would be received and reviewed by a clinician in Health and Community Services, with access to the individual's medical records, to enable a decision to be made based on the full clinical picture in each case. The Cell was informed that a Task and Finish group had been set up to finalise the delivery pathway for anti-viral treatment in the community and an update would be provided to the Cell in due course.

The Cell noted the position and thanked Dr. Noon for the update.

Long Covid.

A6. The Scientific and Technical Advisory Cell ('the Cell'), received a presentation, dated 14th February 2022, entitled 'COVID-19 Health and Social Recovery - Long COVID care pathway', which had been prepared by Mr. M. Knight, Head of Public Health Strategic Policy, Strategic Policy, Planning and Performance Department, and heard from him and from Dr. M. Doyle, Clinical Lead, Primary Care, in connexion therewith.

It was recalled that 379 patients were currently recorded in the EMIS clinical IT system as suffering from 'Long Covid', of whom 185 had ongoing symptoms and 211 had 'Post Covid-19 syndrome', though it was noted that individuals could have both codes assigned to them, and therefore the total number of patients could be fewer than the initial reported figure of 379. The Cell was informed that 124 cases had been recorded in EMIS so far in 2022. There was therefore an emerging need for a 'Long COVID care pathway' to be developed.

The Cell was apprised of the progress of the development of the pathway, noting that a business case had been approved by the Political Oversight Group and funding allocated from the Government Plan for 2022 and 2023. A joint Public Health and Health and Community Services project team had been established and a clinical lead had been recruited, with administrative support being provided by Public Health. Recruitment of Allied Health Care support and a medical lead were underway. A weekly clinic had been running at the Hospital for the past 2 weeks and was fully booked up until April 2022. A referral pathway for General Practitioners

had resulted in 25 referrals to date. Software access had been set up to include primary and secondary care records and preparations were underway to introduce a digital platform for assessment, triage, tracking and support of self-care, named 'my COVID recovery', which was being used in the National Health Service ('NHS') in the United Kingdom.

The Cell was informed that an initial review of the paediatric patient data had identified a number of patients who had been mis-coded, and some that had since recovered however still had the Long Covid coding assigned to them, whilst others were under the care of their General Practitioner. A similar exercise would have to be undertaken for the adult patient data and it was noted that it would be a significant piece of work, however it would enable a clearer picture to be presented with regards to the prevalence of Long Covid amongst the population. It was noted that the data validation exercise would need to be repeated in future as individuals would have Long Covid codes assigned to them in the EMIS system on an ongoing basis.

A number of members welcomed the establishment of the Long Covid pathway, noting that it was a positive development, and one commented that, if the relevant data could be extracted, it would be helpful, in due course, to review the outcomes for patients.

Summarising, the Chair noted that the Cell welcomed the development of the Long Covid pathway and was encouraged by the fact that it was already actively being used by affected patients, in contrast to other countries where such services did not exist and there were long waiting times for diagnosis and treatment. It was acknowledged that further work was required with regards review and validation of the patient data.

The Cell noted the position and thanked Mr. Knight for the update.

Matters for
information.

A7. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of the current meeting, received and noted the following –

- a weekly epidemiological report, dated 10th February 2022, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 10th February 2022, which had been compiled by the Office of the Superintendent Registrar; and
- a report on COVID-19 vaccination coverage by priority groups, dated 10th February 2022, which had been prepared by the Strategic Policy, Planning and Performance Department.

It was noted that the Cell would be meeting on Tuesday afternoons going forwards, to enable representatives from Primary Care to attend.

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