PLC

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(95th Meeting)

(Business conducted via Microsoft Teams)

20th April 2022

PART A (Non-Exempt)

All members were present with the exception of, Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, Dr. M. Doyle, Clinical Lead, Primary Care and E. Baker, Head of Vaccination Programme, Strategic Policy, Planning and Performance Department, from whom apologies had been received.

Professor P. Bradley, Director of Public Health (Chair) (for part of the meeting)
Dr. I. Muscat, MBE, Consultant in Communicable Disease Control (Acting Chair)
Dr. G. Root, Independent Advisor, Epidemiology and Public Health
S. Petrie, Environmental Health Consultant
I. Cope, 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 -

B. Place, Operations Lead, Jersey Vaccination Programme, Health and Community Services
L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
J. Lynch, Policy Principal, Strategic Policy, Planning and Performance Department
J. Mason, General Manager, Health and Community Services
S. Huelin, Senior Policy Officer, Strategic Policy, Planning and Performance Department
P. Le Conte, Secretariat Officer, States Greffe

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

Welcome.

A1. The Scientific and Technical Advisory Cell ('the Cell'), were welcomed by Professor P. Bradley, Director of Public Health and Chair who informed members that the Chief Minister and Health Minister had asked that their gratitude for the input of the Cell members over the previous 2 years of the COVID-19 pandemic be passed on. He added his own thanks and asked that this be formally recorded.

The Chair advised that he would withdraw from the meeting due to a conflicting commitment and Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, acted as Chair for the remainder of the meeting.

Minutes.

A2. The Minutes of the meetings held on 8th and 15th March 2022, having been re-circulated, were taken as read and were confirmed.

End of mandatory isolation – metrics feedback.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 29th March 2022, received a PowerPoint presentation, entitled 'End of mandatory isolation – metrics feedback', dated 20th April 2022, and heard from Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department, Ms. M. Clarke, Head of Public Health Intelligence, Strategic Policy, Planning and Performance Department and Mr. J. Lynch, Policy Principal, Strategic Policy, Planning and Performance in connexion therewith.

The Cell was reminded of previous discussions regarding a report that contained recommendations relating to advice which would be provided to Competent Authority Ministers ('CAM') on whether mandatory isolation should remain beyond 30th April 2022. CAM had met on 17th March 2022, to consider removing the mandatory isolation period after a positive Polymerase Chain Reaction ('PCR') test (which had been due to end on 31st March 2022 under the Post-Emergency Strategy timeline) and had chosen to extend the legal requirement. The legal requirement would be replaced with strong guidance to isolate after a positive test.

The decision to delay removal beyond 31st March 2022 had been based on:

a. a peak in COVID-19 related hospitalisations;

b. persistent high case rates with resultant societal disruption;

c. reduced observance of voluntary public health guidance; and

d. cautious messaging from the UK devolved administrations and Crown Dependencies.

On 29th March 2022, the Cell had advised on a framework of indicators to inform decision making as the end of the legal requirement approached. Members were now being asked: *'To advise on the planned removal of the legal requirement to isolate on 29th April, based on the current metrics and evidence available at this time.'*

The proposed indicators were as follows:

Metrics: a, Case Rate; b, Hospitalisation; c, ICU Admission; d, Deaths; e, Vaccination Uptake; f, Long COVID burden.

Wider intelligence: g, Critical disruption to essential services; h, Emergence of Variants of Concern; i, Observation of comparable jurisdictions.

The Cell was apprised of the current situation with regards to public health monitoring. An average of 128 cases per day was reported from the end of March, a reduction from 300 during the middle of that month. There had been 125 cases reported on the day of the meeting. The 14-day case notification rate was below 2,000 and there were just over 700 active cases of COVID-19 recorded in the Island. In terms of age groups, there had been a significant drop among the under 18 population with the 3 other age categories converging in similar numbers but also on a downward trajectory.

Test positivity among those seeking healthcare stood at 83 per cent, while admissions and cohort screening was around 2 per cent, which had fluctuated marginally. Figures for the previous week showed a reduction in the number of Polymerase Chain Reaction ('PCR') tests, due to the school holidays, with an increase expected when the summer term started with pupils returning to school and parents to the workplace, possibly resulting in a slight increase in cases.

The Cell was informed that there had been an increase in cases in hospital the previous week but this had fallen to 12 on the day of the meeting. Figures for care homes had fallen significantly from where they were in March, to 10.

Hospital occupancy per 100,000 population was comparable with the devolved nations and since the summer of 2020, to date, there was quite a fluctuation due to Jersey's small numbers and outbreaks in particular wards being reflected on the graph. The lines for the devolved nations were closer and showed smaller fluctuations in comparison with Jersey as they were not affected by individual outbreaks. The contrast between Jersey and the devolved nations in the winter of 2021, was highlighted, with the exception of one particular event earlier in 2022, when there were around 50 people in hospital in Jersey, which was higher than the other jurisdictions.

A death registered on the day of the meeting took the total to 123, with 43 since 1st October 2022, the start of the 4th wave. The age-standardised mortality rate ('ASMR') for COVID-19 in Jersey in 2020 was 49.1 deaths per 100,000 compared to 140.1 per 100,000 in England. The avoidable mortality rate for deaths due to COVID-19 in Jersey (which only included those aged under 75) was 8 deaths per 100,000. This was lower than Wales (36), England (35) and Scotland (29). Official coding for deaths in 2021 was not yet available but it was possible to look at approximating excess deaths (from any cause) in Jersey in 2020 and 2021. The simple measure of excess deaths was the 'P-score' (the percentage difference between reported deaths and the 5-year average from 2015 to 2019). The figures stood at 56 (-6.9 per cent) for 2020 and a (provisional) +5 (0.6 per cent) for 2021. Preliminary information on monthly deaths registered in the first 3 months of 2022, was within plus or minus 10 when compared to the average from 2007 to 2020, which was within confidence intervals. The figures could change as more inquests were held and deaths registered.

Details regarding the COVID-19 vaccine programme were shared and it was noted that 65 per cent of those aged 75 to 79 and 61 per cent of the over 80s had received their spring booster (fourth) doses. 30 per cent of those aged 12 to 15 had received 2 doses while the figure for those aged 16 to 17 was 46 per cent. The Cell was informed that in the light of the publication of the 2021 Census results work was being undertaken to update the vaccination coverage rates in relation to the new figures and these would be published in due course. Among the 5 to 11 cohort 2 per cent had received a first dose whilst England had yet to report on this age group.

The Cell noted that 373 patients were currently recorded in the EMIS (GP) clinical IT system as suffering from 'Long COVID' with 556 total episodes. During the 4th wave, February 2022 was the month with the highest number reported (75), while women aged 40 to 49 years continued to be most affected. 69 patients had attended the Long COVID clinic at the hospital, and a total of 125 patients had been referred with appointments booked from April to June 2022.

The Cell was reminded that Disruption to Essential Services had influenced Ministers when they had met on 17th March 2022 and agreed to postpone the cessation of mandatory isolation. Of particular concern was the disruption in schools

and the ripple effect on other industries. Anecdotal feedback suggested that COVID-19 frustration to essential services and industry was currently within manageable levels due to the reduction in the active case rate. This was supported by the trend across Health and Community Services and care home staff with a reduction in staff absence in recent weeks. Norovirus was affecting more care home staff than COVID-19 on the day of the meeting. Government of Jersey internal COVID-19-related continuity co-ordination arrangements had been stood down due to a reduction in resourcing pressure. The message was similar from schools, although that could be due to the Easter holiday period and a strong sense that testing frequency had fallen away in the run-up to the holidays. An increase in testing frequency and the number of cases identified was a possibility upon the resumption of school. The situation would continue to be monitored and talks with colleagues in the Children, Young People, Education and Skills Department suggested that the weeks leading up to Easter had been far less disrupted than the beginning of March 2022.

An update was received on the risk assessment of variants of concern produced by the United Kingdom Health Security Agency. The Cell was informed of 'Deltacron' recombinants XD and XF. XD was the recombinant of the most concern. Mainly seen in France and not yet detected in the United Kingdom, it was of interest because of its Delta base with Omicron spike. A small cluster of XF had been found in the UK but not since 15th February 2022. XE was a combination of BA.1 and BA.2 and there had been some community transmission with 1,000 in England and an estimated growth rate 21 per cent higher than BA.2, but estimates were fluctuating due to changes in testing regimes. Attention was drawn to 2 new Omicron sub-lineages in South Africa. BA.4 was found mainly in Gauteng with 60 per cent frequency and BA.5 mainly in KwaZulu-Natal with 55 per cent frequency. They both had 2 particular mutations: F486V, which could confer some additional immune escape and L452R/Q, which conferred some additional intrinsic commission advantage. Recombinants and sub-lineages would continue to be monitored with a report included in the weekly technical briefing.

The situation in comparable jurisdictions where mandatory isolation had ended was addressed, such as Guernsey (17th February 2022), England (24th February 2022), Wales (28th March 2022), Scotland and Ireland (isolation was never mandatory). Graphs showing 14-day case rates showed slightly different levels but similar patterns. In Jersey the first wave was Omicron BA.1 when there had been a large rise among younger adults and the second was BA.2 among under 18s which the Island was just emerging from. Another slide showed the figures for UK combined case rates, deaths and hospital admissions. While case rates continued to decrease, until recently there had been a rise in hospitalisations and deaths but they were now beginning to decline.

Comparable Jurisdictions – observations

• removal of legal requirement in England / Guernsey coincided with the BA.2 wave;

• Guernsey: media monitoring indicated the end of mandatory isolation coincided with a drop in adherence to guidance;

• perceived recent disconnection between case rates and hospitalisations / deaths in England, potentially due to reduction in testing availability coinciding with removal of legal requirement;

• comparable jurisdictions (UK devolved nations and Crown Dependencies) had experienced similar patterns of infection regardless of the approach to mandatory

isolation in recent months.

Jersey:

• more advanced in Spring Booster programme compared to either UK or Guernsey in February;

• would continue to offer access to free PCR and LFT testing until at least June; and

• currently had lower rates of testing (Easter holidays), likely to see an increase in testing/potential rise in cases when schools returned regardless of legal requirement.

The United Kingdom Office of National Statistics data on self-isolation revealed that as at 26th March 2022, health and education were the UK sectors with the highest percentage of individuals self-isolating. Between 16th and 27th February 2022, disabled people were almost twice as unlikely to think life had returned to normal (6 per cent) than non-disabled people (11 per cent). People who were unable to afford an unexpected but necessary £850 expense were 3 times less likely to think life had returned to normal (4 per cent) than people who could afford it (12 per cent).

Of those who tested positive in England between 28th February and 8th March 2022, around two-thirds (64 per cent) reported fully complying with isolation advice, a significantly lower proportion than in mid-February (80 per cent) when self-isolation was a legal requirement. The majority (96 per cent) had told their employer that they had been advised to self-isolate, despite the removal of the legal requirement to tell employers.

Cell members were asked to advise on the planned removal of the legal requirement on 29th April 2022, based on the current metrics and evidence. The Acting Chair thanked the officers for the overview and very comprehensive but efficiently delivered summary. He asked members if they had any questions regarding the data or its interpretation.

A Cell member commented that the mortality data was very interesting but that it was important not to jump to any conclusions and urged caution in seeking the reasons for Jersey's apparent success. He suggested 2 possible overriding factors. Firstly, the natural make-up of the demography of the Island and the relatively low prevalence of underlying health conditions when compared to the UK and that was linked to ethnicity and levels of deprivation etc. The second factor was access to health care and particularly primary health care which was very good in Jersey compared to many parts of the UK. In terms of ending mandatory isolation, the view was expressed by a member that whilst he was in full agreement, he was somewhat sceptical about the impact of the delay on transmission due to the highly transmissible nature of the Omicron variants.

The Acting Chair proffered that having seen the excess mortality, avoidable mortality and standardised mortality figures it would be helpful in due course to try and explore why the numbers compared well with other jurisdictions. It was reasonable to make those comparisons not just with the UK but with the excess mortality rates published in The Lancet on 10th March 2022, with data from 191 countries and details included from over 250 areas within countries and jurisdictions. There was considerable information but it was worth scrutinising to establish the reasons behind Jersey's figures, which could potentially be very helpful both in relation to the pandemic and the way Jersey viewed its health services.

Members confirmed that they were content that the various indicators which had

been agreed at the meeting on 29th March 2022, were sufficient to make it safe to remove mandatory isolation on 29th April 2022, as previously discussed.

Whilst the metrics would continue to be recorded and scrutinised, the Cell concluded that mandatory isolation could be safely removed with the caveat that if an individual tested PCR positive there would be a strong recommendation to isolate and that communications would be issued to the effect that it was still advised as a due precaution, despite the removal of the legal requirement.

Letter from Mr. T. Walker, Director General, SPPP.

A4. The Scientific and Technical Advisory Cell ('the Cell'), received and noted a letter that had been circulated to members prior to the meeting and heard from the Acting Chair in connexion therewith.

The Acting Chair explained that the letter was from Mr. T. Walker, Director General Strategic Policy, Planning and Performance and, therefore, the Director General overseeing Public Health. In addition to recording his thanks for the work carried out by members, Mr Walker had asked that the Cell be stood down for the time being but remain on standby to reconvene as and when required. Dr. Muscat, MBE, asked if members agreed that this was an appropriate step at the current stage of de-escalation.

It was agreed that the point had been reached when it was not necessary for the Cell to meet on a regular basis, but it was sensible to maintain it on standby and this was in line with de-escalation principles. It was suggested that facilities such as care homes, hospital, prison and schools, for example might need further consideration.

The Acting Chair concurred with this view and stated that it was within the gift of those sectors to set out the policies applicable to their own settings. The Cell would revert to the approach employed pre-COVID-19 but would remain on standby to respond as and when required. He added that it was important to emphasise the expressions of gratitude from the Chief Minister, Minister for Health and Social Services and other Ministers to all Cell members for the work and effort the Cell had put into the response to the COVID-19 pandemic.

The Cell noted that the publication of census results the previous week and recalculation of vaccination rates could help remove an anomaly in the 65 to 69 years age group which appeared to reflect a lower uptake than within the age groups both above and below. The revised results would be published in due course and could make the rates more meaningful. It was confirmed that the updated publication schedule would be circulated to Cell members and that they would be added to the email distribution list to receive the weekly metrics update.

The Acting Chair closed the meeting by confirming that the Cell would remain on standby with Professor P. Bradley, Director of Public Health, Chair, making contact as and when required. He added that he was looking forward to receiving updated reports on a weekly basis. On behalf of himself and the Chair he thanked Cell members and closed the meeting.

Matters for information.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of the current meeting, received and noted the following –

- statistics relating to deaths registered in Jersey, dated 14th April 2022, which had been compiled by the Office of the Superintendent Registrar; and
- A report titled Weekly Epidemiological Report, dated 14th April 2022, which had been compiled by Strategic Policy. Planning and Performance.

There being no further business to discuss, the meeting was concluded at 2.45pm.