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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(55th Meeting)

19th April 2021

(Meeting conducted via Microsoft Teams)

PART A (Non-Exempt)

All members were present, with the exception of R. Sainsbury, Managing Director, Jersey General Hospital, R. Naylor, Chief Nurse, S. Skelton, Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department and N. Vaughan, Chief Economic Advisor, from whom apologies had been received.

Mr. P. Armstrong, MBE, Medical Director (Chair)
 Dr. I. Muscat, MBE, Consultant in Communicable Disease Control
 C. Folarin, Interim Director of Public Health Practice
 Dr. G. Root, Independent Advisor - Epidemiology and Public Health
 Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention
 Dr. S. Chapman, Associate Medical Director for Unscheduled Secondary Care (for items A1-A4 only)
 Dr. M. Patil, Associate Medical Director for Women and Children
 Dr. M. Garcia, Associate Medical Director for Mental Health
 S. Petrie, Environmental Health Consultant
 A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department (for items A4 to A6 only)
 I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department

In attendance -

J. Blazeby, Director General, Justice and Home Affairs Department
 R. Corrigan, Acting Director General, Economy
 S. Martin, Chief Executive Officer, Influence at Work
 Dr. M. Doyle, Clinical Lead, Primary Care
 R. Millar, Head of Local Economy (for item A4 only)
 R. Johnson, Head of Policy, Strategic Policy, Planning and Performance Department
 B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department
 S. White, Head of Communications, Public Health
 C. Keir, Head of Media and Stakeholder Relations, Office of the Chief Executive
 J. Lynch, Policy Principal, Strategic Policy, Planning and Performance Department
 M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department
 P. Milbank, Sector Lead, Arts, Culture, Heritage and Sport, Local Economy, Strategic Policy, Planning and Performance Department (for items A1 – A4 only)
 L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department

Dr. C. Newman, Senior Policy Officer, Public Health and Wellbeing,
Strategic Policy, Planning and Performance Department
Dr. N. Kemp, Policy Principal, Strategic Policy, Planning and
Performance Department
S. Harvey, Strategic Policy Officer, Strategic Policy, Planning and
Performance Department (for item A4 only)
S. Huelin (JOB TITLE?)
K.L. Slack, Secretariat Officer, States Greffe

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

Minutes. A1. The Scientific and Technical Advisory Cell received and noted the Minutes from its meeting held on 12th April 2021, which had previously been circulated. Members were asked to provide any feedback thereon to the Secretariat Officer, States Greffe, by the end of 19th April 2021, in the absence of which they would be taken to have been confirmed.

Monitoring metrics. A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 12th April 2021, received and noted a PowerPoint presentation, dated 19th April 2021, entitled 'STAC Monitoring Update', which had been prepared by the Principal Officer, Public Health Intelligence and the Public Health Analyst, Strategic Policy, Planning and Performance Department and initially heard from the former in relation thereto.

The Cell was informed that, as at Friday 16th April 2021, there had been 2 active cases of COVID-19 in Jersey, the 14-day case rate, per 100,000 population, had been 2.78 and the 7-day case rate 1.86. The active cases had been in direct contact with 21 individuals, one was asymptomatic and the other was experiencing symptoms of the virus. They were aged between 10 and 39 years and both had been identified as a result of arrivals testing, as was the situation for all the positive cases over the previous 3 weeks. Since 12th February 2021, the number of daily average cases had remained below one. During the week ending 16th April, approximately 1,000 tests had been undertaken on 4 days, the majority on arriving passengers and as part of the workforce screening programme. With regard to the number of daily cases of COVID-19, the number of tests and the test positivity rates for various age groups, the latter remained very low for all, including those aged over 70 years.

The Cell noted the Hospital occupancy rates and the daily admissions of people who had been positive for COVID-19 on admission - or in the 14 days prior - and those who had tested positive for the virus after entering the Hospital (based on the definitions used by the United Kingdom ('UK')) for the period from 1st November 2020 to 11th April 2021 and was informed that there was currently no-one in Hospital with COVID-19 and the 7-day admission rate, per 100,000 population, was zero, which aligned with the 7-day case rate. There had been no further deaths since the last meeting of the Cell and the figure, where COVID 19 had been referenced on the death certificate, remained at 69 since the start of the pandemic.

The Cell was provided with the PH Intelligence: COVID-19 Monitoring Metrics, which had been prepared by the Health Informatics Team of the Strategic Policy, Planning and Performance, on 15th April 2021 and was informed that there had been a slight uplift in the number of calls to the Helpline over the previous week, which was often the case in advance of a new school term. The number of inbound travellers had increased slightly when compared with March and, as aforementioned, there had been some active cases encountered at the borders. In response to questioning around whether the recent positive cases had been sent for sequencing, in light of the doubly mutant virus from India, the Consultant in Communicable Disease Control informed the Cell that the link

between the mutations in India and the rise in cases in that country had not been completely established. As a consequence, they were currently referenced as ‘variants under investigation’ rather than ‘variants of concern’ (‘VOC’) and it was noted that surge testing was currently underway in parts of the UK as a consequence of the Indian variant. On a separate note, he indicated that sewage analysis would commence on 19th April and that testing would be undertaken for COVID-19 and variants. It was an opportune time to commence such analysis, on the basis of the very few active cases in the Island.

The Cell was informed that, during the week ending 11th April 2021, there had been 2,190 tests on inbound travellers, 4,400 as part of on-Island surveillance and 170 on people seeking healthcare. The weekly test positivity rate locally, as at that date, had remained at zero per cent and at 0.3 per cent in the UK. The local weekly testing rate, per 100,000 population, had increased to 6,300 and in the UK had been 8,576, mindful that that jurisdiction included tests undertaken on Lateral Flow Devices (‘LFDs’). It was noted that the local test positivity rate, on a 7 day moving average, as at 18th April, had increased slightly to 0.1 per cent.

The Cell was reminded that attendance at Government primary schools, during the last week before the Easter holidays (week commencing 29th March), had averaged 97.4 per cent and 92.6 per cent at secondary schools. Absences related to COVID-19 in all settings had been 0.1 per cent and it remained the case that there had been no positive cases linked to the schools since 22nd February. The Cell noted the data in respect of the volume of LFD tests by school, result and date, including the number of positive, negative and inconclusive results and was informed that in excess of 14,500 LFD tests had been carried out and there had been just 3 positive results from LFD tests, which had subsequently been shown to be ‘false positives’ when tested using a PCR swab, in addition to 61 inconclusive results, which had been re-tested. The Cell was informed that the data set was not complete and there remained some data quality issues around the LFD testing.

The Cell was presented with the data, to 11th April 2021, in respect of COVID-19 vaccinations in Jersey, which demonstrated that 70,859 doses had been administered, of which 45,585 had been first dose vaccinations and 25,274 second dose, resulting in a vaccine rate, per 100 population, of 65.73. Vaccine uptake in older Islanders continued at very high levels and of the Islanders aged between 45 and 49 years, who had been invited for vaccination from 11th April, 30 per cent had already received their first dose. The number of first doses of the vaccine had slowed in recent weeks as focus had been directed to the second doses and in excess of 25,000 of those had now been administered.

The Cell was provided with a map, which had been prepared by the European Centre for Disease Prevention and Control (‘ECDC’), which set out an estimate of the national vaccine uptake in Europe for the first dose of the COVID-19 vaccine in adults, as at 11th April 2021 and was informed that most countries now averaged just over 15 per cent, whereas approximately 52 per cent of those aged over 18 years in Jersey had received at least one dose of the vaccine, with similar figures in the UK. The Cell was also shown an ECDC map, which showed the cumulative number of fully vaccinated adults and noted that Jersey had now attained 29 per cent, whereas much of Europe averaged between 5 and 10 per cent.

As at 11th April 2021, 98 per cent of care home residents had received their first dose of the vaccine and 90 per cent their second and in respect of staff employed in those *loci*, these figures were noted to be approximately 100 and 85 per cent respectively, mindful that this workforce fluctuated. With regard to Islanders classed as ‘clinically extremely vulnerable’ 90 per cent had received their first dose and 58 per cent their second and for those at moderate risk, those figures were noted to be 78 and 44 per cent

respectively. In terms of the uptake of the first and second dose by gender, there was little discernible difference in those age groups that had been invited for vaccination, but in the younger cohorts more females had been vaccinated than males, which was reflective of the gender balance of those who worked in health and care settings. The Cell received the weekly estimate of coverage for the various priority groups, as recommended by the Joint Committee on Vaccination and Immunisation ('JCVI'), by cohort size and the numbers of first and second doses of the vaccine and was reminded that 1,484 people working in frontline health and social care positions had received their first vaccine, which was greater than the cohort size, for the aforementioned reason of fluctuation in that workforce and 78 per cent their second. Eighty six per cent of other workers in those settings had received their first dose and 56 per cent their second. However, these percentages were still allocated an Amber rating, which was indicative that a small amount of the data was of questionable quality.

The Cell heard from the Senior Informatics Analyst, who had undertaken an analysis of those people who had tested positive for COVID-19 at least 14 days after receipt of one dose of the vaccine. She informed the Cell that there had been no further active cases identified amongst those who had been vaccinated, but this remained under review.

The Cell was shown a map of the UK, which set out the geographic distribution of cumulative numbers of reported COVID-19 cases, per 100,000 population, as at 13th April 2021, on a 7-day rolling basis. This demonstrated the continuing reduction in infection rates across much of that jurisdiction. Mindful that Competent Authority Ministers had decided to re-introduce the Red / Amber / Green ('RAG') categorisation at the borders from 26th March 2021, initially for the UK only, with the rest of the world following on 17th May (with the exception of the UK 'banned list' countries), the Cell was presented with information on the current RAG status for the UK, Eire and France. It was noted that, from 20th April, 66 per cent of areas in England would be designated as Red, 29 per cent Amber and 5 per cent Red. There had been an increase in areas designated as Green in Scotland and Northern Ireland and most of Wales was now Green (91 per cent). The situation had improved slightly in Eire, with an increase in Green areas to 23 per cent, but 97 per cent of France remained Red (including some of the overseas territories). With regard to the maps, which had been prepared by the ECDC, for weeks 13 to 14 (5th to 12th April) when compared with the previous week, on 14-day case rates per 100,000 population, it was noted that there had been an improving situation in the South East of France and around Paris, whereas there were rising rates in Poland and Sweden. There had also been a slight increase in cases in Portugal, which were being kept under review.

The Cell was informed that the Business Tendency figures for March 2021 had been published during the week commencing 12th April. Compared with the situation 3 months previously, business activity had declined in all sectors, with little change in the number of percentage points in non-finance areas, but a decrease in the finance sector. With regard to expectations for the coming 3 months, there had been an average increase across all areas, with a slight decline in the finance sector. In respect of all sector indicators, 4 had decreased *viz* business activity, capacity utilisation, input costs and profitability, whereas the other areas remained largely neutral. It was noted that profitability had decreased by 51 percentage points in the non-finance sector. As regards workforce measures taken over the previous 3 months in relation to COVID-19, 40 per cent of businesses reported having taken no action, compared with 29 per cent in December 2020. Future employment expectations for the coming 3 months were generally positive, increasing by 23 percentage points across all sectors, with non-finance increasing from a negative in December 2020 to plus 18 per cent. Of those businesses that employed staff, 19 per cent reported that a lower proportion of their staff were actively working when compared with normal, whereas 7 per cent reported an increase. There had been a slight uplift in those working remotely in the finance sector, whereas in the non-finance sector there had been a slight growth in those companies

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that had no-one working remotely.

The Cell noted the position and thanked officers for the informative briefing.

Scientific and
Technical
Advisory Cell
Terms of
Reference.

A3. The Scientific and Technical Advisory Cell ('the Cell') was informed that its Terms of Reference, which were accessible on the gov.je website ([About the Scientific and Technical Advisory Cell \(STAC\) and meeting minutes \(gov.je\)](#)) had been updated and republished. The principal modification had been for future published Minutes of the Cell to include attendees' names, as had been requested by the Health and Social Services Scrutiny Panel and agreed by the Cell at its meeting of 1st March 2021 (Minute No. A1 referred).

The Cell noted the position accordingly.

Guinness
PRO14 Rugby.

A4. The Scientific and Technical Advisory Cell ('the Cell') received an undated paper, entitled 'Guinness PRO14 Rainbow Cup Concept – May 2021 – Jersey', an undated paper entitled 'Public health considerations regarding the proposal for Jersey to be the base for PRO14 rugby teams from South Africa', a paper dated 19th April 2021, entitled 'Guinness PRO14 Rainbow Cup. Summary Proposal: Jersey as home base for South African Professional Rugby Teams' and was shown a PowerPoint presentation, dated 19th April 2021, entitled 'Guinness PRO14 Rainbow Cup - Jersey as home base for South African Professional Rugby Teams', which had been prepared by the Sector Lead, Arts, Culture, Heritage and Sport, Local Economy, Strategic Policy, Planning and Performance Department.

The Cell was informed that the PRO14 was an elite annual rugby union championship, which involved professional sides from Ireland, Scotland, Italy, Wales and South Africa. The league was one of the 3 major professional leagues in Europe, from which the most successful teams went forward to participate in the European Rugby Champions Cup. The organisers of the tournament were proposing to use Jersey as a base for 4 South African professional teams during the Rainbow Cup tournament, from 20th May to 13th June 2021. It was noted that each South African side would comprise a travelling party of *circa* 50 to 55 people and the Cell's advice was sought for the Council of Ministers on this proposal.

It was noted that the teams would be applying to enter the United Kingdom ('UK') on the basis of an 'elite sport' exemption, the requirements of which were that they were full-time professional athletes, who had been in testing programmes since Summer 2020 and were monitored on a daily basis by medical staff. It was envisaged that the outcome of this application would be learnt during the week commencing 19th April. The Teams would comply fully with the PRO14 'return to play' protocols, which included adherence to all physical distancing guidelines, daily monitoring and submitting to PCR testing 72 hours in advance of all fixtures. The teams would travel by charter flights to matches, where they would stay in their designated 'bubbles' and restrict their movements as required by the appropriate Government's local health authority.

Should permission be granted for the teams to base themselves in Jersey, it had been agreed that the current Jersey Reds protocols would be followed for travel. The teams would arrive in Jersey, from the UK, via charter flights and would comply with all Public Health guidance and restrictions in order to protect players and residents. This would include restrictions that might not apply to the public, namely not to socialise in indoor bars or restaurants that fell outside their 'bubbles'. The Cell was informed that the teams took the safety measures extremely seriously and were currently proposing to spend 10 days in a country that was not designated by the UK as 'Red' before travelling to that jurisdiction in order to 'clean' their travel history before coming to the UK and thence Jersey. It was noted that Croatia was currently under consideration in this

respect. All trips to games would be via charter flights and the teams would not spend any time outside their ‘bubbles’ when visiting other regions, in line with the protocols followed by the Jersey Reds.

It was anticipated that accommodating the teams in Jersey could result in approximately £550,000 revenue for local hotels and other industries would also benefit financially, *inter alia*, local coach companies, the Strive health complex and local charters and travel operators. By accommodating the South African teams, in addition to the British and Irish Lions (‘the Lions’), the concept of Jersey as a venue of choice for elite sporting teams would be strengthened and a precedent set for the future, enhancing the reputation of the local facilities and hospitality settings.

It was noted that provisional arrangements had been made to ensure that there was sufficient hotel and travel capacity to accommodate the needs of the teams during their stay and the PRO14 was willing to be flexible in the travel plans to provide comfort to Public Health. Due to the rapidly changing landscape caused by COVID-19, in the UK, locally and most notably in South Africa, it would not be possible for any of the jurisdictions, that the teams planned to visit, to provide a final guarantee to the organisers of PRO14, noting that they were proceeding with a high profile sporting competition under extremely challenging circumstances. There would be significant public health considerations for the Island, as well as reputational challenges and the possibility of negative public sentiment. However, the risks were mitigated by the professional status of the teams, which were already operating under very strict conditions and were cognisant of the devastating effect that a single active case within their camp could have on the PRO14 competition.

Accordingly, the Cell was asked whether it would be willing to support the trip in principle; whether the arriving teams would be able to avoid an extended isolation period to enable them to continue to train in a ‘bubble’ prior to their first trip to a match; to what extent guarantees could be provided to the PRO14 that any arrangements that might be made would be secure against a shifting COVID-19 backdrop, with the potential for changing Red / Amber / Green (‘RAG’) status in the regions that they would be visiting to play; and whether there would be the potential for an *ad hoc* intense testing regime to be designed in tandem with the organisers to enhance safety.

The Chair of the Cell indicated that he fully understood the potential benefits of having PRO14 teams in the Island, but it was important to discuss the science and potential risk for the Island associated therewith. If there were to be an outbreak of the South African variant of COVID-19, for example, this could have a significant negative financial impact and he wished to understand the implications for the local population and the teams of any positive cases of the virus. It was noted that there had been no known active cases of the South African Variant of Concern (‘VOC’) identified in Jersey, albeit the 484 variant had been encountered, but as part of a variant imported from the United States.

The Associate Medical Director for Primary Prevention and Intervention agreed with the concept of the ‘bubbles’, but expressed concern around the interaction that the teams might have with hotel staff and those conveying them to and from the airport, for example. He wished to be assured that robust procedures would be introduced to prevent those employees from catching the virus and then transmitting it on to the population. The Acting Director General, Economy, stated that when representatives from the Lions had visited the Island, discussions had taken place around employees from the hotels and transport companies undertaking testing using lateral flow devices (‘LFDs’) throughout the course of the stay. He suggested that mandatory testing of staff using LFDs could be made a condition of a hotel accepting a booking from one of the South African teams. The Cell was informed that a community testing programme, utilising LFDs, would commence in May and the hospitality sector would be the first

group involved, so it was anticipated that those working in any hosting hotels, or responsible for transporting teams, could be involved in the programme.

The Consultant in Communicable Disease Control suggested that increased testing generally would be helpful, preferably using PCR tests. In his view, the potential weakness would be in endeavouring to sequester approximately 200 people in ‘bubbles’ from the rest of the population. Many of the players would be well-known and he anticipated that Islanders would want to have contact with them and watch them train. He suggested that they could occupy discrete whole floors of hotels to avoid mixing with the general public. It was noted that this had been explored, in addition to requesting that designated meeting rooms be allocated to them. He noted that one of the games that the teams were scheduled to play would be in Italy, which was currently designated as ‘Red’ under the RAG categorisation. Whilst he was in favour of the teams spending 10 days in another country outside South Africa, before travelling to the UK, he noted that the 14-day case rate, per 100,000 population, in Croatia was currently very high (noted to be 626), so he would have preferred the teams to have selected another location.

The Head of Media and Stakeholder Relations, Office of the Chief Executive, suggested that any communications around the proposal would need careful handling, due to public concerns around the South African VOC. She also opined that clarity was required as to what the players would be permitted to do whilst in their ‘bubbles’ and queried whether they would be able, as an example, to sit outside a café. The Associate Medical Director for Unscheduled Secondary Care expressed support for the proposal, but questioned what measures were in place in the event that a ‘bubble’ was required to change, as a consequence of substitute players being needed, or support staff relocating.

The Independent Advisor - Epidemiology and Public Health, indicated that if the teams were going to spend 10 days in a country in Europe before travelling to the UK and thence to Jersey, any notion that they would bring the South African VOC from South Africa could be dismissed and should be communicated to the media to dispel concerns. As vaccination rates increased across Europe, albeit somewhat slowly, the risk of contracting COVID-19 was likely to be lower in 4 weeks’ time than currently. He queried whether the players would have been vaccinated and indicated support for the proposal, subject to protocols being observed. He favoured players being required to undergo daily testing, with the cost to be met by the teams. He opined that the risk of seeding of the virus was greater from the travelling public than the players themselves. People arrived from areas designated as Green and then were able to mix within short order. However, before leaving their point of departure, they had not been required to observe protocols, so had the potential to have been exposed to the virus. The risk of the players seeding cases was far lower, provided they adhered to the protocols, which was borne out by the very few positive cases that had been witnessed in any professional sportsmen and women over the previous season.

The Director General, Justice and Home Affairs Department, suggested that the high standard of protective measures that would be taken by the Lions should be the baseline for the South African PRO14 teams if they came to the Island. It would be possible to test them regularly using LFDs, or another testing regime and he agreed that the cost of the additional testing should be met by the teams themselves. He also highlighted the impact of the Lions’ visit and the current proposal on the Hospital, with an anticipated increased demand on such things as the MRI scanner, as there would be an increased likelihood of injuries being sustained. The Chair of the Cell agreed in respect of the impact on the Hospital and indicated that broader discussions would need to take place outside the formal meeting on how to manage the same and how to facilitate players moving between their ‘bubbles’ and the Hospital, where there was an increased risk of contracting the virus. It was queried whether there had been any breaches of protocol and active cases of COVID-19 detected amongst the PRO14 teams since the Summer

2020 and it was noted that there had been none reported by the teams. However, if it would provide additional comfort, confirmation in the form of evidence could be requested.

The Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, acknowledged the reputational and financial benefits to the Island of hosting PRO14 teams, but suggested that the proposal ran counter to the stated aim of preventing VOCs from entering Jersey. He also agreed with a view expressed by the Interim Director of Public Health Practice that there would be challenges around Islanders' perception that whilst they were not themselves able to travel more widely than the Common Travel Area, the players were able to visit Italy to play matches, which was currently categorised as a Red area. The Environmental Health Consultant stated that he would wish for the players' 'bubbles' to be tightly controlled, in addition to the hotels in which they stayed and for the staff dealing with the players to be carefully monitored.

The Clinical Lead, Primary Care, indicated that the South African VOC had been detected across much of Europe, including the UK and the Jersey Reds were permitted to travel and play in the UK, subject to certain protocols. Accordingly, it was difficult to argue against the PRO14 teams also being able to travel and he opined that the focus should be on how to isolate them and the manner of testing regime that should be introduced in order to afford maximum protection. The Policy Principal, Strategic Policy, Planning and Performance Department, drew the Cell's attention to the paper on public health considerations that had been circulated in connexion with the proposal and indicated that one of the key areas for concern was travel. It was inevitable that the teams would require some form of exemption to the isolation requirements in order to enable them to train after arrival from Croatia and Italy, which were currently categorised as Red countries. It was possible that this might be acceptable, if supported by a strict 'bubble' regime, regular testing and limitations to the nature of the variation. It was mooted that the 'bubbles' should remain in place for the duration of the teams' stay and that they should undergo daily testing.

The Strategic Policy Officer, Strategic Policy, Planning and Performance Department, reminded the Cell that the Jersey Reds' players were adhering strictly to their 'bubbles' and were either at home, on the training ground, or travelling to a match. He queried whether the members of the four PRO14 teams would be happy to come to Jersey, with limited opportunities whilst on the Island, or whether they believed that they would have greater freedoms. The Sector Lead, Arts, Culture, Heritage and Sport, suggested that, ideally, if the PRO14 teams were returning from an area designated as Green and met the requirements for isolation and testing, there could be some capacity for them to move outside the training camp, or hotel 'bubble' and potentially go to the beach, as an example, whilst imposing restrictions on themselves, mindful that it was the correct thing to do. Further, they would avoid being indoors in public spaces and would continue to 'bubble' in a group, rather than interacting with the general public. However, if this was not deemed possible, they would adhere more strictly to the protocols followed by the Jersey Reds.

The Chair of the Cell questioned what would happen if one of the PRO14 players were to test positive for COVID-19 a few days before they were due to depart and was informed that the same policy would apply to them as for all other passengers *viz* that they would be unable to travel until they were clear of the virus and their direct contacts would have to remain in self-isolation.

The Chair accordingly indicated that the Cell was supportive in principle of the PRO14 teams coming to Jersey, however was mindful of the concerns that had been expressed by the Interim Director of Statistics and Analytics and required further details around the protocols for moving the players around the Island, interactions whilst in Jersey and

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what would occur in the event of a player requiring treatment in Hospital. It was not possible to give guarantees to the PRO14 that any arrangements that they might make would be secure, because there was always the possibility that things might change in the event of an unexpected outbreak and there would be the potential for an *ad hoc* intense testing regime to be designed in conjunction with the organisers to enhance safety.

It was agreed that further details of the proposals would be presented to the Cell at a future meeting, once discussions had taken place with officers from the Public Health team.

COVID-19
vaccination
science and
risk associated
with travel.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 12th April 2021, recalled that Competent Authority Ministers had expressed an interest in a potential variation to the risk assessment at the borders, based on vaccination status and that work was underway to assess policy options, digital and operational solutions and ethical and legal implications in association therewith. Any scheme would require a close understanding of the scientific consensus on the risk of transmission posed by vaccinated travellers and the Cell was asked to consider the evidence and formulate advice for Ministers. The Cell accordingly received and noted a PowerPoint presentation, dated 19th April 2021, entitled 'Policy implications of vaccine science', which had been prepared by the Interim Director, Public Health Policy and the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department.

The Cell recalled that, at its meeting on 12th April, it had determined that evidence for the reduction in transmission afforded by vaccination was currently limited and that vaccinations did not have a sterilising effect, but reduced the risk of serious illness. Current estimates for reduction in infection, as a consequence of vaccines, ranged from 31 per cent, *per* the London School of Hygiene and Tropical Medicine, to 94 per cent according to the Imperial College assessment of the second dose of the Pfizer vaccine. Whilst there was evidence of a reduction in viral load in vaccinated individuals, there was not necessarily any reduced transmission. Models of the risk of seeding, based on an estimated reduction of between 50 and 90 per cent transmission, indicated that a step down for categorisation of Red / Amber / Green ('RAG') was unlikely to increase the risk if travellers continued to arrive predominantly from areas categorised as Green, but it was noted that this would be unlikely due to the incentivisation. The Cell further recalled that it had agreed that a 'hard red cap' would mitigate the risk from certain areas. It had originally been mooted that this should relate to those places where the 14-day case rate, per 100,000 population, exceeded 240, but it could also apply to those areas where there was anxiety around Variants of Concern ('VOC'). This would disallow the flexibility for vaccinated travellers from those places, thereby introducing an additional layer of risk management.

Mindful that there were currently very few active cases of COVID-19 in the Island, the greatest threat posed was by imported cases passing undetected through the borders and seeding a local outbreak. It was recalled that with an effective reproduction number (R_t) of 1.6 and some mitigations in place, one seed case per week could take 6 months to give rise to 30 cases per day. With minimal internal mitigations in place and an R_t of 3.0, it was possible that one seed case per week could lead to 30 cases per day in under 3 weeks. However, it was anticipated that with rising case numbers the Government would introduce certain restrictions and the public would modify their behaviours. In the event of a hypothetical third wave of the virus reaching Jersey, with mitigations in place to keep case numbers below 3,000, such as the closure of hospitality and restrictions on household mixing, if the cases attained 2,800 (as in the second wave), the vaccination of the most vulnerable would result in fewer hospitalisations and deaths. It was estimated that there would be between 9 and 25 people admitted to Hospital (as opposed to 47 in the second wave) and between 4 and 5 deaths (as opposed

to 37). However, 16,000 direct contacts would still be required to isolate and a similar number of Islanders would be affected by the impacts of non-pharmaceutical interventions ('NPIs') and Long COVID, which impacted one in 7. With fewer internal mitigations in place and case numbers up to 10,000 this would increase the instances of severe disease and death, despite vaccine protection and half the population would be affected as direct contacts, but the NPIs would be moderate for everyone, rather than restrictive.

It was recalled that analysis that had been undertaken, which demonstrated that assuming exposure to the virus at some point in the 14 days prior to travel, 60 per cent of infections would be detected by testing at day zero, 91 per cent by day zero and day 5 testing and 99 per cent by testing at days zero, 5 and 10. However, of significance was when individuals became exposed to COVID-19 relative to when they travelled and the Cell was cognisant that if people had been exposed to the virus in the 3 days prior to arrival, just 3 per cent of active cases would be detected through the testing at day zero. As a consequence, short trips to the Island could pose a greater risk if the individual was released from isolation after providing a negative result from the day zero test. The Cell was informed that data was not collected on the length of trip made by Islanders travelling away from Jersey.

The Cell was provided with a hypothetical estimate of the seeding rate, based on travel volumes from Summer 2020 and assuming a PCR test efficacy of 100 per cent. Based on 10,000 travellers per week - which had been peak weekly travel during Summer 2020 - an estimated 2 to 4 seed cases could be experienced each week. With the assumption that vaccinated individuals were between 50 and 90 per cent less likely to be infected and that they were offered an afore-referenced 'step down' rating and a similar spread of arrivals from RAG areas, between none and 3 seed cases could be experienced weekly, based on 10,000 arrivals. There was potentially no substantial risk by stepping down vaccinated arrivals from Amber areas to Green, subject to the 'hard stop' remaining in place for Red. Accordingly, arrivals from those areas could be treated as such, irrespective of their vaccination status. This would also be the case from arrivals from countries on the United Kingdom ('UK') banned list and where no data was available.

If a blanket 'Green' categorisation were to be applied to vaccinated travellers and based on the aforementioned assumptions, 10,000 travellers per week could give rise to between one and 15 seed cases each week. Permitting free movement for vaccinated individuals could result in between one and 38 seed cases per week, based on the same volume of arrivals, because no active cases would be detected.

The Interim Director of Public Health Practice suggested that it would be preferable to base the estimates for the efficacy of the PCR tests at a lower figure than 100 per cent, because it was acknowledged that no test was totally failsafe. The Consultant in Communicable Disease Control indicated that when the PCR tests did not detect active cases, this was more likely due to incorrect swabbing, rather than the accuracy of the tests. It was agreed that the figure could be reduced down to 95 per cent, with which the Interim Director of Public Health Policy stated that she felt more comfortable.

The Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, made reference to a statement that had been made by Senator L.J. Farnham, Minister for Economic Development, Tourism, Sport and Culture in respect of vaccine 'passports' and suggested that with almost 9 million people in England having had their second dose of the vaccine, there might be increasing pressure to make it easier for vaccinated people to travel to the Island by raising the threshold for the Green categorisation above 50. The Cell was reminded that the Safe Travel Guidelines Review Panel had lodged a Proposition '*au Greffe*' entitled 'Adjustment of Green travel and regional categorisation ahead of reintroduction of Safer Travel Policy' (P.34/2021), which proposed a reduction in the threshold for Green back down to 25.

The Independent Advisor – Epidemiology and Public Health, suggested that it was an opportune time to take stock and reconsider. He opined that an element of seeding of the virus would have to be accepted in the future, irrespective of the regime, unless the decision was taken to close the borders completely. The key issue was the level of severe illness that could be caused by COVID-19 and, assuming no VOCs, he believed this would be low. It would also be necessary to consider the risk of on-Island transmission, due to seeded cases, which he also calculated as low, as a consequence of over half the eligible population having been vaccinated locally. Receptivity on-Island would reduce with the approach of Summer and the remaining issue was how to define ‘Red’ areas, either by case numbers or VOCs and he favoured the latter as, in his view, that was where the risk lay. He proposed that any fully vaccinated person should be treated as if they had arrived from a ‘Green’ area, with the exception of the ‘hard red cap’ areas, noting that a triple testing regime would remain in place for the time being.

The Interim Director, Public Health Policy, indicated that by adopting a cautious step down from Amber to Green for fully vaccinated travellers, the seeding risk was comparable with the extant RAG categorisation. As a consequence, he suggested that it should be proposed to Ministers that they trial a ‘step down’ scheme, which took into account ethical and technical / operational considerations. He would not wish the RAG to be removed completely over the Summer and agreed that it was preferable to have fully vaccinated, rather than unvaccinated, people travelling to the Island. The Interim Director of Public Health Practice stated that it would be important to communicate to people that they could still travel to the Island, irrespective of their vaccination status, but that fully vaccinated arrivals might be dealt with in a different way from those who were unvaccinated, depending on where they had arrived from.

The Cell accordingly indicated its support for a pilot scheme which permitted fully vaccinated arrivals from Amber areas to be treated as Green arrivals, with further work to be undertaken on what would constitute ‘Red’ arrivals.

Matters for
information.

A6. In association with Minute No. A2 of the current meeting, the Scientific and Technical Advisory Cell (‘the Cell’) received and noted the following –

- a weekly epidemiological report, dated 15th April 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 16th April 2021, which had been compiled by the Office of the Superintendent Registrar; and
- a report on vaccination coverage by priority groups, dated 15th April 2021, which had been prepared by the Strategic Policy, Planning and Performance Department.