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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(61st Meeting)

(Business conducted via Microsoft Teams)7th June 2021**PART A (Non-Exempt)**

All members were present.

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
 R. Sainsbury, Managing Director, Jersey General Hospital
 Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention
 Dr. M. Garcia, Associate Medical Director for Mental Health
 S. Petrie, Environmental Health Consultant
 A. Khalidi, 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
 N. Vaughan, Chief Economic Advisor

In attendance -

J. Blazeby, Director General, Justice and Home Affairs Department
 Dr. M. Doyle, Clinical Lead, Primary Care
 M. Knight, Head of Public Health Policy
 B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department
 S. White, Head of Communications, Public Health
 M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department
 Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department
 L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
 S. Nibbs, Secretariat Officer, States Greffe

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

Thanks to
 Secretariat
 Officer Ms.
 K.L. Slack.

A1. The Scientific Technical and Advisory Cell ('the Cell') commenced the meeting by recording its thanks to its previous Specialist Secretariat Officer, Ms. K.L. Slack, for minuting its meetings to date and requested that its appreciation of her work be recorded in the Minutes. It was noted that Miss. S. Nibbs would now take on the role of Specialist Secretariat Officer to the Cell.

Minutes

A2. It was noted that the Minutes of the meeting of the Scientific and Technical Advisory Cell ('the Cell'), which had been held on 24th May 2021, had previously been circulated and Members were asked to provide any feedback thereon to the Secretariat Officer, States Greffe, by the end of 7th June 2021, in the absence of which they would be taken to have been confirmed. It was further noted that there had not been a meeting of the Cell on 31st May 2021, as this had fallen on a Bank Holiday.

Safer Travel
Policy –
amendments.

A3. The Scientific Technical and Advisory Cell ('the Cell') reviewed a PowerPoint presentation, entitled 'Potential amendments to Safer Travel Policy for June, July and August 2021', which had been prepared and was presented by A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department and L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department.

The Cell was informed that, as at 4th June 2021, there had been three active cases of COVID-19 in Jersey, who had been in direct contact with 56 people, and that there had been a total of 3,243 positive cases of the virus in the Island since the start of the pandemic. Of the active cases, two had been identified via arrivals screening and one had been identified through contact tracing. There was an unequal division split of those who were experiencing symptoms of COVID-19 (33.3 percent) and those who were asymptomatic (66.67 percent). The estimated effective reproduction number (R_t) in Jersey was noted as 0.00, with a 14-day rate of 4.64. More than 7,000 inbound travellers had entered the Island over the course of the May half-term holiday.

Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, advised the Cell that there had been four further active cases of COVID-19 recorded during the weekend of 5th and 6th June, each owing to inbound travel to Jersey. This data had become available immediately prior to the extant meeting. As a result of these further cases, 21 direct contacts had been identified. One case was highlighted for discussion as a seasonal worker had arrived in the Island initially from Kenya (a "Red" zone), routing via Uganda (an "Amber" zone) for between 10 and 14 days, and then entering Jersey from the United Kingdom. There was no vaccination history associated with this individual. It was noted that the case had been provided initial labelling of arriving from a "Green" zone after arriving from the United Kingdom, however the individual should have been classified as arriving from an "Amber" zone.

Dr. I. Muscat emphasised the need to ensure that seasonal workers travelling to the Island continue to be appropriately filtered and screened in terms of the Red/Amber/Green ('RAG') rating of the zones from which travel was commenced. It was agreed that there was otherwise some risk that seasonal workers might bypass the safer travel policies in place, and that such risk could increase due to there being a significant increase in the volume of travellers arriving into the Island.

The Cell noted that one of the COVID-19 positive cases had been community acquired with positive symptoms captured during day eight testing and that the individual in question was a Brighton based passenger (a young person) who had been asymptomatic upon their arrival into Jersey.

A xxxxxx based passenger (a xxxxxxxxxxx) had been further identified as a COVID-19 positive case and the Cell discussed whether or not this could be linked with two previous positive cases that had been identified as arriving from the same location.

Further data received immediately prior to the meeting confirmed three further positive cases identified earlier that day. One of the travellers in this category was confirmed as COVID-19 positive following a further test after eight days in the Island. The Cell also noted that there had been three COVID-19 positive arrivals whose point of departure had been recorded as the London Borough of Kensington and Chelsea, with up to two further potential positive test results anticipated to come through.

The Cell was advised that one further COVID-19 positive test result had arisen on Saturday 5th June, through workplace testing. It was agreed that further discussions about the circumstances of this test result would take place outside the meeting between Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, and Dr. I. Muscat, MBE.

The Cell was apprised that further communications were due to be circulated to all inbound travellers and to remind them that passengers must come forward for COVID-19 testing if they developed identifiable symptoms of the virus.

The Cell discussed whether there could have been an increase in laxity by restaurants and other hospitality venues in ensuring that QR codes were utilised by customers when they arrived at a venue and whether it would be appropriate to put out communications reminding customers and venues of the essential need for all customer contact details to be captured in this manner.

It was noted by the Cell that the dominant strain and variant of concern ('VOC') in the United Kingdom remained the Delta variant (VOC B.1.617.2) of the COVID-19 virus. The Cell concurred that it would be of interest to understand which variant(s) of the virus were prevalent in the most recently recorded on-Island cases. The Cell reminded itself that the Delta variant was also hallmarked by greater transmissibility (in comparison to the Alpha variant), as well as the Reduction in effectiveness of the single vaccine dose, coupled with some concerns about the efficacy of the second Astra Zeneca vaccine. In addition, the Cell noted early evidence of increased risk of severe disease and hospitalisation.

The presentation included a review of the Health Monitoring Dashboard, which confirmed that there had been a decline to calls to the COVID-19 helpline which was viewed as a positive sign.

The Cell went on to consider the relationship between testing for COVID-19 and case rate prevalence and testing, it being considered that greater rates of testing would also result in a larger prevalence of case rates being demonstrated. The source of this discussion was an Office for National Statistics ('ONS') survey.

The Cell also had regard to Current Common Travel Area RAG (Red/Amber/Green) Status areas, noting that the regional classification from 3rd June included 26 districts to which 'Emergency Brake' provisions applied in England and ten Scottish districts. Wales was noted as still predominantly 'Green'.

The Cell noted the Jersey Vaccine Programme had recorded 108,577 vaccine doses issued as at 30th May 2021. 60,961 first doses had been provided and 47,616 secondary vaccines had also been given. This translated to 100.72 doses being administered per 100 people within the population. Dr. G. Root, Independent

Advisor - Epidemiology and Public Health questioned why there was a 5 percent lower uptake in 65 – 69-year-olds receiving the vaccine somewhat lower in terms of (92 percent rather than 97 percent), compared to their more senior counterparts.

It was considered whether the 65-69 age group was largely Island based, or whether a proportion of the same group was off-Island on a medium to long term basis; either on holiday or in second homes away from Jersey.

There was also discussion regarding the general activity levels at the vaccination centre and whether there was any capacity to vaccinate lower age groups more swiftly. B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, confirmed that the centre was operationally efficient and that if open appointments became available, communications were being used effectively to support this approach.

The Cell confirmed that it was mindful of the renaming of the known COVID-19 variations of concern ('VOC') by the World Health Organization ('WHO'), confirming that the previously cited 'Kent variant' was now known as the 'Alpha' variant, that the formerly known South African variant was 'Beta', and the Brazilian variant known as 'Gamma'. Dr. Muscat confirmed that there were five variants of concern out of a total of nine known variants.

Safer Travel
Policy –
proposed
revisions.

A4. The Scientific Technical and Advisory Cell ('the Cell') considered potential amendments to the Safer Travel Policy currently in place. Cell members were asked to consider the risk associated with two potential amendments to the Safer Travel Policy:

1. For the remainder of June 2021, considering the 'marginal Amber' issue; and
2. For July and August 2021, considering a balance of potential risks and based on a number of positive assumptions.

In order to support such discussion, the Cell was provided with a review of the current national and international situation, the current Jersey situation, a third wave modelling update and the relative risks of potential amendments. Discussions took place around potential amendments to the Safer Travel Policy for both the remainder of June and in connexion with potential amendments for July and August.

A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department stated that Ministers had been reviewing the position for the past few weeks especially with regard to the transmissibility of the Delta variant. Consideration was given as to what could happen should the Delta variant seed successfully in Jersey. The question of how connectivity could be maintained in view of rising infection rates was also an important one to consider. In turn, this raised a question about the fitness for purpose of the current traffic light system. It was noted that, to date, there had been the successful implementation of Emergency Brake provisions as part of the Safer Travel Policy.

The Cell noted the understandable caution of Ministers regarding significant parts of the United Kingdom being re-classified as 'Amber', which was a highly understandable political concern. The question therefore followed as to whether there could be a forward commitment made to a more informal travel policy. A hypothetical example of this was provided as discounting the need to test on arrival, and not imposing an isolation policy, as per the model planned for adoption by Guernsey from the beginning of July 2021.

The Cell concurred that it was difficult to resolve the question of planning 'roadmap'

type commitments and both issues were noted as being very closely related.

M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, together with Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department, led the presentation to inform the discussions.

The Cell further agreed that maintaining the discussion about any amendments to the current Safer Travel Policy within a scientific realm was of great importance. By way of background, it was noted that the Joint Bio-Security Centre made an assessment every three weeks, but that the metrics which changed a common travel area from Green to Amber were not published. The traffic light system was therefore discussed and personal costs to each travelling individual were noted.

Dr. C. Newman confirmed that the 3,000 mark for testing within the Island had been breached last week, and further that workforce screening had accounted for a large amount of such testing.

In terms of vaccine coverage in Jersey and the United Kingdom, this would be increasing over the summer and hypothetical impact modelling was provided regarding the potential number of cases and hospital occupancy arising from the same. It was noted that uneven vaccine coverage would affect outbreak risk. In terms of key risks, the Cell noted that vaccine coverage was not evenly distributed and not everyone who had been fully vaccinated was protected, with somewhere between 80 percent and 95 percent efficacy prevailing.

Based on modelling with the known B.1.617.2 ('Delta') variant, there was still potential to record a high number of cases if no on-Island mitigations were put in place, with it also being noted that the Delta variant had a higher transmissibility rate (the extent of which was still uncertain) so this modelling could underestimate such impact. It was further noted that a high volume of cases could lead to further mutations which would have the potential to resist vaccines. It was further noted that modelling for the end of Summer 2021 had indicated that the likelihood of a further wave occurring was minimal. However, this depended upon on-Island mitigations also being in place.

Discussion and commentary were then invited regarding the relative risks of each option.

A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, asked the Cell to bear in mind the Chief Minister's request and that the internal controls currently in place were considered when border controls were being discussed.

Dr. G. Root opined that the Cell should not compare Jersey with Bolton in terms of modelling, due to differences surrounding vaccine hesitancy and differing socio-economic conditions, as well as its population being double the size of Jersey. Dr Root went on to ask whether the modelling provided was adjusted for Jersey. Dr Root further opined that removing the 'Amber' classification would be a favourable idea, as this would bring about a simpler classification system, Reducing it to 'Red' and 'Green', which in turn would be simpler for incoming travellers to comprehend.

M. Knight, Head of Public Health Policy stated that the upcoming item regarding the ongoing use of face masks in Jersey would assist in supporting the direction for law drafting instructions ahead of the next Competent Authority Ministers Meeting, based on STAC advice and in preparation for the move to the proposed next stage

of re-connectivity on 14th June 2021.

It was clarified that, if current ‘Amber’ areas were below the threshold for ‘Red’, then they would be re-classified to a ‘Green’ status.

There followed a discussion amongst the Cell regarding the balancing of harms to the economy, against balancing the personal harms and risk of illness and potential mortality rates as a result of exposure to the Delta variant, and it was opined by some present that further calculations would be required.

N. Vaughan, Chief Economic Advisor, requested clarification on whether modelling was based on different age cohorts. He found it somewhat disappointing that much of the Cell’s discussions appeared to be based on what other locations decided to do.

Mr. A. Khaldi agreed, but also noted that the data on hospitalisations and death was extremely encouraging, as was the unfolding data in connexion with vaccinations. It was recalled that the Delta variant could evade current vaccines and that this should be borne in mind. It was anticipated that, if there was a significant outbreak now, that there would likely be enough homogeneity within the Jersey population to withstand this.

The Cell went on to consider that if such an outbreak did occur, then there would be a strong possibility that any such outbreak would need to be halted via unpopular non-pharmaceutical interventions. This would in turn bring harm to the economy and the Cell was not in favour of Island school children losing any more school time than had been lost to date. The ideal position would be to prevent a third wave of COVID-19 affecting Jersey over the coming weeks.

The Cell opined that making a declaration in the same style as that planned by Guernsey for July, as appealing as it seemed, would be politically unwise and thus did not favour this option. The Emergency Brake had been found to be a useful concept and also a sensitive measure. Broadly, the Cell supported the removal of the ‘Amber’ classification. It also noted that P. Martin, the Interim Chief Executive Officer, had requested STAC to consider enabling fully vaccinated travellers from Emergency Brake areas to be allowed to be treated as arriving from ‘Green’ zones. However, the Cell concurred that greater risk would still be incurred if fully vaccinated members from Emergency Brake areas were to travel to Jersey. It was agreed that the Cell would not propose to abandon a cautious approach fully.

Dr. Muscat, MBE, asked those present to recall that the infection was very highly transmissible, and Mr. Khaldi concurred with this view. Mr. P. Armstrong, MBE, Medical Director (Chair) advised that he did not fully understand the modelling as it currently stood, and he considered 1st July 2021 was too soon to “declare victory in the context of fully loosening our on-Island mitigation and the border policy”. The Cell hoped that this point could be reached in either or August and September but sounded the note of caution that Jersey was not sufficiently secure in its position as yet and this is what the data was confirming.

Dr. Muscat, MBE, opined that the people who were not vaccinated were the young (those aged below 18 years of age), and this was likely to be the group whom the virus affected the most.

Dr A. Noon perceived that the threat of transmission would remain almost exclusively from outside the Island from inbound travellers. He opined that to stop the swabbing protocols upon arrival into Jersey would be to “blindsides ourselves”. It was agreed that Jersey was not yet in the position whereby it could confidently

predict that the Island could be defended strongly, and to open up the borders too quickly and without the appropriate checks in place, would be to put the population of Jersey at greater risk.

In terms of the comparative difficulties of modelling against other populations, Dr C. Newman confirmed that it was somewhat problematic that Jersey was one of the furthest ahead in the world in terms of the roll-out of vaccinations, so there were few comparative populations that would have been in the same position as the Island in terms of potentially re-opening its borders fully.

L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department apprised the Cell that further modelling could be undertaken around the seeding of the Delta variant in unvaccinated populations against the largely vaccinated population of Jersey at present.

S. Petrie, Environmental Health Consultant confirmed that he would advocate not making changes in June in view of the current increases in COVID-19 cases in some parts of England and Scotland. He also did not advocate the “blue” policy from July 2021. He opined that Track and Trace capabilities need to be maintained and further suggested that the Cell should review how the situation changed in England and Scotland before suggesting further relaxations to Jersey’s travel protocols.

Dr. G. Root advocated removing the ‘Amber’ classification with soonest effect – this on the basis that the Cell would then know if Option two for July and August was a sensible and workable one.

I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, was of the view that the United Kingdom was going in the wrong direction in terms of mitigating risk, and that the current regime seemed to be allowing fairly large amounts of travel without too many restrictions.

Mr. Vaughan went on to query the modelling undertaken so far and asked which sector(s) of the population had been used, and whether different age group cohorts being considered to increase certainty. He was of the view that the Cell needed to be careful with interpretation of the models, as in the real world, interventions would be put in place. Mr. Vaughan advised that the Cell should exercise caution around travelling and he would not be minded to discard testing on arrival. Broadly, the 60 Amber regions in England would become re-classified as Green but could then be re-classified as Red if other risk factors approached. It was noted by the Cell that, if Amber areas were re-classified as Green, the risk of infection transmission would be even greater because more passengers with a greater risk profile would travel.

Mr. Khaldi felt that moving towards option two held some possibility, but not at the present time. He was of the view that 1st July was too soon, although Ministers’ enthusiasm to move towards this were understandable.

Following discussion, it was agreed that the most desirable option would be to retain the Amber classification at the present time. Option two would then be able to be considered following the next few weeks. Overall, it was decided sensible to continue with caution in terms of travelling and the testing required.

The Chairman concluded that following discussion, most members were not comfortable to remove the Amber classification at the present time. There followed further discussion around the ongoing requirement for Amber thresholds.

Dr A. Noon advised that there was also a need to acknowledge that Jersey residents

who were as yet unvaccinated and travelling also represented a further risk in terms of their travel, potentially to Amber areas.

The Cell therefore supported the continuation of testing on arrival in Jersey for inbound passengers and it was agreed that the recommendation to the Competent Authority Ministers would be for Option One to remain in practice for June, July and August, for the reasons cited above.

Face masks – guidance re wearing same in move to level seven of Roadmap.

A5. The Scientific Technical and Advisory Cell ('the Cell'), with reference to Minute No A6 of 17th May 2021, was advised M. Knight, Head of Public Health Policy that its views had been sought on the provision of guidance regarding wearing face masks, as level 7 of the exit from Covid strategy was due to be implemented on Monday 14th June 2021. The Chief Minister had requested that the Cell consider internal controls in the light of any changed advice on border policy.

The Cell had regard to a presentation by Mr Knight concerning such guidance and recalled that it had provided advice to the Competent Authority Ministers ('CAM') that, in view of the then low number of COVID-19 cases within the community, and due to the increasing protection offered by the ongoing vaccination programme, it was considered safe for Ministers to consider moving to planned changes at level 7.

At that time, the Cell's advice had supported moving to Stage 7 as published, this to include the opening of nightclubs, standing drinking, dancing, and the provision of events. It had also been recommended that a 'media call for testing' be used if an index case was to be identified following attendance at a specific nightclub or event.

The Cell reminded itself that its previous advice to CAM had been provided in principle, this subject to ongoing monitoring and with the caveat that such advice could change rapidly, depending on the emerging clinical picture.

The Chief Minister had requested, should the Cell advise on changes to travel policy, that they consider the appropriateness of internal controls, in particular Stage 7 of the Roadmap scheduled for 14th June. It was then discussed whether proposed legislative change for masks should be mandatory only for locations or situations deemed to be 'high risk settings', such as within public transport and private hire vehicles, healthcare settings and care homes. The Cell considered various options and recognised that greater clinical risks still remained within healthcare settings.

The Cell also discussed situations in which social distancing could not be guaranteed and also where close contact services such as hairdressing, cosmetic treatments or tattooing were taking place. It was agreed that further guidance should be provided and that this would be based on the need to wear masks being proportionate to the risk perceived.

The effect of such a decision, if followed by CAM, would mean that legislation would be removed, and the onus would be on individuals to make their own decisions about wearing masks in non-legislation covered venues.

Dr. I. Muscat, MBE, questioned whether it was reasonable for the Island to proceed to stage 7 in mid-June due to the increase in the rise of the Delta variant in the Island. Dr Muscat sought clarification about what stage 7 would mean in terms of practical adjustments to everyday life. Dr Muscat and Mr. R. Sainsbury, Managing Director, Jersey General Hospital, then led the discussion around this proposal.

It was agreed that continuing to wear masks as part of essential personal protective

equipment ('PPE') use would be very likely to continue in health care settings, including the General Hospital, GP surgeries and dental surgeries.

I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department sought clarification around the proposals made and asked whether or not customers and staff would continue to wear masks in supermarkets and other customer-based environments, such as restaurants. It was anticipated that not having to continue to wear masks in such environments would be accepted positively by most members of the community. There was also a discussion regarding what the guidance criteria about not wearing masks on public transport should be.

P. Armstrong stated that it would be helpful to have this discussion and to have clarity around the ongoing use of masks in healthcare settings, as this was a frequently asked question. Masks were being used to good effect in the community and proportionate use would continue to be required in healthcare settings across the Island.

R. Sainsbury also asked for clarity around the long-term use of masks in care home settings, on the basis that any decision around this could have an impact on residents, staff and visiting relatives. The Cell agreed that further communications would be required around this. A. Khaladi stated that he would discuss timings around mask discontinuance offline in case the need to amend and re-amend legislation arose. He advised that this agenda item was likely to have to be considered once more by the Cell next week.

As well as retaining masks in clinical, public transport and close-contact settings, Dr. G. Root made the strong recommendation that the use of masks in prison should be maintained, this because community transmission remained a concern within such environments. The Cell concurred with this proposal.

It was agreed that the advice that would be provided to CAM would be to amend its guidance so that masks would only need to be retained in clinical, public transport, taxis, close contact settings and within HMP La Moye, but to urge CAM to bear in mind that face masks might need to be brought back in to more general use due course, depending on the re-emergence of the COVID-19 virus within the Island, and in particular due to concerns expressed previously regarding the Delta variant.