## Health and Community Services General Hospital

Peter Crill House, Gloucester Street St Helier, Jersey, JE1 3QS



30 December 2020

Dear Senator Vallois,

## Health Advice on the Reopening of Schools January 2021

I write once again in my capacity as Chair of the Scientific and Technical Advisory Cell in direct response to a request from Senior Officers of CYPES for advice in relation to the planned return of children and students to nurseries, primary schools and secondary schools on the 6<sup>th</sup> of January 2021.

It remains the view of STAC that the safest place for children, for all the reasons outlined in previous discussions and correspondence, is at school and the longer children are out of school and the more time they are off from school the more detrimental it is to their physical and mental well-being, educational outcome and as a consequence to their life chances.

We are however conscious of the fact that children and young people, as well as parents, need to feel safe and have confidence when attending educational facilities and that currently on the island there is significant concern for both children and teachers.

We are also aware that there is concern, which is shared by STAC, as to the potential difference that the new variant (501Y/01) of the COVID-19 virus may have on transmission of the virus both in schools and indeed on the island as a whole. We therefore had in depth discussions with Senior Officers from CYPES at yesterday's meeting of STAC.

It is estimated that the new variant of the virus is likely to be around 50-70% more infectious than the previous strain seen on the island earlier in the year. We would stress at this point it has not been confirmed that the new strain has actually been in circulation. However, given the increase in numbers over the last few months before new measures were put in place and considering the wider global context it would seem likely the new variant is already on the island. We expect to have results from a number of our isolates in the next week or two. We would point out though that whilst an increase of 50-70% in infectivity sounds high it has to be looked at in the context of transmission rates in the groups of individuals being considered. The virus enters cells by attaching to receptors on the surface of the cell called ACE2 receptors. The number of these receptors that individuals have increases with age and this is believed to be the reason that children are less susceptible to the virus. Furthermore, the impact is likely to be smaller in the context of falling rates on the island.

We would also stress that there is no evidence that the new variant is any more virulent, in other words the level of illness it causes is no worse and therefore it continues to pose very low levels of threat to children and young people and indeed to the majority of people of working age.

What is not clear is the impact that increased transmissibility amongst school children would have on the wider population and as a result on increasing the risk of spread of the virus to our more elderly and vulnerable islanders who are at risk of more serious illness.

The above is a topic of debate and research and we expect further information and opinion in particular from NERVTAG (New and Emerging Respiratory Virus Threats Advisory Group: an expert committee of the Department of Health in the UK). Currently opinions appear to vary widely as to the potential threat in terms of the transmissibility from young people attending schools to the wider population from no threat at all to a significant threat. Ultimately whatever the view from outside of the island we will have to look at the advice in the context of Jersey and what is happening on island at any particular time.

To give further context to the current situation on island, due to the likelihood of increased mixing within households over Christmas and the reduced amount of testing that has taken place over the festive

period, the number of cases on the island is currently not completely clear. They do appear to be reducing and there are some encouraging signs however it too early to be certain. The true position should become clearer over the next 1-2 weeks.

It would therefore be difficult for STAC to provide the reassurance that is being sought from some quarters at this moment in time. We would however advise that all measures possible be introduced into educational establishments to reduce the spread of the virus and provide assurance. So, in addition to all that is already being done, we have some further suggestions as outlined below. We appreciate that the practicalities of what we suggest still need to be fully explored and there may need to be some adjustments made to them in order for them to be implemented but we would advise that:

- There should be a testing programme developed encompassing both teachers/school staff and 15-18 year olds, at greater frequency than currently.
- Particular priority should be given to ensuring as many teachers and older children are tested prior to the start of term.
- Introduction of Lateral Flow Device testing should be considered as a supplement to PCR testing.
- Primary age and younger children settings should be managed differently due to their reduced risk

We would stress that the above measures in addition to those already in place are to mitigate risk and there would be an expectation that there would still be some cases affecting both staff and students. The aim has to be to mitigate the risk as much as possible while keeping children at school physically as much as is possible. There would still be a need for schools and nurseries to liaise closely and work with the Testing and Contact tracing teams.

We appreciate that there needs to be some work in order to implement the above and as mentioned the situation in terms of numbers and trend in numbers will become clearer over the coming weeks, so it may be necessary and would seem reasonable in terms of the balance of harm for there to be a short delay in terms of the return date for children and young people back to school. We would however advise that any delay be kept to a minimum due to the negative impact that time out of school and the deprivation of learning opportunities has on children. Any delay, if deemed necessary, should only be to implement the above changes and the length of time is something that should be determined by the Responsible Officers in CYPES in conjunction with you as Education Minister and your Ministerial Colleagues.

As always, I am happy to discuss the above in more detail if that would be helpful.

Yours sincerely

Mr Patrick Armstrong MBE
Acting Group Medical Director

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