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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(3rd Meeting)

10th June 2020(Business conducted via Microsoft Teams)**PART A (Public)**

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

COVID-19:  
Medium term  
contain  
strategy.

A1. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A6 of its meeting of 8th June 2020, continued discussion of a report, dated 8th June 2020, which suggested some strategic objectives and raised a number of clinical considerations, on which the Cell's advice was sought, in connexion with the establishment of a framework for a medium term contain strategy in respect of COVID-19.

Mr. S. Skelton, Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, indicated that the contain strategy's proposed first objective was to test, trace and isolate confirmed and suspected cases of COVID-19 on-Island, at scale, in order to contain the virus. Mindful that the COVID-19 Strategy, which had been published on 3rd June 2020, recognised that it would not be possible to maintain a complete lockdown on travel for an indeterminate period until such time as a vaccine for COVID-19 was found, the proposed second strategic objective for the contain strategy was to support travel, with robust controls to minimise seeding and transmission of the virus. Underpinning these dual objectives were the requirements to ensure that contain programmes were accessed and accepted by all Islanders, to continue to provide timely and accurate data in order to inform public health policy and to strengthen operational delivery and to prepare for Winter.

The Cell suggested that it would be helpful to include the word 'adaptive' within the contain strategy and considered whether it would cause alarm to the public to make reference to Winter in the document. It was agreed that it was not unreasonable to anticipate that COVID-19, which was a respiratory viral infection, would behave as such infections did and be more prevalent in Winter. Moreover, it was anticipated that Winter 2020 would be challenging, as it was unlikely that a vaccine would be available at that juncture and fewer people would have developed immunity. Consequently, it was accepted that reference to Winter should be made, without overemphasising its significance.

The Cell recalled that it had discussed access by essential workers to the first phase of the PCR screening programme at its meeting on 3rd May 2020. The first phase had been designed to provide a broad picture of infection rates at the time that measures had been taken to ease the lockdown. The programme had subsequently been extended to include 1,327 school and nursery staff. Mr. Skelton indicated that amongst essential employees, who did not work for Health and Community Services Department, the numbers coming forward for testing had been lower than anticipated, resulting in surplus capacity within the programme. Work was underway to improve take-up rates.

The Cell queried what had been learnt to date from the first phase of the testing and was informed that no clusters, or large volumes of cases had been identified and infection

rates were thought to be low, but more analysis of the figures would be required and the Cell would be provided with details before being requested to provide a formal view on what the strategic clinical objective of phase 2 screening should be and who should be eligible for such screening. It was felt important that those workers, *inter alia* care staff and General Practitioners (GPs), who had a significant amount of face-to-face contact with others, should be prioritised. It was suggested that seroprevalence testing in other potentially high-risk groups should be undertaken as part of phase 2, noting that seroprevalence amongst low-income groups was double that of the wider population.

The Cell briefly discussed the lateral flow testing for COVID-19 that was being undertaken on Island by a private company and some GPs. It indicated the importance of these bodies providing it with information about the number of individuals who had tested positive for IgM (Immunoglobulin M) in order that a picture of the seroprevalence across the community could be obtained and because COVID-19 was a notifiable disease.

In respect of the borders, Mr. Skelton informed the Cell that it was anticipated that a specific COVID-19 border policy, which would be adaptive and responsive, would be published within a month. It was anticipated that the border policy would establish a quarantine, high level testing and tracing regime in order to control the seeding and transmission of COVID-19; would contain the indicators which might result in a change to borders control; would consider the infection status in countries from which passengers might travel and how any changes to that status might impact on the border controls; would consider the relationship between the rate of on-Island transmission and how that might be impacted by allowing travel into the Island and the measures that could be introduced to mitigate that risk; and, as mandated by Ministers, would ensure that the border testing would not result in resources being diverted from on-Island screening. In respect of the latter point, Mr. Skelton indicated that work was underway to increase testing capacity overall, but it had not been finalised where those resources needed to be targeted.

In connexion therewith, the Cell queried whether the advantages and disadvantages of adopting an elimination strategy, which would permit people to function in relative normality on-Island, had been sufficiently discussed by it before the move had been made to open the borders, with testing measures in place, albeit on a trial basis initially, noting that this would inevitably result in a particular rate of COVID-19 being present within the community and would, consequently, mean that a restriction on certain activities would be imposed on residents for a longer period.

Mr. Skelton referenced the debate by the States Assembly on the Proposition of Deputy J.H. Perchard of St. Saviour, entitled, 'COVID-19 Elimination Strategy' (P.61/2020), which had been adopted, as amended, on 20th May 2020 and during which the arguments for and against allowing some on/off Island travel had been rehearsed. The COVID-19 Strategy which, as aforementioned, had been published on 3rd June 2020 sought to maintain the levels of COVID-19 within the population at low levels, whilst permitting some travel.

It was acknowledged that a specific paper on the possibility of introducing an elimination strategy had not been presented to the Cell. It was suggested that the Cell had been established in order to provide assistance and guidance to Ministers, but had not been used to help inform what was a significant debate on this important subject, although Ministers had received guidance from the Medical Officer of Health and her team in developing the Council of Ministers' position on pursuing the 'least overall harm'. The Chair indicated the desire to receive input from Ministers on whether they wished to receive advice from the Cell on this matter, or whether the decision not to introduce an elimination strategy was a *fait accompli*. The Cell could provide advice to Ministers on how effective, or not, it felt that the current screening strategy in use at

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the airport was - mindful that it would need to be extremely robust, as would the subsequent contact tracing - and afford them the opportunity to reflect on whether the approach taken had been appropriate. It was agreed that this matter should be added to the agenda for the next meeting of the Cell, scheduled for Monday 15th June 2020.

The Cell received a Powerpoint presentation, entitled 'Estimating inward infections ('seeding') from inward travellers'. It noted that by testing passengers on arrival in Jersey and at days 4 and 7, as was currently being undertaken as part of the pilot scheme, it was estimated that 55 per cent of positive cases for COVID-19 could be identified. To date, during the pilot scheme, 85 per cent of arriving passengers had opted to participate in the testing regime, with 15 per cent choosing to self-isolate. All passengers arriving into the Island were required to provide a residential address and telephone number, preferably a landline. Of those passengers who chose to self-isolate, or who entered the testing regime, but failed to attend for subsequent testing, 6 individuals – half from each group - would then be selected at random for telephone contact or a home visit, which sought the reason for non-attendance, if applicable and made welfare enquiries. If there was no response to the telephone call, a home visit would be conducted within 36 hours, followed by investigation and potential enforcement if the passenger was not at home.

As the number of arriving passengers increased, so the logistical difficulties in testing them and the risk of the virus spreading would grow. The Cell noted graphs, which modelled potential scenarios in a number of cases, based on weekly arrivals into Jersey of 300, 1,000, 1,500 and 2,000 passengers respectively and with reproduction ('R') numbers of 1.0, 1.3, 1.6 and 1.9 respectively, using both lower and higher assumptions.

The Cell was reminded that the modelling was a tool to assist in the making of decisions, rather than a prediction of the future. The model could be adjusted to inform likely outcomes, based on the introduction of certain measures and dependent upon the current R number. It was noted that even if 2,000 passengers per week were to be permitted to travel into the Island, this would be a significant reduction from the number of people who normally came to Jersey, which was estimated to be of the order of 1.7 million *per annum*. It would be logistically challenging to test 2,000 passengers each week if the tests needed to be analysed at the hospital; additional space would need to be found for that purpose. Moreover, with limited capacity available for travel, difficult choices would need to be made as to who and who would not be permitted to fly. The Cell considered whether locals should be permitted to travel off-Island to visit family, or whether tourists should be encouraged to return to the Island, mindful that a percentage of the Island's visitors would probably fall into the category of people who would be 'shielding'.

It was mooted that, in the future, the international solution might be for passengers to carry COVID-19 'passports', to indicate that they had received a negative test for the virus within a certain period. It was felt that continual testing for frequent travellers could prove expensive. The costs of the testing at days zero, 4 and 7 were of the order of £200 per passenger and if it was decided to pass these costs onto the public, it could prevent some people from travelling and there was a risk to tourism if the testing was not subsidised by Government.

It was suggested that it was a false economy to invest in testing passengers arriving into the Island, if the 3 tests had only a 55 per cent detection rate. It was argued that resources would be better targeted at contact tracing, once people had declared themselves symptomatic.

The Cell noted slides, which highlighted the 3 component parts of the risk at the border, all of which impacted on the outcome for the Island. If the prevalence of COVID-19 in a passenger's country of origin halved, this would reduce by 50 per cent the number of

imported 'seeds'. The 3 PCR tests, undertaken on arrival, day 4 and day 7, would not prevent all infectious inward travellers from transmitting COVID-19 within the community and once those cases were in the Island, the local conditions in respect of track and trace efficacy would determine how effectively the spread of infection could be suppressed. However, it was recalled that in January and February 2020, there had been very few cases in Italy, as an example, followed by thousands of people becoming infected. A similar situation had arisen in London and it was possible that this had been caused by asymptomatic 'super spreaders'. There was the risk that if such people were to travel to the Island, they might not be detected on arrival and a similar surge in cases could occur. This would be somewhat mitigated, however, by changes in individuals' behaviour as a consequence of the pandemic and the track and trace system.

The Cell was of the view that if it was decided to allow travel into the Island, the numbers of passengers would need to increase gradually, subject to the ability to test these arrivals, with the facility to rapidly rein this in should there be a sharp rise in the cases of COVID-19. Moreover, as aforementioned, if Ministers decided upon this course of action, there would need to be an acceptance that it would not be possible to eliminate COVID-19 on-Island, without a watertight border. Consequently, a complete return to 'normal' would not be possible for a prolonged period and the population as a whole would continue to be impacted to a certain extent, due to the presence of the virus in Jersey, requiring stronger domestic controls as mitigation. The Cell indicated that it would be useful to ascertain the model followed in other Islands and whether they relied on tests at the border, or contact tracing.

It was envisaged that it would take between 3 and 4 weeks to plan the system and to have certainty that an alternative to quarantine might be possible. Mr. Skelton informed the Cell that he had heard that some commercial carriers might wish to bring in passengers even if there was a requirement to enter quarantine, but he had not personally been party to the conversations and needed to obtain some more clarity around this issue.

The Cell was invited to provide any additional input on the questions posed within the Medium Term Contain Strategy via electronic mail to Mr. Skelton and agreed to reconvene at 8.00 a.m. on Monday 15th June 2020.