

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(26th Meeting)

26th October 2020

(Meeting held via Microsoft Teams)

PART A (Non-Exempt)

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

- Welcome. A1. The members of the Scientific and Technical Advisory Cell welcomed the Interim Director of Public Health to her first meeting of the Cell. She indicated that she had moved to Jersey from Bracknell Forest and was looking forward to working with those present.
- Minutes. A2. The Scientific and Technical Advisory Cell received and noted the Minutes from its meeting of 19th October 2020, which had previously been circulated. It was noted that a number of minor amendments had been proposed and the Secretariat Officer, States Greffe was requested to incorporate these into the Minutes and to recirculate them to members of the Cell.
- Monitoring metrics. A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 19th October 2020, received and noted a PowerPoint presentation entitled 'Scientific and Technical Advisory Cell monitoring update', dated 26th October 2020, which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department.

The Cell noted that the data had been prepared on Friday 23rd October 2020 and that, as at that date, there had been 82 active cases of COVID-19, who had been in direct contact with 489 people and that the 14 day rate per 100,000 population had been 80.71. A total of 530 individuals had now tested positive for the virus (excluding infections that had subsequently been shown to be 'old' following serology testing). Over the weekend of 24th / 25th October, 34 people had recovered and an additional 26 positive cases had come to light, which brought the total number of active cases to 74. Of the aforementioned 82, 62 had tested positive at day zero, 12 at day 5 and 4 at day 8. 53 had been identified through arrivals screening, 22 through contact tracing, 4 had sought healthcare, 2 had been screened on admission to hospital and one was a case contact. 54 of these were resident in Jersey, whilst 23 were not and the residence of 3 was unknown.

Of the new cases, 16 had been identified through arrivals screening and 10 through contact tracing, or when seeking healthcare. The Cell indicated that it would be helpful for it to receive a brief overview of the new cases each week, to assist it to understand, amongst other things, in which groups the virus was occurring and whether any clusters were forming. It was agreed that the emphasis should be on the non-arrivals, but it would also be helpful to understand the profile of the arrivals who tested positive.

Deaths from COVID-19 remained static in the Island (32), but the overall number of deaths in Jersey for the year to-date had increased to 528, which remained lower than for the same period in 2019, when there had been 588 deaths and more than one hundred lower than in 2018 (633).

Of the positive cases for the virus, the majority remained in the age group 18 years to 59 years (376), but there had now been 7 cases in children aged under 11 years and 10 in those aged between 12 years and 17 years. The number of inbound travellers had continued to decline and in the last complete week (12th October) there had been 17 positive cases, which equated to a positive rate per 1,000 arrivals of 5.46. The Cell was informed that the data for the week of 19th October was not for a complete week and that, in addition to the 8 positive cases that were shown, there had been a further 16.

Jersey's combined weekly testing rate per 100,000 population (arrivals and non-travellers) had remained static at 7,200 which far exceeded that in the United Kingdom ('UK') (2,870) and other jurisdictions with which the Island had close links, mindful that the UK did not undertake on arrival testing. Of the 7,200, 5,870 had been tested on arrival, 1,710 had been tested as part of the on-Island surveillance screening and 140 had sought healthcare after experiencing symptoms of COVID-19. The weekly positivity rate in Jersey had remained steady at 0.5 per cent, the UK remained at 5.8 per cent, Spain was at 11.4 per cent and France at 12 per cent. Since the borders had re-opened on 3rd July, there had been 97,813 arrivals and 103,630 swabs taken, which included day 5 tests on arrivals from Green areas. There had been 150 positive cases for COVID-19 (excluding those with 'old' infections), of which 61 per cent had arrived from Green areas and 81 per cent had arrived by air. The average turnaround time for all test results over the previous 7 days had been 17 hours.

The Cell was presented with maps, prepared by the European Centre for Disease Prevention and Control (ECDC), which set out the geographic distribution of 14 day cumulative numbers of reported COVID-19 cases per 100,000 population on a worldwide and European basis, as at 23rd October 2020. Also included were maps from 18th October 2020, but it was noted that there was no significant difference between the two. Most of France, Spain, Belgium, the Netherlands, Poland and the Czech Republic had had more than 150 cases per 100,000 population over the preceding 14 days, with Germany the notable exception. The Cell also noted the ECDC map, which showed the testing rates for the virus per 100,000 inhabitants across Europe. Globally, there had been almost 42 million cases of COVID-19 and 1,138,802 deaths.

Data from the local EMIS central medical records system, showed that instances of flu-like illnesses had been relatively low during week 43 of 2020 (19th to 25th October), particularly when compared with the same period in 2019. During week 43, 18 people had presented with a flu-like illness. Flu news Europe reported that influenza activity remained at inter seasonal levels and that of 7,262 non-sentinel specimens tested, only 7 had been positive for influenza.

The weekly epidemiological update demonstrated that whilst the number of positive cases for COVID-19 had declined over the previous week, calls to the helpline had increased. The 14 day cumulative case number per 100,000 population had recently plateaued and had stood at 71.4 on 18th October 2020.

The Principal Officer, Public Health Intelligence, informed the Cell that Statistics Jersey would henceforth be producing data based on economic indicators on a monthly, rather than weekly, basis. However, the Business Tendency Survey had recently been released, which asked 500 companies to compare activity and indicators with the situation in June and to anticipate for the future. It was noted that the situation was not as negative as in June, particularly in the non-finance sector. For the coming months, one quarter of businesses expected an increase in activity, one quarter a decrease and half expected no change. In terms of staff working remotely, in June and September, the remote working indicator had been extremely positive (+85) for the finance sector.

The Cell thanked the Principal Officer, Public Health Intelligence, for the

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comprehensive briefing.

Enhanced
workforce
testing
programme.

A4. The Scientific and Technical Advisory Cell ('the Cell') heard from the Director General, Justice and Home Affairs Department, in connexion with testing and tracing of COVID-19, including an enhanced workforce testing programme. It was recalled that PCR testing was currently undertaken every 4 weeks on clinical facing staff within the Health and Community Services Department and every 6 weeks on non-clinical staff within that Department and on care home staff. The testing was done on a peer-to-peer basis and using a mobile testing facility.

With effect from 2nd November, it was proposed to introduce an enhanced programme of testing. Those people who had been identified as belonging within Group A would be tested every 4 weeks. These would be frontline staff within the Health and Community Services Department, the Ambulance Service and care homes. Group B individuals, which would include General Practitioners, people working within dental practices and the Prison, care agency employees, pharmacists, allied health professionals and Jersey Hospice staff would be tested every 6 weeks. The target was to attain 75 per cent take up across these Groups. Group C would comprise approximately 32,000 individuals, equating to 60 per cent of workers in the Island, namely those in other customer facing roles and, in respect of their testing, it was proposed to test everyone in this category, so every effort would be made to encourage people in this group to take up the offer, but it was agreed that this should not be to the detriment of those in Groups A and B, which were at higher risk. The testing of Group C employees would be undertaken every 8 weeks, using the drive-through facility at the Harbour, which would be open from 11.30 a.m. to 7.30 p.m. from Monday to Friday and during limited hours at the weekend.

The Cell suggested that all domiciliary health care staff and those working for Family Nursing and Home Care should be included within Group A and the Director General indicated that he could factor in these additional 1,800 individuals into that Group. It was noted that approximately 39,000 people comprised Groups A, B and C.

The Cell was informed that the testing would be monitored using a set of key performance indicators (KPIs), which would capture such information as the number of tests completed, the number of tests per workforce type, the percentage tested, non-attendance rates and positivity rates for COVID-19. The Director General indicated that there was sufficient flexibility within the business case to ensure that this significant increase in testing could be accommodated at least until the end of 2020 and there was laboratory capacity to undertake the testing, even if a take-up rate of 100 per cent amongst eligible workers was attained.

The Interim Director of Public Health, informed the Cell that when she had recently arrived at Jersey Airport, she had noted that there was little information for travellers on what would be expected of them, details of the relevant self-isolation periods and where to obtain assistance to source food when isolating, in addition to the Jersey Government's response to COVID-19 and the steps being taken to protect the public. She suggested that it would have been helpful to have been provided with a leaflet that clarified these key points. The Director General indicated that much of this information was contained within the website where people provided pre-departure details and he hoped that public health guidance would be given to travellers when undergoing swabbing, but he stated that he would be happy to review the same.

In respect of the information technology to support the denominator / numerator aspects of the testing, the Director General provided reassurance that the basic data would be capable of being captured by 2nd November, with the full system anticipated in the following weeks. It was noted that once the enhanced programme was underway, the aspiration was for the Group A cohort to be tested every 2 weeks and Group B every 4

weeks. It was mooted that uptake might be enhanced by publishing the percentage rates for the various areas and this would require good quality data. The Director General agreed and informed the Cell that communications activity would commence on 28th October to raise awareness of the programme through a range of methods, including the media, the unions and line managers.

The Cell noted the position and asked to be provided with the supporting paperwork.

Monitoring enforcement.

A5. The Scientific and Technical Advisory Cell ('the Cell') heard from the Director General, Justice and Home Affairs Department in connexion with the Contact Tracing Monitoring and Enforcement Team ('the Team').

He indicated that the intention was to fill some of the vacancies within the Team, which had been established based on the modelling around the COVID-19 virus, which had anticipated 10 positive cases per day, with each of those having 15 direct contacts. The current profile of the Team was based on 3 managers, 9 Tier One tracers and 43 Tier 2 tracers. It was envisaged that the Team would attain full capacity during the week commencing 2nd November, using 20 individuals employed on zero hours contracts to deal with any sudden uplift in positive cases.

The Director General informed the Cell that if the reproduction value for COVID-19 were to increase, the situation could become challenging, so the Team was keeping it under review. The Team had dealt well with the pressures to-date and was aligning resources with the modelling. It was noted that an officer from the States of Jersey Police had been seconded to join the Team. The focus had been placed on contact tracing and positive results had come through. The Cell was informed that in excess of 30,000 people had now downloaded the COVID-19 exposure notification App and the Director General was aware of people who were self-isolating as a result of having received a message through the App that they had been in contact with a positive case.

With regard to recent prosecutions, the Cell noted that a hotel had been fined £20,000 and an individual £6,600 for failing to comply with Covid Regulations. It was disappointing, however, that the former had launched a crowd funding page to raise the money to pay the fine and had reached its desired total in short order, which was indicative that some people remained very resistant to the restrictions around COVID-19 and did not wish to adapt their behaviour.

The Cell noted the position and asked to be provided with the supporting paperwork.

Evidence review – household mixing and gathering.

A6. The Scientific and Technical Advisory Cell ('the Cell') received and noted a paper, dated 23rd October 2020, entitled, 'Evidence review and options paper for STAC – gatherings and household mixing in the lead up to the festive season, version 0.2', which had been prepared by the Senior Policy Officer.

It was noted that the paper had been prepared as a consequence of discussions that had been held at the Scientific and Technical Advisory Cell Epidemiological Sub-Group the previous week. Since the stay at home order had ended in May 2020, Islanders had been able to increase the number of people with whom they could have direct contact. However, with the threat posed by the significant increase in cases of COVID-19 in the United Kingdom and western Europe, together with the advent of Winter - which was linked with influenza and people spending increased time in indoor environments - consideration needed to be given to ways to reduce the risks. A range of policy options existed, including limiting physical contact through the formation of 'bubbles', restricting numbers for organised and informal groups, reinforcing guidance in the hospitality sector and encouraging outdoor events, with appropriate distancing. The Cell was cognisant that outside events offered a different risk profile, particularly if organised in a way that acknowledged the risks and this was significant in the approach

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to Christmas.

As had been mooted at the previous meeting of the Cell (item A6 referred), it was suggested that the maximum number permitted for informal gatherings should be reduced down from 20 to 10 or 12 and for organised gatherings down from 40 to 20 or 25. The Independent Advisor - Epidemiology and Public Health, suggested that whilst this reduction might be unpalatable from a social perspective, he did not envisage that the economic impact would be significant. He opined that there was little benefit in requiring the hospitality sector to close earlier and that it would be preferable to enforce the current guidance around such things as distancing and ventilation. The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, informed the Cell that there could be some challenges around setting the policy in this area, because the change would be made on an anticipatory basis. The Chair indicated that the aim was to prevent the Island finding itself in the same situation as the United Kingdom ('UK'), whilst causing the least overall harm. The Consultant in Communicable Disease Control agreed that the restriction on numbers would be an early intervention to prevent the requirement to introduce more draconian measures. He suggested that it might help to make the public aware that some limited cases of community transmission of COVID-19 had been detected and this might encourage the uptake of pre-emptive measures, mindful that no single remedial measure was 100 per cent effective.

The Lead – COVID-19 legislation programme, Strategic Policy, Planning and Performance Department, informed the Cell that, in the UK, the legislation around gatherings and family groups was complex. In Jersey, it was proposed to lodge '*au Greffe*', during the week of 26th October, enabling legislation, which could permit the Minister, by Order, to adjust the number of people who could gather. It was intended to introduce a hard limit of 10, below which that legislation would cease to have effect and other measures, such as safe distancing guidance could be used. It had been mooted that early December might be an appropriate time for the legislation to be debated, but the Cell felt strongly that to delay until December would be too late and suggested that a discussion around this issue with the Chief Minister and Minister for Health and Social Services, in short order, would be of assistance. In the meantime, the Interim Director, Public Health Policy, suggested that there was an element of enforceability within existing legislation that would enable some action to be taken on household mixing and it would be possible to prepare some guidance in this regard.

The Cell noted the position.

COVID-19
epidemiology
and
interventions.

A7. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A6 of its meeting of 12th October 2020, received and noted an undated paper, entitled 'STAC discussion on COVID epidemiology and interventions', which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department on behalf of the Chair of the Cell.

The Cell recalled that, at its meeting on 12th October, it had been suggested that a workshop should be held on COVID-19 epidemiology and interventions, comprising representatives from the Cell (the Chair, the Interim Director, Public Health Policy, the Consultant in Communicable Disease Control and the Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department) and officers from the public health team.

The Chair indicated that this Epidemiological Sub-Group ('ESG') had met during the week commencing 19th October and had analysed in depth the pattern and sequence of positive cases of COVID-19, which had emerged over the past month. It was noted that an element of community transmission of the virus on Island had occurred, evidenced by 4 cases having had no clear index case. The ESG had, accordingly, considered

whether sufficient protection existed in Jersey through its internal mitigations in light of that context. It had considered the following –

Group 1 - interventions where there were concerns around their effectiveness and a requirement to implement enforcement

- physical distancing at least one metre;
- infection prevention and control – it was noted that there had been concerns over capacity, but recruitment was underway;
- shielding – the guidance in this area was being tightened;
- improved behavioural communication – these required improvement and enforcement; and
- enforcement generally, particularly in the context of arrivals from Red areas and the hospitality sector.

Group 2 – interventions that were now in policy but required rapid and comprehensive implementation

- workforce testing – the Cell noted the discussion that had taken place at item A4 of the current meeting; and
- a need for the Cell to have detailed sight of the testing programme, with advice on addressing specific risk populations – the Director General, Justice and Home Affairs Department, undertook to provide regular updates on Key Performance Indicators and the border programme.

Group 3 – new or enhanced measures short of lockdown

- reduction in the size of gatherings, household mixing and ‘bubbles’ – the Cell had discussed this issue at item A6 of the current meeting;
- home working;
- hospitality closing times;
- inspection and enforcement in the hospitality sector around physical distancing, table service and improved ventilation; and
- further travel restrictions, including exemptions.

With regard to travel, the Director General, Justice and Home Affairs Department, indicated that the number of incoming passengers was reducing and the profile of travellers was changing and being kept under review. Plans were being prepared for the returning university students at Christmas and it was noted that the Director General, Children, Young People, Education and Skills Department, would be meeting with representatives from Condor Ferries in order to discuss this issue.

The Head of Policy, Strategic Policy, Planning and Performance Department, informed the Cell that consideration was being given in England to the introduction of testing for individuals arriving from abroad. Rather than taking place at the ports – as in Jersey – it would be a self-administered test, undertaken at home, with people being required to self-isolate until they received a negative result. It was anticipated that some queries would arise as a result of this on the local policy position. On a separate note, one of the airlines was keen to start a pilot testing regime on departures and wished to use the Jersey route to this end. As part of the normal pre-departure checks, people would undertake a loop-mediated isothermal amplification (LAMP) test for COVID-19, with the results available in short order.

It was agreed that further discussions should be held outside the formal meeting of the Cell.

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The Chair informed the Cell that this article would provide insight into why some people were more resistant to certain measures than others and included some useful references around death rates and hospital admissions. He indicated that this could be given further consideration at the next meeting of the Cell, if members had views thereon.

Matters for
information.

A9. In association with item No. A3 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- A report entitled 'PH Intelligence: COVID-19 Monitoring Metrics', dated 23rd October 2020, which had been produced by the Strategic Policy, Planning and Performance Health Informatics Team;
- A weekly epidemiological report, dated 22nd October 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- Death statistics for the week to 22nd October 2020, from the Office of the Superintendent Registrar; and
- A weekly footfall report for week 42 of 2020 (12th to 18th October), provided by Springboard.