KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(27th Meeting)

2nd November 2020

(Meeting held via Microsoft Teams)

PART A (Non-Exempt)

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 meetings of 19th and 26th October 2020, which had previously been circulated. The Chair indicated that some comments on the Minutes from 19th October 2020 had been provided by the Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department and he was asked to confirm that these had been addressed in the updated version of the Minutes. With regard to the Minutes from the meeting on 26th October, members were asked to provide feedback to the Secretariat Officer, States Greffe, by close of business on 2nd November 2020, in the absence of which they would be taken as read.

Monitoring metrics.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 26th October 2020, received and noted a PowerPoint presentation entitled 'Scientific and Technical Advisory Cell monitoring update', dated 2nd November 2020, which had been prepared by the Head of Health and Social Care Informatics and the Senior Health Analyst – COVID-19, Strategic Policy, Planning and Performance Department. In relation to the monitoring metrics, the Cell heard from the former.

The Cell noted that the data had been prepared on Friday 30th October 2020 and that, as at that date, there had been 74 active cases of COVID-19, who had been in direct contact with 482 individuals and the 14 day rate per 100,000 population had been 75.14. Some new cases of COVID-19 had come to light over the weekend of 31st October / 1st November and these would be the subject of further discussion at item A3 of the current meeting. The Cell was shown a graph, which monitored the reported reason for swabs in the positive cases that had been identified since 1st October 2020. The numbers coming to light as a result of arrivals screening were diminishing, whilst more were being identified through contact tracing and seeking healthcare as a result of experiencing symptoms of the virus. Since 1st October, 152 positive cases had been detected.

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 542, which remained lower than for the same period in 2019, when there had been 601 deaths and more than one hundred lower than in 2018 (651). Since the start of the pandemic, there had been 574 positive cases for the virus. Over the preceding fortnight, 38 had been identified through inbound travel screening, 24 had been in direct contact with a symptomatic individual, 7 had sought healthcare as a result of experiencing symptoms and one had been identified through screening before admission to Hospital. As previously, most of the positive cases had been in people aged between 18 years and 59 years (413), but more instances in children up to the age of 11 years had recently been detected. The Cell noted a graph which showed a recent step change in the number of positive cases over the previous week. The number of inbound travellers had continued to decline and in

the last complete week (19th October) there had been 25 positive cases, which equated to a positive rate per 1,000 arrivals of 11.94, or a positivity rate of 1.17 per cent, which was relatively high. The Cell was informed that the data for the week of 26th October was not for a complete week.

Jersey's combined weekly testing rate per 100,000 population (arrivals and non-travellers) had decreased to 6,400 but still far exceeded that in the United Kingdom ('UK') (3,270) and other jurisdictions with which the Island had close links, mindful that the UK did not undertake on arrival testing. During the week ending 25th October, 4,550 swabs had been taken from arrivals, 2,230 as part of the on-Island surveillance screening and 160 from people experiencing symptoms of COVID-19. The Cell was reminded that not only had the number of inbound travellers diminished, but that because many areas in the UK were now categorised as Red under the RAG (Red / Amber / Green) categorisation, only tests at day zero were taken from arrivals from those areas. The weekly test positivity rate in Jersey had increased to 0.6 per cent, in the UK to 6.8 per cent, Spain's had decreased to 10.8 per cent and there had been a sharp increase in cases in Poland. Since the borders had re opened on 3rd July, there had been 99,785 arrivals and 106,937 swabs taken. There had been 176 positive cases for COVID 19 (excluding infections that had subsequently been shown to be 'old' following serology testing), of which 56 per cent had arrived from Green areas and 82 per cent had arrived by air. The average turnaround time for all test results over the previous 7 days had decreased to 15 hours and the Cell was informed that the testing of all arrivals swabs was currently undertaken on-Island at the Open Cell laboratory. During the last complete week (19th to 25th October), 17 positive cases had arrived from Amber areas, 5 from Green and 2 from Red.

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 29th October 2020. Also included were maps from 23rd October 2020, but it was noted that there was little significant difference between the two, although more cases had recently been experienced in Germany, Sweden and Poland. The Cell also noted the ECDC map, which showed the testing rates for the virus per 100,000 inhabitants across Europe. The Cell was informed that Jersey's testing rate was such that it was the equivalent of Denmark's and would be shown as dark green (the highest recorded level), with over 5,000 tests. Globally, since the start of the pandemic, there had been in excess of 45 million cases of the virus and over 1.18 million deaths.

The Cell viewed charts which showed the proportion of areas within the British Isles, France, Germany and Italy by RAG categorisation for the period from 29th September to 31st October and noted that 85 per cent of areas in England were now Red, 100 per cent in Northern Ireland and Eire and 96 per cent in France. For those countries and territories that were not included within the regional classification, 58 per cent remained Green.

It was noted that, according to data from Public Health England, there had been a recent decline in cases of COVID-19 amongst those aged between 10 years and 19 years, whereas instances in all other age groups had increased. There had been an uplift in acute respiratory infection ('ARI') incidents – which included influenza and COVID-19 – in many settings and the Cell noted that when the university students and school children had returned after the summer, there had been a significant increase in cases. The Cell was informed that the increase in cases of COVID-19 amongst university students had become evident at week 40 (28th September – 4th October 2020) when the percentage of total weekly cases for the virus had been at 2.4 per cent in residential institutions (which included halls of residence) and at 1.6 per cent in houses of multiple occupancy (in which students would often be accommodated). These percentages had

most recently decreased and the Cell was informed that it was believed that the peak of COVID-19 cases amongst university students was now subsiding.

Data from the local EMIS central medical records system showed that instances of flu like illnesses had been relatively low during week 44 of 2020 (26th October to 1st November), particularly when compared with the same period in 2019. During week 44, 17 people had presented with a flu like illness. Information from the World Health Organisation showed lower levels of flu in the northern hemisphere than would normally be expected, but this would be kept under review. It was suggested that the data should be interpreted with caution, because the COVID-19 pandemic had influenced to varying extents health seeking behaviours, staffing and testing priorities and capacities. It was noted that the hygiene and physical distancing measures which had been implemented to mitigate the impact of COVID-19 were likely to have reduced the transmission of the flu. In Europe, flu remained at inter-seasonal levels, but in Eire, influenza like illnesses had increased, but it was noted that this could be linked to increased SARS-CoV-2 circulation.

The weekly epidemiological update demonstrated that calls to the helpline from symptomatic individuals had decreased. The Consultant in Communicable Disease Control, suggested that the staff responding to calls to the helpline should be encouraged to arrange PCR tests for people who had contacted them with symptoms which were not, necessarily, the standard for COVID-19, *viz* fever, cough and loss of taste / smell. He had received communications from some people, including General Practitioners ('GPs'), to flag up cases where people had experienced certain symptoms and had not been swabbed, but had, ultimately, tested positive for the virus. He indicated that testing to exclude COVID-19 could also provide reassurance to people. The Associate Medical Director for Primary Prevention and Intervention, highlighted 2 cases where people who had tested positive for COVID-19 had been told by staff at the helpline that they should not leave their property under any circumstances, notwithstanding that their GP's surgery operated a 'hot' clinic. It was agreed that further discussions around the guidance being provided by staff at the helpline should take place outside the current meeting.

The Cell was informed that, locally, the 14 day cumulative case number per 100,000 population had stood at 72.4 on 25th October 2020, compared with 160 in Germany and almost 700 in France. It was noted that the trend in Jersey in this regard was not following the steep trajectory of other countries. However, the Cell agreed that it would be premature to assume that cases would not increase locally, given the situation in other countries and the advent of Winter and the need to focus on pre-emptive measures was emphasised.

Footfall in St. Helier had declined very slightly (0.1 per cent) when compared with the previous week, but remained almost one quarter (24.3 per cent) lower than for the same period the previous year. The Cell was reminded that Statistics Jersey would henceforth be producing data based on economic indicators on a monthly, rather than weekly, basis.

The Cell thanked officers for the briefing.

Recent positive cases of COVID-19.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of the current meeting, recalled that some new cases of COVID-19 had been identified over the weekend of 31st October / 1st November 2020 and received and noted a PowerPoint presentation entitled 'Scientific and Technical Advisory Cell monitoring update', dated 2nd November 2020, which had been prepared by the Head of Health and Social Care Informatics and the Senior Health Analyst – COVID-19, Strategic Policy, Planning and Performance Department.

The Cell was informed by the Senior Health Analyst – COVID-19, that 6 new cases

were linked to a care setting and was shown infographics, which had been prepared by the Active Cell and mapped the direct contacts of the positive individuals, all of whom would be the subject of PCR tests. It was also noted that a further positive swab had been taken from someone who had recently attended a hospitality venue. The Consultant in Communicable Disease Control, informed the Cell that he had asked the Senior Health Analyst – COVID-19, to present it with details of these active cases in order to illustrate the type of work undertaken by the Active Cell and to show how complex the mapping of the direct contacts could become, even in relatively straightforward cases. The Cell was of the view that these diagrams were very useful and opined that this uplift in cases served as a timely reminder that clusters of cases of COVID-19 could arise and that, as a consequence, it was important to encourage those working in public facing roles, particularly in health and care settings, to undertake PCR testing when invited to do so as part of the enhanced workforce testing programme.

The Associate Medical Director for Primary Prevention and Intervention, stated that some opinions in respect of the new cases had been shared over the weekend on social media platforms, so it was key to provide the public with clear communications – without providing specific details - because of growing concerns about increasing cases of COVID-19 in the community and in anticipation of questions around the requirement for personal protective equipment ('PPE') in certain settings. The Independent Advisor - Epidemiology and Public Health, suggested that these cases demonstrated that the greatest risk from the virus was within institutional settings. As a consequence, he was in agreement with the need to prioritise PCR testing for all those working in health and care settings.

The Consultant in Communicable Disease Control indicated that he had held a meeting with the Minister for Health and Social Services on the morning of 2nd November, at which he had raised this issue. He expressed the view that it was important to find a solution for those people who were employed on zero hour contracts, who might not be remunerated when obliged to isolate if they tested positive for the virus. He reminded the Cell that earlier in the year, at the start of the pandemic, those working in health and care had been asked to limit their work to only one setting, because of the risk of spreading the virus between locations. However, he was mindful that some people on lower incomes had more than one job in order to support themselves and sensible and sensitive handling would be required to explore whether it would be possible to find an equitable solution to limit the movement of staff between venues, particularly as Winter approached. He suggested that it might be possible to establish a system of 'bubble working' so that, in the event of one person testing positive for COVID-19, only those within the bubble would be required to isolate, rather than everyone working in the locale. The Chief Economic Advisor, reminded the Cell that, in March 2020, he had indicated that appropriate economic incentives were required to reduce working in multiple venues and ensure that people were not forced to choose between going to work and possibly catching the virus and being able to stay at home.

The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, indicated that officers had worked hard over the weekend to bring forward testing of workers within health and care settings, although he acknowledged that it was possible that it might prove challenging to engage with certain workers employed on part-time, or zero hours, contracts. Another issue centred on compliance with PPE requirements and infection control and further details around the new cases in this regard had not yet been received. He informed the Cell that, during the current week, policy officers would prepare some potential options for consideration by the Cell on ways to reduce the need for care staff to work in several venues, mindful of the increased risk associated therewith.

The Cell thanked the Senior Health Analyst – COVID-19, for the presentation.

Care home residents and visitors – PCR testing regime.

A4. The Scientific and Technical Advisory Cell ('the Cell'), received and noted a paper, dated 26th October 2020, entitled 'Briefing note for STAC', which had been prepared by the Head of Policy, Strategic Policy, Planning and Performance Department, in connexion with a proposed Winter COVID-19 PCR testing regime for care home residents and visitors.

The Cell was informed that there were 28 residential and nursing care homes in Jersey, with approximately 1,000 residents and recalled that, as discussed at its meeting of 26th October 2020, an enhanced workforce testing programme would be implemented from 2nd November and all frontline staff within those homes would receive PCR tests every 4 weeks. The Cell emphasised that this should include all staff, whether healthcare workers, kitchen porters or cleaners and expressed the wish that the frequency of testing staff should increase to every 2 weeks and, ideally, every week, mindful of the high risk that they posed to the vulnerable residents.

The Cell further recalled that whilst there had been 90 confirmed cases of COVID-19 in care homes to-date, which had included some staff, one of the key features of the Winter Strategy was the principle of the balance of harms and whilst it was acknowledged that a 'lockdown' could interrupt the transmission of the virus, it was accepted that it had a negative impact on people's wellbeing.

All care home residents had been screened for COVID-19 in April / May 2020 after an uplift in cases in April, no residents had tested positive for the virus during that programme and the widespread testing had not been repeated. The current policy was that any person going into, or returning to, a care home would be required to have produced a negative PCR result pre-admission. Any resident with symptoms of the virus would be tested in the same way as any other Islander. Mindful of the known vulnerability of care home residents, it was mooted that either a further one-off screening of residents should be undertaken, or that they should undergo PCR testing every 4 weeks, to align with the care home staff.

The Cell agreed that it would be reasonable to screen the care home residents every 4 weeks and to continue to test all new admissions and anyone displaying COVID-19 symptoms.

In respect of visitors to care homes, it was recalled that, in accordance with guidance issued by the Health and Community Services Department, each resident could have 2 named visitors, who would be required to wear masks when visiting. Many care homes also undertook temperature checks on visitors and captured contact details. It was proposed that visitors should be strongly discouraged from taking residents into high risk environments outside the care home and that they should also be offered a PCR test every 4 weeks. The Cell agreed that it would also be reasonable to offer PCR tests to the visitors every 4 weeks and suggested that this could be used to bolster the argument for restricting visitors to each resident to 2, which had led to complaints from some quarters.

With regard to the limit on visitors, the Consultant in Communicable Disease Control, indicated that this restriction was likely to remain in place for 6 months, as it was hoped that, within that timeframe, all care home residents would have received 2 doses of the COVID-19 vaccine. He suggested that there might be merit in considering vaccinating visitors after Tiers A and B of the public facing workforce had received their inoculations, or potentially allowing the 2 named visitors to change every few months. However, the risk posed by this would increase as the prevalence of the virus in the community augmented. Whilst the care homes screened visitors on arrival, he was not convinced that the same precautions were being taken in respect of staff members when they changed shift and he expressed some uncertainty as to whether the communications with the smaller care homes had been as clear as with the larger ones.

On a related note, the Associate Medical Director for Primary Prevention and Intervention, informed the Cell that he was aware of some issues around General Practitioners ('GPs') visiting residents in care homes. In some cases, the GPs had encountered difficulty gaining access, on the basis that they were not one of their patient's two named visitors. In other cases, the GPs had been reluctant to have their temperature checked, on the basis that they were wearing personal protective equipment ('PPE'). He also questioned what the protocol would be in the event of an outbreak of COVID-19 in a care home, which could potentially lead to a large number of GPs being called to attend their patients, which would not be ideal and it was suggested that the number of GPs should be limited – potentially to one or 2 - to avoid them inadvertently becoming infected with the virus.

The Cell was informed that the visiting policy for care homes would be reviewed and updated in conjunction with input prepared by the Associate Medical Director for Primary Prevention and Intervention and thanked the Head of Policy for the paper.

Matters arising.

A5. The Chair informed the members of the Scientific and Technical Advisory Cell ('the Cell') that in addition to the regular meetings that he and the Consultant in Communicable Disease Control, had with the Directors General for the Strategic Policy, Planning and Performance and Justice and Home Affairs Departments, they now had the opportunity to meet for half an hour each week with the Chief Minister and the Minister for Health and Social Services, which they believed would be helpful.

With regard to the Cell's earlier suggestion (Minute No. A6 of its meeting of 26th October 2020 referred) that informal gatherings should be reduced down from 20 to 10, or 12 and its observation that public health guidance was being ignored in some quarters of the hospitality sector, it was queried from where that evidence could be obtained. The Environmental Health Consultant, informed the Cell that officers from environmental health had undertaken a survey during the weekend of 31st October / 1st November, which had primarily focused on whether establishments were capturing people's contact details (to include the use of QR codes), but had also involved them observing whether the requirements around physical distancing and table service were being adhered to. The Environmental Health Consultant was asked to forward the information to the members of the Cell by 4th November.