KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(29th Meeting)

13th November 2020

(Meeting held via Microsoft Teams)

PART A (Non-Exempt)

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

Public Health Intelligence Update.

A1. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 9th November 2020, received and noted a PowerPoint presentation, dated 13th November 2020, entitled 'Public Health Intelligence Update. COVID-19 case numbers, active cases, testing and borders', which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department.

The Cell was informed that the data had been prepared on Thursday 12th November 2020 and that, as at that date, there had been 142 active cases of COVID-19, who had been in direct contact with 1,524 individuals and the 14 day rate per 100,000 population had been 117.8. Of the 142 cases, 36 had been aged between 12 years and 17 years and 14 under the age of 11 years, whilst there had been 10 cases in people aged over 70 years. 77 of the active cases had been identified through contact tracing, 28 through arrivals screening, 21 had sought healthcare after experiencing symptoms of the virus, 17 had been identified during workforce screening and 2 had tested positive when screened pre-admission to the Hospital. All were located in the community and 97 per cent were Jersey residents. Of those cases that had been identified through arrivals testing, 21 had arrived from areas locally designated as Red under the RAG (Red / Amber / Green) categorisation.

The 14 day rate per 100,000 population up to 8th November 2020 had been 105.8 and it was noted that the rate had increased steeply since the end of the half-term school break. The combined weekly testing rate per 100,000 population, to include both arrivals and non-travellers, had recently increased up to 7,200, largely due to augmented workforce screening, which had accounted for 4,540 tests during the week to 8th November. This figure still far exceeded the United Kingdom ('UK') (3,185) and other jurisdictions with which the Island had close links.

Jersey's weekly test positivity rate had now increased to one per cent from 0.7 per cent, but was markedly lower than in the UK (7.5 per cent). It was noted that France's positivity rate was approximately 20 per cent and that in Poland, for every 3 tests, one person tested positive for the virus (over 35 per cent). The Cell was shown the weekly epidemiological update graph, which had been revised to include figures for those people who had contacted the helpline with 2 or more symptoms of the virus (marked in a dashed line) in addition to those who reported a fever (the solid line).

The Cell was presented with a map, prepared by the European Centre for Disease Prevention and Control ('ECDC'), which set out the geographic distribution of cumulative numbers of reported COVID-19 cases per 100,000 population on a European basis, for weeks 44 to 45 of 2020 (26th October to 2nd November) for 13 days only (rather than the normal 14 days). The Principal Officer, Public Health Intelligence indicated that the thresholds for the colours used on the map had been

changed to include those areas where in excess of 960 cases per 100,000 population had been reported over the previous 13 days. It was of concern that most of the Czech Republic and some areas of France fell into this category.

Since 1st September 2020, the daily number of active cases had increased from an average of approximately 20 in September, to around 80 at the end of October, to more than 140 during the week commencing 9th November 2020. The Cell noted that there had been a marked change in the way in which positive cases were identified. During September, the majority had been thorough inbound travel (78 per cent). This had decreased to 62 per cent in October, whilst the proportion found through on-Island surveillance and seeking healthcare had increased. For November, to date, 46 per cent had been identified through contact tracing, 32 per cent through arrivals screening, 12 per cent seeking healthcare, 9 per cent through workforce screening and one per cent as a consequence of pre-admission screening.

The test positivity rate amongst those identified through contact tracing had remained fairly stable between September and November at around 2 to 3 per cent. The rate for the inbound travellers had slightly increased (from 0.13 per cent to 0.66 per cent) in line with the rising infection rates, but the most significant uplift had been in those seeking healthcare (from 0.14 per cent to 4.16 per cent). With regard to the average daily testing numbers for various cohorts, there had been significant increases in direct contacts (from 12 in September to 246 in November), those seeking healthcare, which had doubled and workforce screening, whilst inbound travellers had declined (down from 979 in September to 378 in November).

With regard to those positive cases of COVID-19, where the source of the infection was unknown, it was noted that there had been one single case in September. In October, there had been 4 single cases, 2 small clusters and 2 large clusters. To date in November, there had been 17 single cases, 3 household groups, 1 small cluster and 4 large clusters. The Cell was shown an infographic, which plotted the complex mapping of positive cases and their interactions and provided a visual representation of the difficult and detailed work being undertaken by those working in the contact tracing team, whose workload was increasing. Graphs which mapped the case doubling for non-seed (on-Island) and inbound travel cases since 1st July 2020 were noted. In respect of the latter, cases had doubled every 11 days in July and every 16 in August, during the Summer holidays. On-Island transmission had increased from doubling every 30 to 35 days during the Summer to every 13 days in November. When inbound travel and contact tracing cases were excluded, the cases had increased from doubling every 62 days during the Summer to every 11 days in November.

The Cell noted the position and thanked the Principal Officer, Public Health Intelligence, for the presentation.

Public Health – response to rising COVID-19 case numbers.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A6 of its meeting of 9th November 2020, received and noted a PowerPoint presentation, dated 13th November 2020, entitled 'Winter Strategy escalation – STAC briefing', which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department.

The Interim Director, Public Health Policy informed the Cell that there had recently been a rapid change in positive cases for COVID-19 being encountered in the community, rather than at the borders. A significant proportion of the current, active, cases were in young adult age groups, particularly those in school years 11 to 13. In November, there had been 25 cases of the virus where the source of the infection was unknown, which led to the assumption of significant pockets of community transmission. There was the potential risk of spread in those working in lower income, part-time, jobs, which would impact on the hospitality and health and care sectors.

Although the number of incoming travellers had decreased, there had nevertheless been an uplift in the percentage of them testing positive for the virus, so they remained a risk and as the students returned for Christmas and people travelled to the Island for the festive season, it was likely that the cases would increase. Clusters of cases had been encountered, which were linked to hospitality and health and care settings and Competent Authority Ministers had been advised that adherence to public health guidance by the population was mixed. It was currently not possible to enforce the wearing of masks or the maximum size of gatherings, so legislation to provide the necessary *vires* was to be progressed as soon as possible.

The increased number of unlinked and complex community cases of COVID-19 meant that, in the context of the Winter Strategy, the stage had been reached that the Island was in the 'early warning' alert level and there would be the potential need to escalate universal, whole Island, measures.

The Interim Director, Public Health Policy indicated that a crude estimation of the doubling rates had been prepared to 2nd December. By that time, it was possible that there would be 25 new cases per day, which resulted in 330 active cases, who would have approximately 3,600 direct contacts. The 14 day cumulative rate per 100,000 population would stand at 340 and the ability of the test and trace team to cope would be compromised. Unless there were strong signs that the increase in cases was slowing, policy options for late November might include a hard circuit lockdown before Christmas, or a longer term lockdown to cover the festive period.

Members of the Cell were shown a slide, which set out the measures that the Competent Authority Ministers had agreed at their meeting on 11th November and which would be implemented over the next 10 days - before the weekend of 21st / 22nd November - which included testing for care home residents and visitors and the wearing of masks for older school children. It was noted that there were 3 areas on which the Competent Authorities wished to receive the advice of the Cell, namely PCR testing for older school children in years 11 to 13, hospitality closing times and whether the size of gatherings in outdoor venues should also be reduced.

The Consultant in Communicable Disease Control, indicated that the doubling rate was on a steep upwards trajectory and that, if rapid and effective action was not taken, it was inevitable that a period of lockdown would be required. He opined that 10 days was too long for measures to be implemented, particularly as the doubling rate for non-seed cases was at 13 days, but was likely, in reality, to be shorter. He indicated that tough action was required as soon as possible.

The Independent Advisor - Epidemiology and Public Health, stated that whilst he did not doubt that the caseloads were rising and nor did he disagree with the interventions, he had concerns around the analysis of the doubling times. Over the previous 4 weeks, there had been a move from an on-Island, largely passive, case detection system for COVID-19, to an active system. Workforce screening had considerably increased, certain children in years 11 to 13 had been tested and the criteria for testing helpline callers had been changed, which had resulted in more people being referred for tests. When taken together, it was inevitable that more positive cases would come to light, but it could not automatically be assumed that this was representative of rising transmission of the virus. He indicated that it would be preferable to focus on the test positivity rate and to disaggregate for various cohorts, in order to obtain a clearer picture of the situation. It would also be important to target resources at detailed epidemiological investigation of the cases. He agreed that 10 days was too long for the measures to be implemented and suggested that there had been a slow Ministerial response to interventions that had been proposed by the Cell several weeks previously.

The Associate Medical Director for Unscheduled Secondary Care, questioned how

many direct contacts had been identified as a result of people having downloaded the exposure notification App onto their smartphones and indicated that he was infrequently asked to provide his contact details when attending hospitality settings. He stated that the increase in cases was a cause for concern and emphasised the importance of ensuring that the contact tracing team was adequately resourced.

The Consultant in Communicable Disease Control indicated that the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and colleagues were comparing the rate of growth in cases with the increase in testing on-Island, in order to put the figures into context. Even if the graphs were not a totally accurate depiction of the whole reality, the trend in cases was upwards and the positivity rate had grown from 0.4 per cent to one per cent in a relatively short period of time. Over 40,000 people had now downloaded the exposure notification App and between 10 and 15 people had received messages via the App that they had been in direct contact with a positive case of the virus. He suggested that, at the current time, the best way to identify direct contacts was through the contact tracing team, but they weary and it was important to ensure that they had the capability to respond to any uplift in cases. Also, more people were needed to administer the tests, so whilst there was capacity in the laboratory to process the tests, more testers and contact tracers were required and this was being addressed, with recruitment taking place. With regard to the capturing of contact details, the Cell was reminded of the compliance review that had recently been undertaken by officers from the States of Jersey Police and the Honorary Police, which had shown that one third of premises needed to improve in this regard.

The Chair of the Cell concluded that there was a lack of consensus in respect of the projected doubling rate, but that members of the Cell were unanimous in the view that the protective measures should be implemented as soon as possible.

PCR testing of school children in years 11 to 13.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of the current meeting, was cognisant that it had been asked by the Competent Authority Ministers for views on whether school children in years 11 to 13 should be tested, on a regular basis, for COVID-19, in light of the increased prevalence of the virus in those age groups.

The Consultant in Communicable Disease Control, indicated that the older teenagers appeared to be significant in relation to COVID-19 and whether they were transmitting the virus inside their schools, or outside, they were still becoming infected and had the potential to infect their family members. He suggested that it would be sensible to screen them whilst they were a 'captive audience' in the schools. There was sufficient capacity to test them, because it was possible to analyse 4,600 swabs per day and, currently, only 7,000 tests were being undertaken each week. However, as had been discussed earlier in the meeting, there was the need for more people to administer the tests and more people to join the contact tracing team. The testing of frontline health and care workers should not be impacted, because they should be able to administer the tests on a peer-to-peer basis and whilst this was taking place in the Hospital, the Consultant in Communicable Disease Control stated that he was not totally sighted on whether this was happening in the care homes.

The Interim Director of Public Health, questioned whether there was an alternative way for the testing to be undertaken, if there was a shortage of people to administer the tests. The Consultant in Communicable Disease Control stated that saliva testing could perform comparably to the PCR tests, but the tests were not currently available. The alternative was for self-administered PCR testing, but it was suggested that it could be unpleasant to undertake an oropharyngeal swab and people would be more likely to withdraw the swab when it touched the back of their throat than if a third party was performing the testing, so the reliability was not assured. However, the Interim Director of Public Health requested that this be reviewed.

The Cell agreed that the young people in school years 11 to 13 should be tested, provided that this did not impact on the capacity to test frontline health and care workers and emphasised the need for additional staff within the contact tracing team. It was suggested that the testing of the school years should be on a cyclical basis – initially every 6 weeks – but this could be changed, depending on the number of positive cases encountered and any other demands on the testing capacity. As an example, it would be important that the testing of the school children did not coincide with the returning university students, who would require tests at days zero, 5 and 10. It was also agreed that the communications would need to be carefully managed.

Consistent closing times across the hospitality sector.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A6 of its meeting of 9th November 2020, was informed that the Competent Authority Ministers had discussed, on 11th November, whether all licensed premises, which were currently permitted to open, should close at 9.30 p.m., with a requirement for patrons to depart by 10.00 p.m. Senator L.J. Farnham, Minister for Economic Development, Tourism, Sport and Culture, had subsequently proposed that these times should be increased by half an hour and the Cell's views were sought on the time at which such venues should close.

The general view was that there should be clear and consistent closing times and the Cell was informed that the recommendation from the Scientific Advisory Group for Emergencies ('SAGE') was that hospitality venues were important for transmission of the virus and whilst they did not provide a definitive time, their conclusion was that the earlier they closed the better, because enclosed, public, crowded spaces posed a risk of spread. However, the Cell was also mindful of the balance of risks and the impact that early closing could have on the livelihoods of those operating the venues. The Independent Advisor - Epidemiology and Public Health, disagreed with the rationale for closing earlier, but emphasised that the greatest impact on transmission of COVID-19 within hospitality settings would be through rigorous enforcement of appropriate measures such as spacing, table-only service, ventilation and the wearing of masks by staff.

The Group Director, Financial Services and Digital Economy, indicated that the Minister for Economic Development, Tourism, Sport and Culture was concerned that if hospitality venues were required to close too early, this could translate into people returning to residential properties for parties, which would impact on the limited resources within the Environmental Health Team and States of Jersey Police. Accordingly, he had suggested that venues should stop serving at 10.30 p.m. with a requirement for clients to leave by 11.00 p.m. and had sought the views of the Chief Officer, States of Jersey Police, on this proposal, with which the latter was content. The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, emphasised that the conclusion reached by the Competent Authority Ministers had been that the Cell's views should be sought on the difference between closing at 9.30 p.m. for 10.00 p.m. or 10.00 p.m. for 10.30 p.m. This new proposal had not been discussed with the Competent Authorities.

Accordingly, it was agreed that the Cell did not object to venues closing at 10.00 p.m. with patrons leaving by 10.30 p.m., but emphasised the vital importance of ensuring that contact details were taken, tables were spaced and all public health guidance adhered to, with robust enforcement of the same.

Reduction in the size of gatherings.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A6 of its meeting of 9th November 2020, recalled that it had recommended that the maximum number of people permitted at informal gatherings should be reduced down from 20 to 10 and at organised gatherings down from 40 to 20. The Cell was informed that the Competent Authority Ministers had considered this matter at their

meeting on 11th November 2020 and whilst they had accepted the recommendation in respect of indoor gatherings, had asked the Cell to consider whether the reduction should also apply to outdoor gatherings. On a related note, the Competent Authorities had agreed to reduce the maximum number of people attending a funeral down from 80 to 40.

The Chair of the Cell, indicated that the Competent Authority Ministers had been mindful that outdoor gatherings, such as sporting events, could improve people's wellbeing and mental and physical health and suggested that the Cell might wish to advise that the *status quo* should be retained for the time being for outdoor events, but that this would be kept under review and could be revisited at a future date if evidence came to light of spread of the virus in those settings.

The Associate Medical Director for Primary Prevention and Intervention, opined that most sports clubs were well-organised and that it was important to keep outdoor activities going, due to the benefit to Islanders' mental wellbeing, particularly as the risk of such events appeared relatively low. The Strategic Policy Officer, Strategic Policy, Planning and Performance Department, indicated that it would be of assistance if the Cell could give consideration to concurrent outdoor events. He cited examples of runs, in which several hundred people were participating, but had staggered start times, so a maximum of 40 people were setting off at any one time. However, he suggested that people turned up early in order to warm up before their start time and it was causing complexities for officers from the Public Health Team because this led to 'gatherings' of people at the start and finish of the run. Currently, it fell to the organisers to decide the timings of the staggered starts, but he would welcome the introduction of firm, prescribed, timings. It was mooted that each run of 40 could be organised as a separate event.

The Cell agreed that because the risk of the spread of COVID-19 was lower at outdoor gatherings, the maximum number permitted for informal gatherings should remain at 20 and for organised gatherings at 40. However, this would be kept under review on a week by week basis.

On a related note, the Cell was informed that the Chief Minister had asked whether an exception to the maximum numbers could be made for indoor church services held over Christmas. The Cell was cognisant that the Competent Authorities had established a separate group to consider matters relating to Christmas and was of the view that it was important that the restrictions should be implemented on a consistent basis. It was suggested that the church services could be conducted 'virtually' as had been the case earlier in the year.

The Cell noted the position.