KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(46th Meeting)

8th February 2021

(Meeting conducted 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 meeting, held on 1st February 2021, which had previously been circulated. Members were asked to provide any feedback thereon to the Secretariat Officer, States Greffe, by the end of 8th February 2021, in the absence of which they would be taken to have been confirmed.

Monitoring metrics.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 1st February 2021, received and noted a PowerPoint presentation, dated 8th February 2021, entitled 'STAC monitoring update', which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and heard from her in relation thereto.

The Cell was informed that, as at 7th February 2021, there had been 59 active cases of COVID-19 in Jersey, who had been in direct contact with 208 people, who were self-isolating and the 14-day case rate, per 100,000 population, had been 47.31. Of the active cases, 26 had been identified through contact tracing, 17 through planned workforce screening and 4 had sought healthcare on experiencing symptoms of the virus. Since the start of February, there had been no cases in Islanders aged over 70 years, which resulted in a test positivity rate for that cohort of zero per cent. Over the previous 3 weeks, most of the positive cases had been identified through contact tracing and workforce screening and a small number of people had sought healthcare on experiencing symptoms of the virus at the start of the month.

Between 9th and 22nd January 2021, there had been an average of 12 daily cases, but this had now declined to 4, which was also the current level of average, non-seed, infection. It was recalled that, during much of December 2020, more than 2,000 swabs had been taken on a daily basis, but this had declined since Christmas to 1,500 and now averaged 1,000 on week days. With regard to the number of daily cases of COVID 19, the number of tests and the test positivity rates for various age groups, it was noted that the test positivity rate for all aged groups remained low, at below one percent. As aforementioned, the rate for Islanders over 70 years was currently zero per cent. Since the start of the year, there had been 41 positive cases in that age group, of which 26 had been identified through cohort screening.

The Cell noted the Hospital occupancy rates and the daily admissions of people who had been positive for COVID-19 on admission - or in the 14 days prior - and those who had tested positive for the virus after entering the Hospital (based on the definitions used by the United Kingdom ('UK') for the period from 1st November 2020 to 7th February 2021 and noted that there had been very few recent admissions. The Cell was informed that there were currently 3 people in Hospital with COVID-19. The Independent Advisor - Epidemiology and Public Health, suggested that the absence of cases of people testing positive for the virus after admission was indicative that the risk

to patients had declined, as more people working within the Health and Community Services Department had been vaccinated. It was noted that since the start of the pandemic, 67 deaths had been registered in Jersey with COVID-19 referenced on the death certificate, with 35 occurring since 1st October 2020 (during the second wave), of which 24 had died in Hospital and 11 in the community.

The Cell was provided with the PH Intelligence: COVID-19 Monitoring Metrics, which had been prepared by the Health Informatics Team of the Strategic Policy, Planning and Performance Department on 7th February 2021 and which set out details of the positive cases that had been identified over the previous 2 weeks, of which people identified through contact tracing accounted for 38.78 per cent and routine workforce screening for 30.61 per cent. Only 4 people had sought healthcare upon becoming symptomatic. There had been a slight decrease in the number of people contacting the Helpline to report symptoms of COVID-19 over the last few days. With regard to inbound travellers, it was noted that the numbers had declined since mid-January and the test positivity rate had fallen from approximately 3 per cent during the week commencing 11th January to 0.52 per cent. It was queried whether a record was kept of the countries which inbound travellers had visited before arrival. The Principal Officer, Public Health Intelligence, indicated that this would be based on the declarations made by passengers. The Director, Testing and Tracing, Justice and Home Affairs Department, explained that the PCR swab from any person who had visited an area currently considered high risk, *viz* South Africa, Portugal or Brazil, would be retained. In the event that they tested positive for COVID-19, it would be sent to Porton Down for sequencing, to ascertain whether they were infected with one of the more transmissible variants of the virus. The Independent Advisor - Epidemiology and Public Health, indicated that the decline in the positivity rate in arriving passengers was a function of the decline in cases in the UK and was good news. In light of the Island's rigorous testing regime at the borders, he suggested that the threat they posed was relatively low.

In respect of testing, it was noted that the local weekly testing rate, per 100,000 population, had remained at 7,500 during the week ending 31st January 2021, but that this remained higher than the UK (6,512) and other jurisdictions with which the Island had close links. The rate of testing had remained comparable with the previous week. Testing on inbound travellers had increased slightly from 2,000 to 2,070 and on-Island surveillance had decreased from 5,740 to 5,690, whilst the number of people seeking healthcare had slightly augmented from 310 to 330. The weekly test positivity rate locally had declined to 0.4 per cent, as at 31st January 2021, but was now noted to be 0.1 per cent and the rate in the UK had also declined to 3.6 per cent. As at 31st January, there had been an uplift in the number of people calling the Helpline with a fever, but the Cell was informed that these numbers had dropped in the last week. The Cell noted a graph of the 7-day and 14-day cumulative case numbers, per 100,000 population, which mapped those against certain key mitigating measures that had been introduced since the start of the pandemic. As at 31st January 2021, the 7-day rate, per 100,000 population, had been 28 and the 14-day rate 66, compared with 632 for the UK.

The estimated effective reproduction number (R_t) had been estimated at between 0.5 and 0.8 on 31st January. It was noted that this was based on positive confirmed cases of COVID-19 over time and was not as stable as using hospital admissions, or mortality. The R_t had been relatively constant over the previous week and was indicative that the rate of infection was slowing in the Island.

The Cell was presented with the graphs that tracked attendance at Government primary and secondary schools, on a daily basis, since the delayed start of the Spring Term on 11th January 2021. It noted that the percentage of primary school pupils that had been in attendance each day had averaged approximately 96 per cent, with only 0.7 per cent of absences linked to COVID-19. In the secondary schools, attendance was currently at approximately 87 per cent, with Covid-related absences at 5 per cent. Since the start

of the term, there had been very few positive cases of COVID-19 in either students or teachers. The Cell was shown a new slide, which set out provisional data in respect of the volume of Lateral Flow Device ('LFD') tests by school, result and date, including the number of negative and inconclusive results. It was recalled that any person for whom the LFD result was inconclusive, would subsequently undergo a PCR test. Of the LFD tests that had been undertaken to-date, nobody had tested positive for COVID-19.

The Cell was provided with the data, to 31st January 2021, in respect of COVID-19 vaccinations in Jersey and was informed that a total of 14,838 doses had been administered, of which 11,707 had been first dose vaccinations and 3,131 second dose. Eighty eight per cent of Islanders aged over 80 years had now received the first dose of the vaccine and 66 per cent of those aged between 75 and 79 years. Jersey's vaccination rate, per 100 population, was currently 13.76, which placed it in a high position globally, slightly behind the UK, where the rate was 14.42. It was noted that focus in recent weeks had been directed to first dose vaccinations and, as a consequence, there had been little increase in the cumulative numbers of second doses administered. To the same date, 89 per cent of care home residents had received their first dose of the vaccine and 76 per cent their second dose. In respect of the staff employed in those *loci*, these figures were noted to be 78 per cent and 60 per cent respectively. The Cell was informed that there was currently a delay of approximately one week in releasing vaccination figures and that this arose as a consequence of the need to collate the paper records from the mobile vaccinators and to verify the data. The full data set for the previous week would not be available until 10th or 11th February, but it provisionally appeared that 14,300 people had now received their first dose vaccination and 3,161 second doses, which brought the total to 17,500. Ninety two percent of those Islanders aged over 80 years had now received their first vaccination.

The Principal Officer, Public Health Intelligence, informed the Cell that 76 individuals had tested positive for COVID-19 after receiving at least one dose of the vaccine, which equated to 0.65 per cent of the total first dose vaccinations that had been administered. Of these, two thirds had tested positive within 14 days of the first dose, 13 had tested positive after receiving 2 doses, 9 had been admitted to Hospital and 6 had died. The Cell discussed one of the deaths and was reminded that the vaccine could not provide 100 per cent protection, because it did not take into account the frailty of some of the older recipients. The Independent Advisor - Epidemiology and Public Health, suggested that it would be difficult to make comparisons in respect of those people testing positive who had been vaccinated and those who had not, because it would be challenging to ensure that the time frames and the profiles of the relevant individuals were the same and the demographic of those who were currently being vaccinated was different from those who were not.

The Cell was shown a map of the UK, which set out the geographic distribution of cumulative numbers of reported COVID-19 cases, per 100,000 population, as at 7th February 2021, which continued to demonstrate the high level of cases in Birmingham and Manchester, but that rates were declining in Wales and the South West of England. With regard to the maps, which had been prepared by the European Centre for Disease Prevention and Control ('ECDC'), for weeks 3 to 4 of 2021 (18th and 25th January) when compared with the previous week, the very high number of cases in Spain and Portugal and some of France were noted, but overall there had been little change. With respect to the areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 5th December 2020 to 9th February 2021, the Cell remained cognisant that the decision had been taken that all UK regions should be classified as Red with effect from 22nd December 2020 (to include people transiting through the UK and day trips to and from that jurisdiction), so the information contained in the charts reflected what would have been reported. However, the Cell noted that the situation had improved in Scotland, which was now 91 per cent Red with

6 per cent Green and that 5 per cent of Wales was now Amber. Northern Ireland, Eire and Germany remained 100 per cent Red, whilst there had been a slight improvement in Italy and 99 per cent of England remained Red. For those countries and territories that were not included within the regional classification, the percentages of countries designated as Red, Amber or Green had remained the same, but the Principal Officer, Public Health Intelligence, indicated that there had been some movement between countries.

The Cell was provided with information from the local EMIS central records system in relation to flu-like illness for the period from 6th September 2020 to 7th February 2021 and noted that, during the last complete week, 15 cases had been encountered, which represented an increase on the previous week, but continued the trend of much lower than normal infection rates when compared with previous years. This was borne out by Flu News Europe, which continued to report inter-seasonal levels of flu and 4 hospitalisations for that virus during the fourth week of 2021. Of 1,346 specimens that had been tested for flu during that period, only 4 had returned a positive result.

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

COVID-19 – Health and Community Services Department's operational position.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 1st February 2021, received a verbal briefing from the Managing Director, Jersey General Hospital, in relation to the operational position within the Health and Community Services Department.

The Cell was informed that the overall Health and Community Services Department's escalation status, as at 7th February, remained 'Green', which was indicative that the health and care system capacity was such that the organisation was able to meet anticipated demand, within available resources. Bed occupancy at the General Hospital had decreased to 64 per cent, whilst occupancy in critical care remained at 50 per cent. None of the expansion beds within the Hospital or the Nightingale Wing were in operation. However, bed occupancy within mental health settings was at 100 per cent, the status was Red and there was no admission capacity, nor forecast discharges. As a consequence, it was envisaged that it would be necessary to open some expansion beds. This continued the consistent high level of occupancy by adult mental health in-patients.

The Managing Director informed the Cell that there were also a number of Child and Adolescent Mental Health Service (CAMHS) patients currently in Hospital. He indicated that the pressure on Mental Health beds was likely to be related to COVID-19, but that a case analysis would be undertaken in due course.

The Cell thanked the Managing Director for the update.

Re-connection. Spring strategy.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 1st February 2021, recalled that it had discussed a Spring strategy, which had set out the anticipated steps towards the restoration of social and economic activity, following the introduction by Competent Authority Ministers of a range of non-pharmaceutical interventions (NPIs), which had had the effect of introducing an extended 'circuit break', with the intention of restricting the transmission of COVID-19 within the Island. As a consequence of these steps, the Island was now in a more optimistic position, with relatively low numbers of positive cases of the virus and an improved test positivity rate and moves to reconnect the Island could be taken.

The Cell accordingly received and noted a PowerPoint presentation, which was due to be presented to the Competent Authorities on 10th February, entitled 'Stage 3 Reconnection Decisions', which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and heard from him in connexion therewith. He informed the Cell that the Competent Authority

Ministers had meet on 3rd February and had provided a clear steer on their future priorities, which were to enable the vulnerable in society to be vaccinated, to open the internal economy and to monitor the situation at the borders. Ministers were potentially contemplating some possible relaxation at that *locus* in April, but this would require further consideration and they favoured in-Island connection in advance of this. In addition to the foregoing, Ministers had decided to focus on improving people's wellbeing.

In relation to these priorities, the Cell was informed that Ministers would wish to receive its advice on the content of the package of measures proposed for Stage 3 reconnection, the timing thereof, any further mitigations that might be required, the use of Lateral Flow Devices ('LFDs') for testing, the progress of the vaccination programme and the residual risk of serious illness and death over time, together with the travel policy. The Island was now in a better place than it had been previously, with relatively low numbers of positive cases of the virus and a far diminished test positivity rate. However, the number of cases, although they had declined, remained very high in the United Kingdom and other neighbouring jurisdictions and new variants of the virus had been identified, which posed a threat. Conversely, there were firmer plans in place for vaccinating the population than had been anticipated and Islanders wished to be in a position where the mitigating restrictions could be relaxed.

The Cell was shown the indicative package of measures for inclusion in the Stage 3 reconnection, which proposed the following –

Household 'bubbles'
In order to support Islanders' wellbeing and to tackle isolation, particularly in single occupancy households, it was proposed that a maximum of 2 households should be able to form a 'bubble'. It was noted that the legislation relating to gatherings, which restricted the maximum number of people who could meet up, would apply and would limit numbers to 10. It was noted that there was an element of risk associated with the proposal - including around compliance - but it was deemed an appropriate step to take. It was not proposed to require people to formally 'register' their bubbles.

Hospitality with food
It was proposed that hospitality venues could re-open to serve food, but not alcohol, with maximum table sizes of 10 and subject to adherence to 2-metre distancing requirements. The Interim Director, Public Health Policy, informed the Cell that he had held discussions with colleagues and had been advised that the viability for those settings would be impaired if they were not permitted to sell alcohol. As a consequence, an alternative proposal would be to permit the sale of the same, but to restrict bookings to individual households, mindful that within the context of a single table it would be difficult to enforce 2-metre distancing.

Outdoor gatherings
It was mooted that outdoor gatherings should be increased from 10 to 20 people and that there should be an exemption for sports up to a maximum of 30, which would enable most team sports to resume as 'controlled events' and subject to mitigations.

Low to medium intensity indoor exercise
It was proposed that mat-based activity, such as Yoga and Pilates, should be permitted to resume, but not higher intensity aerobic exercise and the use of weights at this juncture.

Faith worship gatherings
It was suggested that faith worship gatherings should be extended from 20 to 40 attendees, subject to the relevant mitigations being put into place.

It was noted that Competent Authority Ministers were due to meet on 10th February, time would then be required to consult with the affected sectors and for any legislative and guidance changes to be prepared. It was suggested that LFDs should be offered – initially *gratis* – to the relevant sectors, such as hospitality and that the Cell should review the reconnection criteria at its meeting on 22nd February. Dependent upon the number of positive cases and the test positivity rate at that time, Ministerial confirmation of the reconnection would be obtained on the same day, 2 days prior to the reconnection on 24th February. The Interim Director, Public Health Policy, informed the Cell that the Competent Authorities had indicated that they did not wish for the next stage of reconnection to take place before, or during, half term, which was the rationale for selecting 24th February.

It was proposed that the current robust arrangements for inbound travellers should remain in place at present and that it might be necessary to outline the principles of a further 2 stages of reconnection, subject to the evidence at the time. The Interim Director, Public Health Policy, informed the Cell that the Public Health Team had undertaken a detailed risk analysis of the Stage 3 proposals and they had been the subject of widespread consideration within the Team.

The Director of Communications reminded the Cell that the Ministers' COVID-19 strategy was, through a balance of harms, to suppress the virus sufficiently to safeguard the most vulnerable in society from suffering from the virus and to prevent the Health and Community Services Department from being overwhelmed and he suggested that that had been attained and the retention of the current restrictions – beyond the point where they fulfilled this suppression strategy – could be perceived by Islanders as resembling a move towards an eradication strategy and this would require a rationale to be communicated to them. On the specific measures, he opined that people were as likely to sweat from practising yoga as lifting weights, so was of the view that they should be permitted to resume at the same time, when appropriate, with the cardio equipment (such as cross trainers and running machines) cordoned off. He informed the Cell that trying to communicate the difference between low, medium and high intensity exercise could be challenging, so it was important to keep the messaging simple and to liaise closely with the industry. He also queried whether sufficient engagement had been undertaken with the gym and fitness sector before making these recommendations. He suggested that rather than limit household bubbles to 2 homes, 3 could be included to obviate a situation where people could meet with one set of in-laws, for example, but not the other. He was further of the view that if restrictions on the sale of alcohol were in place, very few venues would be able to open and that might result in a behaviour change in people gathering more in private homes to hold dinner parties.

The Independent Advisor - Epidemiology and Public Health, indicated that – with the exception of the height of the Summer 2020 – the Island currently faced the lowest risk from COVID-19 than at any time since the start of the pandemic. Concurrently, Islanders were experiencing the greatest cumulative damage to the economy and their wellbeing, including their mental health. As a consequence, it was important that this should be borne in mind when considering reconnection and the speed thereof and he indicated that there was, in his view, no justification for being required to delay for a minimum of 3 weeks in between reconnection phases. The Contact Tracing team together with the planned workforce and cohort screening would enable any clusters to be detected and suppressed as and when they occurred. Rather than 'bubbles', he proposed the reintroduction of the 'rule of 6', which afforded more flexibility, whilst preventing household mixing in larger numbers, which was acknowledged to be a source of transmission of the virus. He was of the view that the hospitality sector should be permitted to re-open as soon as it was ready to do so and that the 'rule of 6' should be applied, as a maximum table size. He advocated those settings being able to serve alcohol as not doing so could lead to people gathering in private homes, in an

unregulated manner, an would significantly reduce the economic benefit of hospitality venues re-opening. He did not understand the rationale for delaying the re-opening until after half term, because teenagers and young people, in particular, were already gathering in indoor venues. He proposed that outdoor gatherings should not currently be extended beyond 10 people in light of the increased transmission risk among larger groups and the limited societal benefit.

There was increasing evidence that the vaccine did appear to prevent severe disease, could impact on the transmission of the virus and was effective on some variants of the same. It would be possible to continue to advise those Islanders aged over 70 years to continue to shield until such time as they had been afforded the maximum protection from the vaccine, but it was not consistent to then keep society and the economy 'closed' when the risk to the Island was low. Ministers were not pursuing an elimination strategy in respect of COVID-19, so an element of transmission was henceforth to be anticipated.

The Chief Economic Advisor indicated that the Cell had always pursued a balance of harms and suggested that the aim was to attain a tolerable level of risk. Measured discussions took place during the meetings of the Cell and it was unhelpful for them to be categorised as health *versus* wealth. However, the economic costs of the pandemic, in both direct costs and business support costs had been pronounced. In his view, various control measures were in place, so it would be disproportionate to continue to impose too many constraints on Islanders. He was also of the view that a 3-week window between reconnection Stages was too long and agreed in respect of limiting household mixing to 6, rather than proposing the formation of bubbles.

The Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, expressed some concern that any relaxation of measures at the borders, in order to facilitate tourists visiting, could lead to re-seeding of COVID-19 and it was unlikely that visitors would travel to the Island if they were required to self-isolate for longer than one day after arrival. He repeated the view he had expressed at the previous meeting of the Cell that it was important to differentiate between the domestic economy and the economy linked to tourism. He did not wish for any mitigating measures that had been relaxed to have to be retightened in order to address transmission caused by incoming visitors.

The Consultant in Communicable Disease Control emphasised the importance of learning from experience and suggested that one metric that should be employed in determining reconnection was the vaccination of the population, which would indicate when it was safe to relax measures. Ninety per cent of mortality would be avoided once all Islanders aged over 70 years had been vaccinated and 99 per cent once all the over 50s had received their vaccination. The Island had a good test and trace system, which was being augmented by the use of LFDs in schools and, potentially in the future, in hospitality settings, but the system had become overwhelmed briefly in the Autumn, at least partly due to the Kent variant of the virus. Since it was known that that variant was in the Island and its effect had been seen not just locally but elsewhere, it was important to exercise caution and not simply rely on the measures that had been introduced int eh Autumn. It was anticipated that the South African and new English 484 variant of COVID-19 would reduce the efficacy of the vaccine, so it was important to keep strict measures in place at the borders. It was also key to maintain a 3-week gap between reconnection stages and not to release too many restrictions at the same time, in order that the effect of each step could be measured and an outbreak avoided. In summary, it was important to relax the measures, but at a sensible and safe rate. He was of the view that to reconnect earlier than 24th February would place older Islanders at risk and it was very important to give the vaccine time to have the required effect.

The Managing Director, Jersey General Hospital, agreed that the borders posed a risk.

He preferred the 'rule of 6' to household bubbles, because it would be better for people's mental health and wellbeing, but could not understand why it was necessary to leave a 3 week gap between reconnection stages and wished for a more proportionate time frame to be introduced. On the basis that an element of household mixing was to be permitted, which might involve the consumption of alcohol, he questioned the rationale for not allowing restaurants and cafés to serve the same. He was of the view that it was correct not to permit high intensity training at the current time, but agreed that the cardio area of the gym should be cordoned off and weight lifting permitted.

The Environmental Health Consultant concurred with previously expressed views. He preferred to limit the number of people who could meet, rather than advocate the formation of household bubbles, because these could be challenging. He supported the reopening of hospitality settings, permitting the sale of alcohol, provided that various mitigating factors were introduced, especially in light of those working in that sector often living in shared accommodation. However, he was of the view that the test and trace team would be able to manage any positive cases appropriately.

The Chief Executive Officer, Influence at Work, supported consistent messaging around a maximum of 6 people being able to meet up, whether in households or in hospitality settings, because this concept was easier to understand and to communicate. He was of the view that by preventing people from purchasing alcohol in hospitality settings, this would be more likely to increase their desire for it and this could be problematic for staff, who would be required to deal with clients demanding to be served alcohol.

The Cell recalled that when it had previously advocated a maximum of 6 people being able to gather, it had not mandated that it should always be the same people, but that Islanders should exercise a degree of caution and limit their social contacts if possible.

The Associate Medical Director for Primary Prevention and Intervention indicated that the purpose of vaccination was to save lives, rather than eradicate the disease. Those most at risk of dying *viz* the elderly and care home residents, had been vaccinated and many of the elements contained within reconnection Stage 3 would be of little relevance to them. Accordingly, he supported the reconnection, which would benefit hospitality and people's wellbeing, mindful that it was important to take positive steps for them. He advocated the reintroduction of outdoor activities, particularly sport and agreed that hospitality settings should be permitted to serve alcohol.

The Interim Director, Public Health Practice, was largely in agreement and felt that consistency around maximum numbers for people to gather was important. She indicated that the Analytical Cell had spent time analysing one particular cluster of cases that had occurred, which had demonstrated that Islanders were meeting up, irrespective of policy and that cases had subsequently spread beyond households, into workplaces and the wider community. Those most vulnerable had been vaccinated, but this did not mean that those in other age groups would not contract the virus and she reminded the Cell that some people aged under 60 years had died. She also agreed that it would be important to continue to review the situation in the UK.

The Clinical Lead, Primary Care, agreed that there was good evidence for reconnection at this juncture, but emphasised the need to do this in tandem with continued testing and vaccination of targeted groups. It could be presumed that transmission would reduce as more people received the vaccine, but as more variants came to light, it was possible that this would not be the case. The Associate Medical Director for Unscheduled Secondary Care, shared the view that the Island was in a good position to reconnect and he particularly wished for outdoor gatherings for sport to be able to recommence.

The Chair of the Cell summarised that the Cell did not believe household 'bubbles' was

the way forward, but preferred to enable a maximum of 6 Islanders to meet, whether in household, or hospitality, settings. It seemed sensible to permit up to 20 people to meet outdoors and he questioned the rationale for delaying to 24th February 'controlled' sporting events, because people were already playing sports in an 'uncontrolled' manner and he emphasised the benefits to people's wellbeing of enabling them to participate in sport. With regard to low to medium intensity indoor exercise, he suggested that discussion should be had with the fitness sector and although faith worship gatherings had not specifically been discussed by the Cell, he opined that it was reasonable for a maximum of 40 people to meet and worship, subject to the relevant mitigations.

With regard to the borders, the Chair of the Cell indicated that he would have concerns if there were to be pressure to relax the measures that were currently in place before Easter. The Clinical Lead, Primary Care, reminded the Cell that the UK intended to re-open schools during the second week of March and that there were a number of locally resident children who attended boarding school in that jurisdiction and would be travelling to school at that juncture, before returning to the Island at Easter. It was important to be cognisant of the threat posed by the variants of COVID-19 and he suggested that consideration should be given to whether they should be exempted from the requirement to self-isolate on return to the Island – as had previously been the case in certain circumstances – or whether they should all be required so to do, irrespective of whether there had been any positive cases of the virus in their particular school.

The Independent Advisor - Epidemiology and Public Health, was hopeful that with the declining positivity rate in the UK and as more Islanders aged over 50 years were vaccinated, it might be possible to relax some of the restrictions at the borders towards the end of April, but he would wish to review what happened in that jurisdiction over the forthcoming 4 to 6 weeks. The Interim Director of Statistics and Analytics, suggested that it would be helpful to consider certain scenarios, based on likely infection rates, to assist with the decision making. The Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, indicated that it would be necessary to consider the strategic prioritisation of travel, whether it was to facilitate friends and family visiting, or tourism and a border regime to support the type of travel could then be devised. However, he reminded the Cell that if any fundamental changes were to be made to the extant travel policy, the input of the States Assembly would be required, so an early indication would be helpful.

The Interim Director, Public Health Policy, indicated that he would work on proposals that certain measures could be relaxed earlier than 24th February, subject to relevant mitigations being introduced and there being sufficient time for any consultation and legislative changes to take place and that he would present these to Competent Authority Ministers, as an option, at the meeting on 10th February.

The Cell noted the position and acknowledged the level of thought and work that had been involved in compiling the proposals.

Jersey Reds – resumption of play.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 25th January 2021, recalled that it had previously discussed the Jersey Reds professional rugby team ('the Jersey Reds') being able to resume full face to face contact practice in advance of the delayed start of the Championship season on 6th March 2021, subject to certain requirements being met in order to make this as safe as possible for both the squad and the community and had been of the view, at that juncture, that it would be out of alignment to grant an exemption to the team in light of the importance of retaining strong borders.

The Cell received and noted a paper, dated 8th February 2021, entitled 'Jersey Reds: resuming national championship play', which was taken as read. The Head of Public Health Policy reminded the Cell of the views that it had expressed on 25th January

2021, but indicated that a final decision had been delayed in order to afford the Jersey Reds the opportunity to put into place additional mitigations. It was noted that, subject to an exemption being granted, the Jersey Reds would only play away games for the first 5 matches of the Championship, with the safety of permitting home games to be reviewed on an ongoing basis. All matches would be moved to a Friday and all Rugby Football Union teams would be required to take PCR tests on Mondays and within 72 hours of the next game, whilst the Jersey Reds would have 3 PCR tests on their return from the United Kingdom on a Friday and then on Mondays and Thursdays, in addition to answering screening questionnaires.

The Cell was informed that there were 1,000 players within the Championship, who were tested for COVID-19 each week, but in the last 2 weeks there had been no positive cases and only very few in the previous weeks. The Cell accordingly agreed that the Jersey Reds had put into place all reasonable mitigations to enable them to participate in the Championship – to include the 'friendly' games on 13th and 21st February – and agreed to keep the situation under review.

It opined that other sectors could learn from the experience of Jersey Reds, in that where there was perceived to be a high level of risk, it might be possible to demonstrate that mitigating measures could be introduced to reduce the same.

Matters for information.

A6. In association with Minute No. A2 of the current meeting, the Scientific and Technical Advisory Cell ('the Cell') received and noted the following –

- a weekly epidemiological report, dated 4th February 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 4th February 2021, which had been compiled by the Office of the Superintendent Registrar; and
- an estimate of the instantaneous reproductive number (R_t) for COVID-19 in Jersey, dated 3rd February 2021, which had been prepared by the Strategic Policy, Planning and Performance Department.

In respect of the Agenda item relating to 'Future Testing Strategy', Members of the Cell were asked to provide any feedback thereon to the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, by close of business on 9th February 2021.