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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(12th Meeting)

3rd August 2020(Meeting held via Microsoft Teams)**PART A (Non-Exempt)**

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

Minutes. A1. The Minutes of the previous meeting of the Scientific and Technical Advisory Cell, which had been held on 27th July 2020 were noted and attendees were invited by the Chair to provide any comments thereon to the Secretariat Officer, States Greffe.

Monitoring Metrics. A2. The Scientific and Technical Advisory Cell, (the Cell) with reference to Minute No. A1 of its meeting of 27th July 2020, received and noted a paper entitled 'PH Intelligence: COVID-19 Monitoring Metrics', dated 31st July 2020, which had been prepared by the Strategic Policy, Planning and Performance Health Informatics Team and heard from the Principal Officer – Public Health Intelligence, Strategic Policy, Planning and Performance Department. The Cell was informed that whilst the paper identified that there were 4 active cases, a further 2 asymptomatic individuals had tested positive during the weekend of 1st and 2nd August 2020. At the end of the current meeting, the Consultant in Communicable Disease Control, indicated that a further positive case had come to light whilst the Cell had been meeting. Accordingly, the current number of active cases in Jersey was 7, all of which had travelled into the Island. Interestingly, one of these cases, who had arrived from an 'amber' country, had given a negative PCR result at day zero, but had tested positive for the virus at day 5.

The total number of positive cases in Jersey, since the start of the pandemic was 335 and the last confirmed case of an individual with underlying medical conditions had been on 27th July 2020. Since 1st June 2020, almost two thirds of the 29,650 PCR tests that had been carried out had been on inbound travellers and results had been received for all samples in under 50 hours. Over the last 7 days, the turnaround time had been, on average, 31 hours.

A total of 1,551 online notifiable disease forms had been submitted since 20th April 2020 and there had been a total of 5,746 calls made to the helpline, since it had been established. The Cell recalled that, at its last meeting, it had requested that the statistics for the previous week should be supplied and was pleased to note that these figures had now been included in the dashboard. A total of 74 calls had been made to the helpline over the 7 days to 31st July, with only 7 asymptomatic callers. Since the borders had opened on 3rd July, there had been a slight increase in the number of callers, who were symptomatic, with an increase from an average of 5 calls each day in June to an average of 6 in July.

In respect of the number of inbound travellers, it remained the case that the figures for only 4 days of the previous week were included in the report, so it was not possible to make a direct comparison with the previous, complete, week. Since the borders had re-opened on 3rd July 2020, over 15,000 passengers had travelled to Jersey. There had been 16 positive PCR tests in the Island since that date, of which 2 were indigenous and the remaining 14 were travellers. Two had come from countries designated 'amber', one from a 'red' country and the remaining 11 from 'green' countries. The Consultant

in Communicable Disease Control indicated that research was underway to ascertain what percentage of the 'imported' cases were returning residents and what percentage were visiting business travellers, because the importance of distinguishing between the two groups had been acknowledged. The Cell discussed whether those people, who had tested positive after travelling to Jersey, were classified by the World Health Organisation ('WHO') as Jersey cases, or whether they 'belonged' to the country from which they had travelled and it was noted that the former was currently the case, but that a discussion would be held with Public Health England in this regard, as the liaison point with the WHO. There had been only 2 'local' cases per 100,000 in one month, but this figure increased demonstrably when the imported cases were included. It was agreed that those jurisdictions, such as Jersey, which had rigorous testing regimes at the ports, were identifying more cases and subsequently ran the risk of appearing more adversely impacted by the virus than others.

The Principal Officer – Public Health Intelligence, informed the Cell that over the preceding 13 days there had been 297 positive cases of COVID-19 in the Ille-et-Vilaine Department of France, in which Saint Malo was located. There had been 27.45 cases per 100,000 population over the last 14 days. Other areas of Brittany had had fewer cases and had an overall rate of 14.5. The Cell was shown figures for regions of England and specifically for Greater Manchester, where there had been a significant increase in the number of positive cases recently. It was noted, for example, that in Trafford there had been 66.989 positive cases per 100,000 people over the previous 14 days and that, for Oldham, this increased to 102.062. These figures were for laboratory confirmed cases from the Department of Health in the United Kingdom. The Consultant in Communicable Disease Control indicated that of those testing positive for COVID-19 in Ille-et-Vilaine, over 50 per cent were aged between 18 and 25 and fell into the age group that would be likely to contribute significantly to the night time economy. It was noted that there had also been an outbreak of the virus in Malta, which was believed to be linked to a mass entertainment gathering and the Cell was reminded that it was important to bear these issues in mind when discussing any potential move to Level One.

The Cell received and noted a paper, dated 31st July 2020, which had been prepared by the Office of the Superintendent Registrar, which showed that there had been no new deaths from COVID-19 and that the total number of deaths for the year to date was 398, which was lower than during the same period in 2019 (433) and almost one hundred fewer than in 2018 (491).

The Cell received and noted the weekly epidemiological report, as at 29th July 2020, together with a chart showing the number of positive cases for COVID-19 and calls to the helpline. This indicated that the daily number of calls, whilst remaining low, had increased as the borders had re-opened, but had more recently declined slightly.

The Cell also received and noted the Economic Indicators for the week from 20th to 26th July (week 30), which had been prepared by Statistics Jersey, together with the footfall report for King Street, St. Helier, for the same period. In respect of the former, it was noted that there had been a decrease in the number of people registered as actively seeking work when compared with the previous week and this was also the case in respect of the number of active Income Support claims. Despite the school holidays having started, there had been an uplift in the total number of vehicles travelling through the Tunnel and the number of bus passengers had also augmented when compared with the previous week. The footfall in St. Helier had increased slightly, compared with week 29, but was significantly down on the previous year.

The Cell noted the position and thanked the Principal Officer – Public Health Intelligence for the comprehensive update. The Director of Strategic Planning and Performance, Strategic Policy, Planning and Performance Department, informed the

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Cell that a daily PH Intelligence report was prepared and that if any member wished to receive the same, they should contact either her, or the Principal Officer – Public Health Intelligence.

Border testing programme for Health and Community Services Workers.

A3. The Scientific and Technical Advisory Cell received and noted a policy paper, dated 3rd July 2020, which had been prepared by the Health and Community Services Department's Infection Prevention and Control Section and was entitled 'Border testing programme for Health and Community Services Workers', the purpose of which was to provide clear guidance to those workers who had travelled to Jersey from another jurisdiction and were due to return to work. The policy was based on the principles outlined within the 'Border Testing' programme, which had been published on the gov.je website.

In order for a Health and Community Services Department worker to be exempted from the requirement to isolate for 14 days, they would be required to provide a day zero swab on entry to Jersey and would only be permitted to return to work once a negative result from that PCR test had been received. Further PCR tests would be undertaken at days 5 and 8. The Cell was informed that research by the London Hospital for Tropical Diseases demonstrated that by testing at day 5, 80 per cent of positive cases could be identified and that this increased to 94 per cent by including the day 8 testing. Employees who had travelled from a jurisdiction that was classified as 'red' or 'amber' would be required to self-isolate for a period of time. This was until the second PCR test was negative in the case of 'amber' countries and for 14 days when arriving from a red country.

It was noted that the aforementioned system would apply to all Health and Community Services Department workers, but would be superseded if a more stringent testing regime was introduced generally. The Cell noted that the policy paper specifically referenced Health and Community Services Department employees, but was of the view that it should be extended to everyone who worked in a health care environment, whether they were cleaners, healthcare assistants, chefs, practice nurses or General Practitioners ('GPs'). The Head of Policy, Justice and Home Affairs Department, informed the Cell that PCR testing within care homes was inclusive and covered all employees. On the basis that no differential was drawn in respect of the testing, he expressed the view that this should also apply to any return to work policy.

The Cell agreed the testing regime and requested that an updated version of the policy paper should be added to a future agenda and distributed to the Health and Community Services Department's Management Executive.

Safer Travel Policy.

A4. The Scientific and Technical Advisory Cell, with reference to Minute No. A2 of its meeting of 22nd June 2020, welcomed The Head of Policy, Justice and Home Affairs Department, in connexion with the Safer Travel Policy. He informed the Cell that there were 3 emerging policy challenges, on which he would welcome input from the Cell, in order to inform future policy development and future discussions at the meeting of the Competent Authority Ministers later during the week commencing 3rd August 2020.

Views were sought in respect of the position in relation to day trippers, to and from the Island, which mostly fell into 2 categories, namely business travellers to or from the United Kingdom, who generally arrived by air and leisure day trippers to or from France, who mostly arrived by sea. Day trippers were defined as passengers who arrived in the morning and left in the evening of the same day, rather than those who spent a night in their destination. The Cell was mindful that these individuals would undertake a PCR test on arrival in the Island, but many would have departed before the results of the test had been received. As recently arrived travellers, day trippers were required to take reasonable steps to minimise their social contacts whilst in the Island.

The Cell recalled that the Manche Iles Express boat, which had operated out of Normandy, had suspended its services and was informed that Condor Ferries transported a small number of day trippers – usually around 40 and predominantly at weekends – and was not actively promoting day trips. Condor Ferries had increased their rotations in order to transport more cars, for which there was greatest demand. It was not known how many people travelled via plane to and from Jersey for the day, but it was intended that this data should be gathered in the future.

The Head of Policy informed the Cell that he had held discussions with officers from the Jersey Financial Services Commission in order to ascertain if there were certain regulations that required people to travel to the Island for the day, in order to hold board meetings to ensure that companies retained their offshore status, but had been informed that there was an 18 month window in which to hold such meetings, so this was not as much of an issue as might have been envisaged.

Three policy options were considered for day trippers, namely to retain the *status quo* and to manage the risks, to impose a surcharge on each person to cover the cost of the PCR tests or to prohibit this type of travel to and from the Island. The Cell was mindful that, for some people, it could be very valuable to travel to or from Jersey for the day, whether that was for financial or social reasons, so was not in favour of prohibiting such travel. However, it agreed that there would be merit in imposing a surcharge to cover the cost of the PCR test, which would be of the order of £45 per person and that this would have the effect of discouraging many of the leisure trippers from travelling on or off Island for just one day.

In respect of requests for PCR tests pre-travel, the Head of Policy informed the Cell that certain jurisdictions had introduced a requirement for travellers to have provided a negative PCR test before admitting them. Examples were Madeira, Australia and the Czech Republic and Ministers had been asked what provision the Government would make for this type of request. The Cell was asked to comment on 3 policy options: either to do nothing and keep under review; to use a proportion of the forthcoming increased PCR capacity to pilot the service, subject to the payment of a fee; or to promote private sector PCR testing. The Cell recalled that there were currently 2 direct flights each week to Madeira, which carried approximately 212 passengers, but for the other countries the demand would be lower. However, it was recalled that some people were travelling via London Gatwick to these destinations, in order to obtain cheaper flights.

It was agreed that the main issue centred on capacity. On-Island PCR testing was likely to be available at the end of August in order to test travellers and residents, with the advent of Winter and likely increase in the numbers of symptomatic individuals. An element of off-Island testing would also be retained, depending on the capacity required to address the demand and newer technologies were being reviewed to either complement or replace the current testing. It was noted that the General Practitioners ('GPs') had already made requests for access to PCR testing for symptomatic patients in the Winter. It was felt important to address this issue in short order, because the GPs would be able to provide a clear picture of what was happening in the community. There was also the sense that it was probable that the Island would need to provide this service if a wider COVID-19 'passport' scheme was introduced. The Cell advised that its preferred option was to use a proportion of the increased PCR capacity to pilot the service, subject to the payment of a fee.

As noted at item A2 of the current meeting, some regions within countries were experiencing high volumes of cases of COVID-19 (Brittany in France and the North West of England) and the Cell was asked to decide whether its preferred option was to maintain the current approach, based on Red / Amber / Green designations to countries (mindful that different approaches had been adopted on Island towards Madeira and

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Portugal and the Canary and Balearic Islands and Spain), or adopt a country risk based approach to regional transport hubs, or to apply a risk based approach at an individual level for each traveller. It was noted that there were 2 flights each week from Manchester Airport, which sat within the Greater Manchester area and had been categorised as ‘amber’.

The Cell recalled that only a few airports were currently operational, so passengers who lived, for example, in Birmingham, were required to travel to another airport to fly to Jersey. However, as more regional hubs re-opened, it would be increasingly likely that individuals would travel from the most easily accessible airport from their home and this would assist in identifying where passengers had come from and their likely levels of exposure to COVID-19. The Cell was, however, mindful that financial reasons and the relative ease of train travel in the United Kingdom might cause some people to journey to other airports in order to fly to Jersey. Moreover, anyone travelling to Jersey with their car from the United Kingdom would have to drive, potentially from a region that had a large number of cases of the virus, to Poole. However, the Cell acknowledged that there was no perfect solution and it would be undeliverable to apply a risk-based approach at an individual level for every single traveller. If one wished to keep the borders open, whilst responding to the change in designation from green to amber of some regions, it was advised that the best policy option to further develop was to explore the option on how to apply a country risk based approach to regional transport hubs.

The Head of Policy thanked the members of the Cell for their input.

Safe Exit
Framework:
monitoring of
move to Level
One.

A5. The Scientific and Technical Advisory Cell, with reference to Minute No. A3 of its meeting of 27th July 2020, received and noted draft 0.7 of the COVID-19 Safe Exit Framework: Level One Policy and received a PowerPoint presentation, dated 31st July, entitled ‘Phasing Level One: Proposals’. The Group Director for Policy, Strategic Policy, Planning and Performance Department, reminded the Cell that whilst it had been mooted in the COVID-19 Strategy that the Island might move to Level One in ‘early July’, the Cell had recommended pausing a move to Level One and had advised Ministers to adopt a cautious approach, given the increase in COVID-19 activity in Europe and the United Kingdom.

It was further recalled that Level One would be likely to last until such time as a vaccine was successfully deployed and that the following guidelines were fundamental and would remain in place: one metre plus physical distancing; good hand and respiratory hygiene; no mass gatherings and controls on larger events; and the collection of people’s contact details to facilitate testing, tracing and isolation, as required.

The Group Director for Policy informed the Cell that it was suggested that Level One should be introduced on a phased basis, over several months, in order to reduce the risk to the public and subject to the number of COVID-19 cases in the Island remaining low. It was mooted that Level One phase (a) (‘1(a)’) could potentially be introduced from 7th August 2020, Level One phase (b) (‘1(b)’) from September and Level One phase (c) (‘1(c)’) from October. The Cell was shown a table, which set out, for each phase, the implications of their introduction for core public health measures, travel, workplaces and events, including sport and performing arts events.

Under 1(a) it was proposed to –

- retain the upper limit of 20 people for uncontrolled social events;
- update the Safer Travel Policy in an ongoing and responsive way;
- enable public buses to operate at full capacity, subject to mandatory cloth face masks being worn;
- enable private buses to operate in accordance with guidance to be issued;

- remove home working as the default model for office-based businesses, but to continue to encourage the same;
- enable high intensity training in gyms and changing rooms / showers to re-open;
- permit close contact services, such as facials, with strict mitigations;
- enable dentists and allied healthcare to function, subject to updated guidelines;
- reduce the fallow period for clothing from 72 hours to 24 hours;
- permit controlled events up to 80 individuals indoors and 150 outdoors, subject to strict guidelines and with no events exceeding these limits;
- plan and pilot a safe opening approach with individual performing arts organisations, such as the Jersey Arts Centre, Cineworld and the Opera House; and
- plan and pilot a safe opening approach with individual sports organisations, such as Jersey Reds and Jersey Bulls, in partnership with Jersey Sport.

Under 1(b) it was proposed to –

- enable at-risk Islanders to return to work;
- permit jacuzzis, steam rooms, saunas *et cetera* to re-open;
- permit flying tuition and sky diving to resume; and
- ease the guidance in respect of live music, singing and playing wind instruments.

Under 1(c) it was proposed to –

- review the limit on uncontrolled social events, up to a maximum of 30-40 people;
- review the position on designated nightclubs and the night-time economy;
- review the position on soft play centres;
- consider relaxing the restrictions on controlled events, up to a maximum of 200-300 people; and
- progress sports and performing arts, in line with agreed safe opening plans.

Having discussed the foregoing proposals, members of the Cell were broadly supportive of the introduction of the measures set out in 1(a), excluding the re-introduction of high intensity training in gyms. It suggested that, rather than announce the introduction of Phase One, Islanders should be informed that Jersey was remaining in Phase 2, with certain restrictions being eased. Concern was expressed that people would become more complacent if the Island moved into Phase One and it was important that they remained alert and continued to take all necessary precautions, in order to reduce the risks for everyone.

It was also felt that there should not be a timetable for the relaxation of the measures that were set out in 1(b) and 1(c), because it was not possible to foresee what might happen in the future with the virus, noting that more was being learnt about its epidemiology as time went on and it was preferable to move forwards safely, rather than too quickly. If the number of cases remained low, it might be possible, but this was not guaranteed and it was key to take the time to carefully assess the risks and benefits of easing restrictions. Other countries, which had relaxed mitigations too quickly, had now experienced significant increases in clusters of the virus. As Islanders travelled to other jurisdictions, they were seeing first-hand the more stringent measures that were in place in some locations and this highlighted to them the relative freedoms that they were currently able to enjoy in Jersey.

It was further suggested that the possible easing of measures, set out in 1(b) and 1(c), should not be publicised at the current time, as some members of the public might start to behave as if the Island had already reached those phases. It was preferable to indicate that further steps to relax the restrictions might be taken at a later juncture. Whatever phase the Island was in by September, it was proposed that an update for at-risk

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Islanders could be considered. It was noted that the GPs were liaising closely with those individuals, many of whom were adept at judging the risks for themselves, to reinforce the advice already provided.

In respect of the proposal to relax the numbers of attendees at controlled events to 80 indoors and 150 outdoors - which, it was recalled, would include funerals – the Consultant in Communicable Disease Control expressed some concern, because larger events, whether indoors or outdoors, were known to lead to the virus spreading. It was suggested that there might be merit in permitting lower numbers at the outset and then monitoring whether the guidelines were being adhered to. The Cell referenced the large numbers of people who were gathering in and outside venues around the Weighbridge in the evenings and indicated that these seemed to exceed the aforementioned numbers, but were not controlled. The Group Director for Policy stated that people in a pub, or restaurant, did not constitute an ‘event’, but the operators had an obligation to adhere to Health and Safety legislation and undertake risk assessments. If the Cell wished to provide advice on the appropriate numbers for those venues, it was something that policy officers could consider, or, alternatively, the Cell could reinforce the requirement for ‘policing’.

With regard to sports and performing arts, which had deliberately been referenced separately in order that distinct measures could be applied if applicable, the Cell questioned the proposal to enable sporting fixtures to take place with up to 150 spectators. The Group Director for Policy indicated that discussions had been held with Jersey Sport, as the Jersey Bulls football club had expressed the wish to hold some matches in August, but it was felt that this was premature, so work was underway on the preparation of plans for a potential resumption of matches in September. She added that she had liaised with the Chair of the Jersey Reds rugby club during the week commencing 27th July and had asked to meet with the club’s lead officer on COVID-19 and medical officer in order that they could discuss future plans. It was acknowledged that rugby involved more contact than football and was a high intensity sport.

In respect of performing arts venues, The Group Director for Policy informed the Cell that none were open at the current time. The Opera House was due to be refurbished over the Autumn, so it was possible that it would not re-open until 2021. Cineworld was following the guidance issued by the U.K. parent company and would only operate at a maximum of 50 per cent capacity once the permitted numbers were increased. Likewise, the Arts Centre would limit audiences to 100, when permissible. Talks were ongoing with the venues.

Mindful that the discussions around this issue had not been completed and that some agenda items had not been reached, the Cell agreed to reconvene later during the week commencing 3rd August 2020.