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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(15th Meeting)

17th August 2020PART A

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

Minutes. A1. The Scientific and Technical Advisory Cell (STAC) was requested to consider the Minutes of the meetings of 3rd, 4th and 10th August 2020, with a view to approving the same at the next scheduled meeting. Ultimately when members were satisfied that each set of Minutes provided an accurate record of the particular meeting, the Chair or Vice-Chair would then review the content with a view to authorising publication, as appropriate, on the gov.je website. Members had been provided with a link to the same.

Procedural advice would be sought from the Director General, Strategic Policy, Planning and Performance Department with regard to the timing of the publication of Minutes, particularly in relation to policy in development and the qualified exemptions which existed under the Freedom of Information (Jersey) Law 2011.

The STAC discussed the style and content of the Minutes and noted the view of the Consultant in Communicable Disease Control that Minutes which were publicised should be an accurate description but penetrable. The Medical Officer of Health added that the quality of the professional records of Meetings, which were now being produced by the States Greffe, was exceptional and that superlative accounts of proceedings were essential. The STAC also requested that its appreciation be placed on record for the work carried out by the Senior Sister in relation to the production of Minutes of previous meetings and the ongoing executive support she was providing.

Monitoring Metrics. A2. The Scientific and Technical Advisory Cell, (STAC) with reference to Minute No. A2 of 10th August 2020, received and noted a report entitled 'PH Intelligence: COVID-19 Monitoring Metrics', dated August 2020, which had been prepared by the Strategic Policy, Planning and Performance Health Informatics Team. Members also received a presentation, entitled 'Scientific and Technical Advisory Cell Monitoring Update' from the Principal Officer – Public Health Intelligence, Strategic Policy, Planning and Performance Department.

The STAC was informed that whilst the report indicated that there were currently 15 active cases of COVID-19; 2 new positive cases had been identified over the weekend and a further 3 were now likely to be recovered. 31 deaths had been recorded to date and it was noted that whilst one of the deceased had recovered from COVID-19 more than 28 days prior to death, this had been included as a contributory factor on the death certificate. There followed some discussion on this particular method of categorisation and the Medical Officer of Health undertook to investigate this matter further as she was concerned that it would not provide comparable statistics with other jurisdictions.

A total of 355 positive cases had been recorded, with the last case having been confirmed on 14th August 2020, and the total number of recovered cases standing at 324. In the last 2 weeks there had been 16 confirmed cases identified from inbound travel testing, 2 cases arising from contact with a symptomatic individual, one through hospital admission screening and another through workforce screening.

A total of 55,883 PCR tests had been carried out to date, with 96.4 per cent being negative and 0.77 per cent positive. Results were awaited in respect of 2.82 per cent of cases and it was noted that the average turnaround time for tests for all purposes stood at 50 hours. Hospitalisation for Covid-19 was almost zero at present.

Since 3rd July 2020, there had been 33,979 arrivals to the Island and 32,041 swabs taken. 25 inbound passengers had tested positive, 20 of which had been considered to have active infections. The remaining 5 had subsequently received serology tests that showed the infection was no longer active. On a related matter, the Consultant in Communicable Disease Control advised that discussions were taking place regarding pre-departure screening as part of the on-Island screening policy.

Attention was drawn to the number of global cases, which stood at 20,960,424 and the STAC noted statistics on a country by country basis, together with a geographic distribution of the 14-day cumulative number of reported cases per 100,000 population worldwide as at 14th August 2020. Data for Brittany and English regions was also provided together with a weekly epidemiological update, which detailed the volumes of positive cases and calls to the helpline, which had reduced despite the slight rise in cases.

In terms of economic indicators, the STAC was provided with updates in respect of the number of individuals registered as seeking work, excluding CRESS claimants and active Income Support claims to 9th August 2020, together with the weekly vehicle numbers passing through the tunnel, which had decreased, and bus passenger numbers, which had increased. Finally, members noted that footfall for St. Helier stood at 120,113 this week compared with 120,521 for the previous week

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The STAC discussed the statistics and noted a suggestion from the Independent Advisor - Epidemiology and Public Health that comparison data be provided in respect of the number of imported positive cases versus the number arising from the resident population. He also asked whether passenger numbers were likely to rise or fall in September 2020 and it was confirmed that air travel to the Island was predicted to 'more than double' in September 2020. The Consultant in Communicable Disease Control expressed considerable concern about the prospect of such an increase, particularly as it was likely that areas of England could be categorised as amber in the near future and he suggested that it might be necessary to take a region by region approach to travel. It was agreed that a report should be prepared to help STAC understand the likely number of future arrivals and available testing capacity to accommodate any increase. The Consultant in Communicable Disease Control reported that some data was held in respect of the split in the number of positive cases and this was, in fact, skewed toward the resident population, but primarily because of the presence of non-travel testing and this was being reviewed. There had been some discussion with Public Health England as to whether non-resident inbound travellers who tested positive should be subtracted from the Island's overall statistics in respect of positive cases. However, it had been concluded that, whilst inbound travellers might not have been infected with the virus in Jersey, those individuals became 'Jersey cases' in so far as Jersey was responsible for their management from an infection control perspective. Consequently, the method of calculation would remain unchanged. There was also some discussion around intelligence on the compliance with guidance by travellers and the importance of continuing to publish the total number of tests which had been carried out at the ports. The Medical Officer of Health also requested that the provision of a statistics report on COVID-19, as well as seasonal influenza activity in the southern hemisphere be reinstated. It was noted that surveillance carried out by the World Health Organisation revealed that globally lower levels of influenza had been reported at this time of year, albeit that the flu season had yet to begin in more temperate zones in the southern hemisphere.

The STAC thanked the Principal Officer – Public Health Intelligence for a most comprehensive update.

European
Centre for
Disease
Prevention and
Control: rapid
risk assessment
update.

A3. The Scientific and Technical Advisory Cell (STAC) received a rapid risk assessment report dated 5th August 2020, which had been prepared by the European Centre for Disease Prevention and Control. The report provided an update in terms of the epidemiological situation and response measures implemented in the EU/EEA countries and the UK, updated testing strategies, contact tracing and general and targeted measures to minimise the risk of resurgence of COVID-19. The report also provided an analysis of the risk of further escalation of COVID-19 in the countries that had reported a recent increase in COVID-19 cases and the risk of further escalation of COVID-19 across all EU/EEA countries and the UK.

The Committee noted that, since 31st December 2019 and as of 2nd August 2020, 17,841,669 cases of COVID-19 had been reported worldwide, including 685,281 deaths. EU/EEA countries and the UK had reported 1,733,550 cases (10 per cent of all cases), including 182,639 deaths (27 per cent of all deaths).

The COVID-19 pandemic continued to pose a major public health threat to EU/EEA countries and the UK and to countries worldwide, many of which had been experiencing widespread transmission of the virus for several months. Following a decline in the number of cases seen in EU/EEA countries and the UK following the first peak, there had been a recent increase in cases in many countries. Following the increase in cases that had been observed across EU/EEA countries and the UK starting in April 2020, all countries had implemented a range of response measures which led to a reduction in incidence. As countries regained control of transmission and alleviated the burden on healthcare, many measures had been relaxed or removed to allow for a more sustainable way of living with the virus in circulation. While many countries were now testing mild and asymptomatic cases, which had resulted in increased case reports, there was a true resurgence in cases in several countries as a result of relaxing physical distancing measures.

Further increases in the incidence of COVID-19, and associated hospitalisations and deaths could be mitigated if sufficient control measures were reinstated or reinforced in a timely manner. Countries that now observed an increase in cases after the lifting of control measures following a temporary improvement of the epidemiological situation, should consider re-instating selected measures through a phased, step-wise and sustainable approach. Assessment of risk at local level was important, taking into consideration the epidemiological situation, local services and lessons learned regarding the impact of previous measures.

Member States implementing comprehensive testing were better able to rapidly detect an increase in cases and identify groups at high risk of disease. Alongside a tailored local testing strategy, the speed of contact tracing was important to reduce transmission, and efforts should be made to reduce the time needed for each step in the testing, notification, and contact tracing process.

Given that there were now dedicated COVID-19 surveillance systems, extensive public health measures in place, and ongoing testing and contact tracing of the population, countries should be better prepared to prevent and control any resurgence in cases.

In general, response strategies should be guided by continuous monitoring and assessment of the epidemiological situation. They should be based on sustainable public health measures to protect vulnerable groups and decrease transmission in the community and include extensive testing and contact tracing followed by isolation and treatment of identified cases and quarantining of contacts.

In addition to the preparedness and response strategies implemented by national authorities, adapted human behaviour was key in tackling the pandemic. As the COVID-19 pandemic continued, it was natural for people to become fatigued and reduce compliance with public health measures. Risk communication efforts should, therefore, be tailored to changes in the local situation and continuous messaging was needed to remind the population that the SARS-CoV-2 virus would remain in circulation within the community and that the everyday measures to reduce potential exposure remained (cough and respiratory etiquette, physical distancing, hand hygiene, wearing face masks, reducing the number of contacts and staying home when ill).

Overall, the risk of further escalation of COVID-19 across all EU/EEA countries and the UK (considering they had sufficient contact tracing and testing capacity), was moderate for countries that continued to implement and enforce multiple measures including physical distancing and very high for countries that did not implement or enforce such measures.

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Singing and
brass and
woodwind
instruments –
Covid-19
transmission
risk.

It was agreed that future documents of this nature should be placed on the STAC agenda. Members concluded that the data clearly demonstrated the need for continued diligence and it was agreed that details of proposed re-escalation measures should be considered at the next scheduled meeting.

A4. The Scientific and Technical Advisory Cell (STAC) received a report in connexion with the risk of transmission of Covid-19 from singing and playing brass and woodwind instruments.

The STAC noted that playing brass and woodwind instruments, singing, talking loudly and shouting were considered higher risk activities due to their potential for further propelling infectious airborne particles.

Attention was drawn to a table of comparisons of breathed air spread through playing a number of brass and woodwind instruments and singing, which gave some indication of projection distances of aerosols. This was not compared with normal speech or breathing.

The evidence for transmission through singing or playing brass and woodwind instruments was drawn either from studies that demonstrated the potential for aerosol spread or from observational studies, where group singing preceded diagnosis in COVID-19 clusters. In the latter reports, multiple routes of transmission (for example, prolonged close contact, touching common objects, or sharing food) had not been ruled out as contributing to spread.

Instances of ‘superspreading’ had been reported throughout the pandemic, including in exercise classes, bars, restaurants, funerals and churches. A British Medical Journal review of factors that created superspreading events outlined 5 types of factors that promoted superspreading, as follows -

- high rates or intensity of contact between people or with surfaces
- large aggregations of people
- poorly ventilated physical environments, especially indoors
- highly infectious individuals
- highly susceptible recipient population

The authors highlighted that settings where superspreading had occurred combined multiple risk factors, and that choir practices were an example which could combine the risk factors of high densities of people, a high-risk activity (singing), and potentially poorly ventilated indoor spaces.

Some individuals were also thought to be more efficient at spreading infectious aerosols than others, and superspreading events might be more likely if superspreading individuals were present.

Consistent with this, one study (Parker, Alexander Stuart, and Kenneth Crookston. ‘Investigation into the Release of Respiratory Aerosols by Brass Instruments and Mitigation Measures with Respect to Covid-19’ medRxiv (2020)), comparing aerosol release across different instruments showed that variation between different instruments was less significant than the difference between individual players, and no discernible pattern related to either instrument size or design could be established.

Talking loudly had been categorised alongside singing in the level of transmission risk it posed and aerosol emission had been shown to increase in correlation to loudness of voice. Work meetings, which lasted for one hour were associated with a transmission rate of 72.7 per cent; employees working together on the same open

plan floor (where there was sufficient movement of people) was associated with a transmission rate of 78.7 per cent and practising singing in a group for around 2 hours, along with a high level of mixed social interactions was associated with a transmission rate of 86.9 per cent.

The above highlighted the limited key peer reviewed findings associated with assessing the risk of singing, brass and woodwind instruments. While there had been COVID-19 outbreaks in contexts where singing had taken place, and biological plausibility of risk, the extent to which singing and playing of brass/wind instruments in itself increased risk remained unclear.

The Medical Officer of Health (Vice Chair) declared an interest as a member of a choir. She was aware of the feelings of inequity among the singing community and suggested that consideration might be given to permitting certain activities, subject to stringent guidelines. The Group Director for Policy, advised that there was a level of disquiet among those involved in a whole spectrum of activities which were not permitted or discouraged and she suggested that considering a relaxation of activities on a piecemeal basis was not advisable, but should form part of the wider strategy on suppression. She also pointed out that there was a strategic cost to announcing further relaxations and she questioned whether this was the right activity to start with, based on the information. The Group Director for Policy also reminded the STAC that it had not supported initial proposals to adopt a phased approach to the level one exit strategy, as proposed on 3rd August 2020. She sought confirmation from members that the priority must be on preparedness in relation to re-escalation and it was agreed that this was the case.

The Medical Officer of Health referred to the return of many individuals to offices and participation in meetings like the STAC. Her initial views had been, driven by concerns about wider aspects of well-being and balancing risks, that properly regulated groups could possibly be required to follow certain protocols, such as practising in ventilated spaces et cetera. However, the point was made by others and accepted that permitting only choirs to practise might create difficulties in terms of other singing activities, such as bands playing in pubs et cetera.

It was noted that the UK had recently produced guidelines on singing and the Environmental Health Consultant undertook to provide a copy of the same. The Chief Economic Advisor expressed some reservations about any relaxation and understood from national media reports that there had been outbreaks of the virus within church congregations. It was also recognised that any relaxation in one particular area could have a domino effect. Conversely, as knowledge of the virus grew, the potential existed to review activities deemed to be high risk at the outset of the pandemic. It was also noted that the States of Jersey Police were seeking clarification on certain activities due to the volume of incidences being reported and the need to provide clear and consistent advice. The Consultant in Communicable Disease Control, suggested that one of the key factors in assessing activities was the risk benefit ratio and he noted that whilst the risks associated with certain activities depended very much on the context, relaxation in one area might have unintended consequences and heighten the sense of inequity. It was also important to relay what was happening in Europe in terms of the spread of the virus and the need to safeguard freedoms currently being enjoyed in the Island was emphasised.

It was concluded that the status quo in terms of singing and playing brass/wind instruments should be maintained and that officers should produce a summary of the discussion in order to demonstrate the reasons for doing so.

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- A weekly epidemiological report which provided a summary of indicators which were used to help understand the spread of the Coronavirus Disease 2019 (COVID-19) in Jersey;
- Weekly death statistics from the Office of the Superintendent Registrar;
- A weekly operational summary of the effectiveness and impacts of the current strategic public health measures (suppress, contain, shield);
- An update from the Financial Impact Action Group, which had been established to support the financial wellbeing and mental health of Islanders impacted financially by Covid 19 through partnership and practical action;
- A review of compliance with guidance requiring food and drink establishments to record customer details for 'Track and Trace' purposes; and,
- A report prepared by Statistics Jersey detailing weekly economic indicators for the week commencing 3rd August 2020.