

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(43rd Meeting)

18th January 2021

(Meeting held via Microsoft Teams)

PART A (Non-Exempt)

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

Minutes. A1. The Scientific and Technical Advisory Cell received and noted the Minutes from its meetings held on 5th and 11th January 2021, which had previously been circulated. Members were requested to provide any feedback thereon to the Secretariat Officer, States Greffe, by the end of 18th January 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. A3 of its meeting of 11th January 2021, received and noted a PowerPoint presentation, dated 18th January 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 17th January 2021, there had been 241 active cases of COVID-19 in Jersey, which brought the total number of positive cases, since the start of the pandemic, to 3,054. The active cases were mostly in adults of working age, who had been in direct contact with 856 individuals, who were isolating. Of the active cases, 68 had been identified through planned workforce screening, 54 through contact tracing and 53 through arrivals screening. Between 23rd December 2020 and 8th January 2021, there had been a daily average of 23 cases and this had since declined to an average of 11. When the inbound positive cases were removed from these figures, the daily average dropped further to 9. The Principal Officer, Public Health Intelligence, informed the Cell that there had been 7 positive cases identified on 18th January 2021.

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 just before Christmas and the current rate averaged over 1,500, but remained below 2,000. 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 although the number of tests undertaken on those aged under 18 years had recently plateaued, there had been a small increase in the test positivity rate for that cohort to approximately 3 per cent. The test positivity rate for those aged from 18 years to 39 years was just over one per cent and slightly lower for the over 60s. The most significant decline in the test positivity rate had been evidenced in those aged between 40 years and 59 years and it was now below one per cent.

For Islanders aged over 70 years, on whom approximately 500 tests were being conducted on a daily basis, this rate remained steady at approximately one per cent. During December 2020, 185 people aged over 70 years had tested positive for the virus, with 76 having been identified through cohort screening, 39 through contact tracing and 29 seeking healthcare. In the calendar month up to 17th January 2021, there had been 29 positive cases in that age group and only one person had sought healthcare upon experiencing symptoms of the virus, with the large majority of cases (20) having come to light through cohort screening. The Independent Advisor - Epidemiology and Public

Health, suggested that this data was indicative that the guidance to Islanders over the age of 70 years to 'shield' was being heeded and was effective.

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 17th January 2021. There were currently fewer than 10 patients in Hospital with COVID-19 and daily admissions averaged one, or 2. The 7-day case rate per 100,000 population over the same period had declined to 59 and the admission rate to 6. Since the start of the pandemic, there had been 62 deaths registered in Jersey with COVID-19 referenced on the death certificate, with 30 occurring since 1st October 2020 (during the second wave), of which 21 had died in Hospital and 9 in the community. Those Islanders aged between 80 years and 89 years accounted for 47 per cent of all registered deaths from the virus.

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 17th January 2021 and which set out details of the positive cases that had been identified over the previous 2 weeks, of which people identified as having the virus through workforce and inbound travel screening accounted for 29.44 and 23.35 per cent of cases respectively. The Cell noted the cumulative positive cases since the start of the pandemic and was pleased to note that the last case confirmed in someone with an underlying medical condition had been on 1st January 2021. It was recalled that the number of people contacting the Helpline to report symptoms of COVID-19 had declined over the festive period and although the number of calls had increased on the previous week, this downward trend largely continued with an average of 100 daily calls. The Cell noted the cumulative number of COVID-19 deaths over the period from August 2020 to present, by age band and location and recalled, as aforementioned, that the largest number of deaths had been in those aged between 80 and 89 years.

With regard to inbound travellers, the numbers had decreased dramatically during the week commencing 11th January 2021, when there had been just 300 arrivals, compared with 1,600 the previous week. However, the test positivity rate had increased from 2.2 per cent to 3.16 per cent during the same period. In respect of testing, it was noted that the local weekly testing rate, per 100,000 population, had increased to 12,200 during the week ending 10th January 2021, which remained significantly higher than the UK (5,813) - notwithstanding that that jurisdiction had increased its testing capacity - and other countries with which the Island had close links. There had been an increase in the number of tests undertaken, when compared with the previous week. Inbound travel had increased from 2,260 to 3,670 and on-Island surveillance from 6,220 to 9,250, whilst the number of people seeking healthcare had slightly reduced from 280 to 270. The weekly test positivity rate locally had declined to 1.3 per cent, as at 10th January 2021 and the rate in the UK had also declined to 9.4 per cent. On a 7-day moving average, the test positivity rate, on 17th January, had been 0.7 per cent, down from a peak of 5 per cent in mid-December. 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 10th January 2021, the 7-day rate per 100,000 population had reduced to 110 and the 14-day rate to 256.

The Cell was presented with new 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 and noted that an average of 93 per cent of primary school pupils had been in attendance each day and between 84 and 86 per cent of secondary school pupils. During the period from 1st to 10th January, when school staff and pupils in

years 11 to 13 had been offered PCR tests, a total of almost 2,000 staff (including 1,351 teachers) had been swabbed, with fewer than 5 people receiving positive results for COVID-19 and over 1,500 pupils, of which fewer than 5 had been identified as having the virus. The Principal Officer, Public Health Intelligence, indicated that work was underway to link any school absences with the data relevant to the virus and that dashboards relating to the schools were being prepared for officers from the Children, Young People, Education and Skills Department.

The Cell was shown maps, 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 53 of 2020 to one of 2021 (weeks commencing 28th December and 4th January) when compared with the previous week. Unfortunately, the most recent map once again did not include the data for the UK, but the high number of cases in Eire and Portugal were noted. With respect to the areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 7th November 2020 to 19th January 2021, the Cell was 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, as at 19th January 2021, the whole of England, Wales, Northern Ireland, German and Italy would have been categorised as Red. In Scotland, 94 per cent of areas were Red, as was all of mainland France. For those countries and territories that were not included within the regional classification, there had been an increase in those designated as Red, which now accounted for 42 per cent of the total.

The Cell was presented with slides which reviewed the situation in the UK and the English regions. It was noted that, as at 16th January 2021, there had been a daily average of just over 41,000 positive cases of COVID-19 in the UK and almost 340,000 over the previous 7 days, which represented a decrease of 18.6 per cent. The estimated effective reproduction number (R_t) was between 1.2 and 1.3, with a daily infection growth rate range of between plus 2 to plus 5 per cent. There had been an increase in the number of virus tests conducted each day and an uplift in the PCR testing capacity, which was currently 806,881.

The Cell noted the case rates, per 100,000 population, for the various regions of England, which had declined in all areas over the previous week, with the exception of the North West and the South West. This notwithstanding, the rates remained high, most notably in London and the East of England and also in the Isle of Wight. With respect to the various age groups, it was noted that there had been a decline in cases in all, with the notable exception of those aged over 80 years, which had increased quite steeply. Hospital admissions had increased by almost 20 per cent over the 7 days prior to 12th January 2021 and the daily rate averaged 4,532. The highest hospital admission rates remained in London, the East of England and the West Midlands and there had been a significant increase in hospital admission rates, per 100,000 population, in those people aged over 85 years and between 75 and 84 years.

The weekly intensive care unit (ICU) and high dependency unit (HDU) admission rates remained significantly higher in London than elsewhere in England, but had recently started to plateau, whilst rates in the East of England and West Midlands continued to climb. The highest rate, per 100,000 population, of ICU and HDU admissions remained in those aged between 65 and 74 years and then those aged between 45 years and 64 years and those aged between 75 years and 84 years. Although they had increased, the ICU and HDU admissions for those aged over 85 years remained relatively low. The number of COVID-19 patients in mechanical ventilation beds was still increasing and was over 3,000, which was higher than in April 2020. Over the 7 days to 16th January 2021, there had been an increase of 23.5 per cent in the average daily death rate, per

100,000 population, in people who had tested positive for COVID-19 within the preceding 28 days viz 7,722.

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 17th January 2021 and noted that, during the last complete week, 6 cases had been encountered, which represented a slight increase from 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 reported low inter-seasonal levels of flu and no hospitalisations for that virus during the first week of 2021.

It was noted that, as at the end of December 2020, 1,400 people had been registered as actively seeking work, which represented a drop of 180 from the previous quarter, but remained over 500 higher than at the same time in 2019. The number of Income Support claims had also been higher than during the previous year, but had decreased from the figures that had been seen in March / April 2020. During the week ending 27th December 2020, road usage had declined by 18 per cent when compared with the same period in 2019 and the number of bus passengers had dropped week on week during December 2020 and in the first week of January 2021 had been 75 per cent lower than the comparable week of 2020.

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. A4 of its meeting of 11th January 2021, received and noted a PowerPoint presentation, dated 18th January 2021, entitled ‘HCS Operational Position Jan 18th. Jersey Health & Care System’, which had been prepared by the Managing Director, Jersey General Hospital and heard from him in connexion therewith.

The Cell was informed that the overall Health and Community Services Department’s escalation status, as at 18th January, 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. Furthermore, elective services, which had previously been disrupted, were re-commencing.

With regard to bed occupancy, as at the same date, it was overall at 65 per cent, with 42 per cent bed occupancy in critical care, which was an increase on the previous week, but remained relatively low and 90 per cent in mental health settings, which had decreased from 98 per cent the previous week. None of the expansion beds were in operation at the Nightingale Wing, or St. Saviour’s and there had been no reported issues with tertiary transfers. The consumption of Oxygen, across the Department, remained low. 107 beds were temporarily closed across 5 wards, but most could be used if required. As aforementioned, elective services, which had been suspended for 4½ weeks, would recommence on 18th January. There were currently 6 patients in the Hospital with COVID-19, but none of them were ventilated. Attendance at the Emergency Department had declined when compared with the previous week and was at lower than average levels.

Delayed discharges were at lower levels than before Christmas and there had been 57 during the previous week. There had been a significant reduction in Adult Mental Health delays and re-admission rates remained relatively low, which was a good indicator that community services were performing well. Overall, there was an improved situation.

The Cell noted the position and thanked the Managing Director for the presentation.

Chronomics. A4. The Scientific and Technical Advisory Cell (‘the Cell’) received and noted

43rd Meeting
18.01.21

electronic mail correspondence, dated 7th January 2021, which had been sent by Senators K.L. Moore and S.W. Pallett and Deputy S.G. Luce of St. Martin to the Chair of the Cell and the Consultant in Communicable Disease Control, enclosing a proposal, dated 6th January 2021, which had been prepared by Chronomics for the aforementioned Members of the States Assembly and the President of the Jersey Chamber of Commerce and on which the views of the Cell were sought.

The Chair of the Cell indicated that the proposal was that each Islander would be issued with a Chronomics test, which was a self-administered PCR saliva test for the detection of COVID-19. The tests would be sent off-Island for analysis and people would be required to self-isolate until they received a negative result. Those who tested negative for the virus would be issued with ‘passports’ which, if recognised across the Island, would enable them to move around freely, whereas those who tested positive would be required to remain in isolation until they provided a negative result. In the view of the Chair, whilst he understood why this was an attractive proposition, it represented a major change to the extant testing strategy. He opined that there could be ethical and moral implications associated therewith and questioned what would happen, for example, to a person who did not wish to participate in the testing. He also suggested that significant resources might be required to implement the proposal, which would have to be diverted from other areas.

The Interim Director, Public Health Policy, shared the Chair’s views and indicated that work was underway on a new testing strategy, which would involve greater use of technology and whilst it was important to be receptive to Members of the Assembly wishing to put forward proposals, he felt there were better ways to engage with the market in respect of the Island’s testing capacity and for the Cell to consider how this would align with the travel policy, non-pharmaceutical interventions and other policies, including vaccination against COVID-19 in the future. Other Members of the Cell were in agreement and the Independent Advisor - Epidemiology and Public Health felt that it would offer little benefit at the current time and be disruptive to the existing strategy. He indicated that 2020 would have been the opportunity for mass testing of Islanders as he had proposed. The Consultant in Communicable Disease Control informed the Cell that saliva PCR tests were reasonably reliable and could potentially be used for testing in the schools as they were easy to operate. He indicated that various different testing systems were currently under review for use in the future, to include lamp testing which had a similar level of sensitivity.

The Cell agreed to politely decline the proposal at the current time and asked the Chair of the Cell to notify the relevant States Members accordingly.

Re-connection. A5. The Scientific and Technical Advisory Cell (‘the Cell’), with reference to Minute No. A1 of its meeting of 5th January 2021, recalled that over the period from late November to mid-December 2020, Ministers had implemented 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.

The Cell recalled that these had included the closure of non-essential retail premises, hospitality settings and close contact services, the advice to work from home if possible, the requirement to wear masks in indoor public settings, restrictions on the size of gatherings, the decision to categorise the whole of the United Kingdom as a ‘Red’ area – which included day trips to and from that jurisdiction and anyone transiting through it - and advice to avoid intermingling with other households. Some of these were enshrined within legislation and others took the form of guidance and were supported by the ongoing test, trace and isolate policy. Mindful that these measures restricted people’s lives and livelihoods, they would not be sustainable in the long term, so Ministers would wish to exit some, or all, of them at some juncture, based on evidence

that it was appropriate to do so.

The Cell further recalled that the first Stage in the re-connection had been the return to physical schooling by pupils on 11th January and mindful of the intention to allow a minimum of 2 weeks to elapse between Stages, it had been mooted that some of the aforementioned NPIs could be relaxed from 25th January 2021, subject to key metrics. The Competent Authority Ministers were due to convene on 20th January to make a decision in this regard.

The Cell accordingly received and noted a PowerPoint presentation, dated 17th January 2021, entitled 'Circuit reconnection metrics review', which had been prepared by the Interim Director, Public Health Policy and the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and initially heard from the former in relation thereto. He indicated that Ministers would wish to receive the Cell's advice on the Stage 2 reconnection, which, it was recalled, mooted the potential reopening of non-essential retail premises, indoor recreation and close contact services, which had been required to close on Christmas Eve.

The advice might include the evidence for reconnection, the risks and benefits associated therewith, the timing thereof and any mitigations that might be required. The Interim Director, Public Health Policy indicated that the metrics that would be of relevance in determining re-connection were as follows –

- 7-day case notification rate and evidence of sustained decline in the number of COVID-19 cases;
- 7-day positivity rates below 2 per cent and low daily positivity rates in older adult populations;
- evidence of reduced unlinked case clusters from the Analytical Cell;
- seeding risk as expressed by travel arrivals positivity;
- a sustained decline in COVID-19 Hospital admissions;
- an understanding of the effect of household mixing over the festive period and the capacity of the system to cope with any spikes associated therewith; and
- further data and analysis relating to the transmissibility of the new COVID-19 variant (N501Y), including in the United Kingdom and with particular emphasis on schools.

The Cell was informed that these metrics had been set out neutrally, without any particular recommendations and was guided through them by the Principal Officer, Public Health Intelligence. She indicated that the 7-day case notification rate had declined since the peak in mid-December of 554, per 100,000 population, to a current figure of 59, but this rate still remained 3 times higher than at the start of October 2020. It was noted that the relevant graph included the daily numbers of tests in order that their impact on the case rate could be evidenced.

The overall test positivity rate for COVID-19 had been below 2 per cent over the previous fortnight – it was currently 0.7 per cent - and there had been a considerable decline in the rate in Islanders aged over 60 years since December, but the situation remained volatile in that cohort, noting that on 8th January 2021, 16 cases had been linked to care homes. The Cell recalled that, in light of the large numbers of positive cases in December 2020, it had not been feasible to undertake a detailed analysis of the case clusters. However, since the start of January there had been 262 cases, linked to various settings, inbound travel, households and gatherings over the festive period. Some clusters were being encountered, but they were distributed across various workplaces and were likely to have arisen from transmission within households.

The number of inbound travellers had fluctuated over recent weeks, but it was noted that the test positivity rate, which was currently 2.21 per cent, had increased when

compared with early November, when it had been below one per cent. Inbound travel positives now accounted for a greater proportion of daily positive cases than had been the case in mid-December 2020 and there had also been, as aforementioned, an increase in test positivity. The various new variants of COVID-19, which were more transmissible, had been identified in the UK, France, Portugal and other jurisdictions with which the Island had close links and from which a risk of seeding was posed. It was, however, noted that a recent decision had been taken that arrivals from all areas, with the exception of Guernsey, would be categorised as Red, with Guernsey arrivals treated as Amber. The Cell was informed that this would be discussed at item No. A9 of the current meeting.

The number of COVID-19 Hospital admissions and the occupancy rate had both declined since mid-December, with admissions plateauing at one or 2 per day and the occupancy rate currently at 6, per 100,000 population. With regard to the effect of household mixing over the festive period, it was noted that people who had contracted the virus on Christmas Day would have become symptomatic between 2nd and 7th January 2021 and 15 cases had, to-date, been linked to mixing on either that day, or Boxing Day. 2 cases had been linked to gatherings on New Year's Eve – when the guidance had been that Islanders should not intermingle – and although symptoms from that time would mostly have come to light between 7th and 12th January, it was still possible that some cases from that event, or asymptomatic transmissions, had not been identified. Any transmission that had occurred as a consequence of pupils returning to physical schooling on 11th January would not result in symptoms until between 18th and 23rd January.

The Cell was provided with data from the Office for National Statistics relating to the transmissibility of the new COVID-19 variant in areas of England and with particular emphasis on schools and noted that in London it accounted for approximately 3 per cent of cases and around one per cent in other areas, albeit at an increased rate in the East and South East of England. Its prevalence was noted to have augmented in all regions and this had translated into a growth in hospital admissions, most notably in those areas where it was most commonly present. It was noted that the full impact of the new variant on children of school age had not yet been determined, but was being kept under review.

The Associate Medical Director for Primary Prevention and Intervention, indicated that COVID-19 was being managed well on-Island, the Health and Community Services Department was in good shape, the schools were open and the Test and Trace teams were performing well. However, the consistently high positivity rate in inbound travellers was indicative that cases were being imported from the UK and elsewhere, which was compounded by the presence of the new variants of the virus in those locations. Accordingly, he questioned why more action was not being taken to restrict the borders.

The Independent Advisor - Epidemiology and Public Health, suggested that before providing advice to the Competent Authority Ministers, more discussion was required around the data. He opined that the 7-day case notification rate would have been distorted by the amount of testing that was being undertaken and the type of people who were being swabbed. He wished for the focus to be placed on the test positivity rate, which had been declining. The clusters that had occurred in the care homes were likely to be mitigated against in the future by the COVID-19 vaccination, mindful that there was now a high level of vaccine coverage in those settings. In his view, the principal factors that appeared to reduce the levels of infection were reductions in household gatherings, tighter restrictions at the borders and the test and trace capacity. He acknowledged that the latter had almost been overwhelmed just before Christmas, but suggested that this was because the schools had identified large numbers of pupils as direct contacts of positive cases, which was now being addressed. The requirement to

wear face coverings and to adhere to physical distancing would also reduce the spread of COVID-19. If non-essential retail premises were vectors of transmission, he suggested that there would have been an increase in positive cases early in the New Year, as a consequence of people doing their Christmas shopping and he did not believe that it was proportionate to require them to remain closed, particularly as the risk they posed was only marginal, when considered against a backdrop of a decrease in the positivity rate, the roll-out of the COVID-19 vaccine and the relatively good place in which the Health and Community Services Department found itself. He would prefer for the focus to be placed on those interventions that were known to have an impact on transmission.

The Chief Economic Advisor supported the argument put forward by the Independent Advisor - Epidemiology and Public Health and indicated that he did not consider non-essential retail premises to be risky settings for transmission of COVID-19, when compared with others. He emphasised the need to communicate in a clear and consistent way to the public and politicians and indicated that any perceived change in position would need to be backed with evidence. The Group Director, Financial Services and Digital Economy suggested that there might be merit in the introduction of a 'flow system' in St. Helier and a more visible police presence to prevent any gatherings. He also believed non-essential retail settings to pose a low risk and would not wish for additional 'hurdles' to be introduced shortly before it was hoped that they could open their doors again, particularly when all efforts were being made to protect the clinical capacity and the vulnerable in society. Mindful that it was not possible to extinguish all risk completely, he emphasised the importance of enabling the economy to start to re-open. The Director General, Justice and Home Affairs Department, informed the Cell that it would be possible to introduce one-way pedestrianised systems in St. Helier and St. Aubin and to increase patrols, which would reduce the risk of spread of the virus, whilst enabling non-essential retail premises to re-open. It was noted that the Analytical Cell was not aware of any positive cases of COVID-19 linked to large retail premises, but a small number of supermarket employees had tested positive for the virus.

The Consultant in Communicable Disease Control informed the Cell that there was still much to learn about the role that the COVID-19 vaccine would play. It would reduce the severity of the disease, but it was not known, as yet, whether it would impact on the ability to transmit the virus. He expressed concerns around the large increase in daily cases that had occurred in December, *viz* from 10 to 100, but acknowledged that this could be partly attributable to the testing regime. 15,000 pupils had returned to school on 11th January and many parents would also have been able to return to work at the same time, which had the effect of re-connecting approximately 30,000 people and he wished for the schools to have 14 days of uninterrupted connectivity before relaxing any mitigations which could potentially lead to an increase in cases. He suggested that transmission of the virus in Town was not solely linked to the shops, but in people gathering and crowding in the main thoroughfares. He suggested that these areas should be more visibly 'policed' (whether by the States of Jersey Police, Honorary Police or marshals) to prevent undue crowding and that parking should be permitted in alternate spaces only. He wanted to ensure that all the care home residents, who wished to be vaccinated, had received their second dose and that a week had elapsed to increase its efficacy and suggested that there might be merit in delaying any re-connection by a week in order to enable more people to be vaccinated and for any mitigating measures to be introduced.

The Interim Director, Public Health Policy, acknowledged the range of views expressed by members of the Cell and suggested that it would be for the Competent Authority Ministers to receive the evidence that had been presented to the Cell and make a political judgment based thereon. It was agreed that the Chair of the Cell would prepare a paper for Ministers' consideration, which he would circulate to the Cell on the morning of

43rd Meeting
18.01.21

20th January, in advance of the meeting of the Competent Authorities. The Cell noted the position accordingly.

Framework for ethical distribution of COVID-19 vaccine.

A6. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 11th January 2021, recalled that the Chair had requested the Deputy Medical Director, who had been instrumental in the preparation of the ethical framework, to prepare guidance for Ministers on the ethics of vaccination. The Cell accordingly received and noted a draft 'Framework for ethical distribution of COVID-19 vaccine', dated January 2021 and a paper, dated 15th January 2021, entitled 'COVID Vaccination Scheduling Governance', which had been prepared by the Director of Public Health Policy and the Head of Vaccination Policy and heard from the Deputy Medical Director, who was welcomed to the meeting of the Cell.

He indicated that the current policy for vaccination was to follow the advice issued by the United Kingdom Joint Committee for Vaccination and Immunisation ('JCVI'), which was based on a 'life-saved' model and aimed to protect those individuals at highest risk of severe illness and mortality from COVID-19. It was largely age-based, would save more lives and result in faster delivery and improved uptake of the vaccine in those at the highest risk. Accordingly, it was feasible from both an operational and ethical perspective. The Cell was informed that, having decided to follow the JCVI guidance on priority groups, any deviation therefrom would need to be justified, because it would blur the ethics and the equity of distribution would become dubious. Various representations around prioritisation and the use of 'spare' vaccines were already being received and were currently considered by the Deputy Medical Officer of Health, in consultation with the Head of the Vaccination Programme.

Mindful that it was anticipated that such representations would increase in volume and variety, it was intended to establish a clinically-led COVID Vaccination Scheduling Panel ('the Panel'), which would provide an opportunity for specialists to consider exceptions to the programme, mindful that they were likely to be very rare. It was noted that draft Terms of Reference for the Panel had been prepared.

The Cell agreed that this was a sensible course of action and decided to recommend to Ministers the process and allocation of oversight to the Panel. It thanked the Deputy Medical Director for attending.

Care home visiting.

A7. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 7th December 2020, recalled that as a consequence of a number of positive cases of COVID-19 being identified in care home settings, Competent Authority Ministers had taken the decision on 8th December 2020 to severely curtail visits unless the residents had been vaccinated, or were in end of life circumstances.

The Cell received and noted draft documents, dated 18th January 2021, entitled 'Post vaccine care home visiting policy' and 'Guidance for visiting in Care Homes during COVID-19 - January 2021 update' and was provided with a PowerPoint presentation by the Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department. She indicated that the vaccination of care home residents - who consented to receive the vaccine and were medically fit to do so - had been completed by 11th January 2021.

Mindful that it was important for care home residents to be allowed to see friends and family on ethical, welfare and human rights grounds and noting that Competent Authority Ministers wished to allow the care homes to re-open as soon as possible, a draft policy had been prepared. This proposed that those residents in care homes where at least 90 per cent of the residents had received 2 doses of the vaccine and at least 80 per cent of staff had received one dose, should be able to receive a maximum of 3 visits

each week from up to 2 people on each occasion, noting that these would be selected from 3 or 4 named visitors. In the care homes where the aforementioned level of vaccination coverage had not been attained, it was suggested that residents would be permitted one visitor at a time (chosen from 2 named visitors) on a maximum of 2 occasions each week. This would also be the case for residents who had not been vaccinated. Visitors would be required to provide evidence of a negative PCR test at least once a month in all circumstances, although it was anticipated that visitors and care home staff could be screened on a weekly basis, potentially using antigen tests if PCR tests were not available.

The Consultant in Communicable Disease Control highlighted that the policy was in development and emphasised the importance of the elderly receiving the second dose of the vaccine due to the gradual deterioration of the immune system with ageing. Mindful that 86 per cent of care home residents had already received 2 doses of the vaccine, he felt that 90 per cent coverage was attainable.

The Chief Executive Officer, Influence at Work, queried if it would be possible to have one clear percentage threshold, rather than 2, in order to improve the simplicity and clarity of the communications and he offered to assist with the framing of the messaging.

It was noted that the Chief Nurse, the Care Commission and the Chief Executive Officer of 'My Voice' had been provided with a copy of the draft policy and that it was due to be shared with the care home sector on 19th January 2021. The Cell agreed that there would be merit in sending a copy to the Head of the Civil Division, Law Officers' Department, in order to garner her views thereon.

The Cell noted the position accordingly.

Jersey Reds –
resumption of
play.

A8. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 14th December 2020, recalled that the Jersey Reds professional rugby team had sought various exemptions to facilitate it being able to continue to participate in the delayed 2020/2021 Championship season and that the Cell had been supportive of this, subject to certain requirements being met in order to make it as safe as possible for both the squad and the community.

The Cell accordingly received and noted a paper, dated 18th January 2021, entitled 'Jersey Reds: resumption of play' and heard from the Head of Public Health Policy, who indicated that the start of the Championship season had been delayed until 6th March and Jersey Reds had sought permission to resume full face-to-face contact practice in advance thereof. This had been agreed with the Consultant in Communicable Disease Control, subject to the Rugby Football Union protocols being adhered to, the team undertaking a tailored risk assessment, twice weekly testing (once by PCR and once by antigen) and the players and staff not eating together.

Having briefly considered the foregoing, the Cell indicated its support for the proposal.

Travel.

A9. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of the current meeting, was cognisant that a decision had been taken to classify all areas (except Guernsey) as Red under the Safer Travel Policy from 00.01 hours on 16th January 2021. It accordingly received and noted a paper, dated 15th January 2021, entitled 'Safer Travel Policy – Response to International C19 Risk Assessment – Ministerial Briefing' and heard from the Policy Principal, Strategic Policy, Planning and Performance Department.

He indicated that Ministers had taken the decision on the advice of the Consultant in Communicable Disease Control in part due to the United Kingdom's ('UK') restrictions

43rd Meeting
18.01.21

on South American countries and Portugal, in response to evidence of new variants of COVID-19 in South America. Guernsey was the only jurisdiction from which travellers would be classified as having arrived from an Amber area, due to its low infection rates and the Chair declared an interest to the extent that he had children living in that Island.

The Cell was informed that the potential for a pre-arrival test requirement for all inbound travellers was under consideration, but there were some challenges around this proposal, linked to the ability of people to get tested when making trips of short duration on compassionate grounds, for example and the legislative burden in the event of non-compliance. It was noted that over the weekend of 16th / 17th January, the UK had introduced legislation to make it an offence not to comply with its pre-travel requirements, punishable by a £500 fine.

The Cell noted the position and, on a related note, was informed by the Director General, Justice and Home Affairs Department, that a Proposition was due to be lodged '*au Greffe*' requesting the States Assembly to debate a stricter 'lockdown', so this would be an opportunity for the Cell to provide some advice.

Matters for
information.

A10. 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 14th January 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 10th January 2021, which had been compiled by the Office of the Superintendent Registrar;
- an estimate of the instantaneous reproductive number (R_t) for COVID-19 in Jersey, dated 13th January 2021, which had been prepared by the Strategic Policy, Planning and Performance Department; and
- economic indicators for December 2020, which had been prepared by Statistics Jersey.

The Cell was informed that the agenda item relating to health and wellbeing would be carried over to its next formal meeting on 25th January 2021.