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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(89th Meeting)

(Business conducted via Microsoft Teams)7th February 2022**PART A (Non-Exempt)**

All members were present.

Professor P. Bradley, Director of Public Health (Chair)  
 Dr. I. Muscat, MBE, Consultant in Communicable Disease Control  
 Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention (item A7 only)  
 Dr. G. Root, Independent Advisor, Epidemiology and Public Health  
 S. Petrie, Environmental Health Consultant  
 A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department  
 I. Cope, Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department  
 M. Clarke, Head of Public Health Intelligence, Strategic Policy, Planning and Performance Department  
 Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department  
 E. Baker, Head of Vaccination Programme, Strategic Policy, Planning and Performance Department  
 Dr. M. Doyle, Clinical Lead, Primary Care (item A7 only)

In attendance -

R. Williams, Director, Testing and Tracing, Strategic Policy, Planning and Performance Department  
 J. Mason, General Manager, Health and Community Services  
 S. Martin, Chief Executive Officer, Influence at Work  
 K. Posner, Director of Policy and Planning, Children, Young People, Education and Skills Department  
 P. McCabe, Chief Pharmacist, Health and Community Services  
 Dr. E. Klaber, General Practitioner, Primary Care Body representative (item A7 only)  
 L. Plumley, Secretariat Officer, States Greffe

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

Minutes.

A1. The Scientific and Technical Advisory Cell ('the Cell'), received and noted the Minutes from its meeting of 17th and 24th January 2022, which had previously been circulated. The Minutes were approved by the Cell.

Intelligence overview, including Analytical Cell update and

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 24th January 2022, received a PowerPoint presentation, entitled 'STAC Monitoring Update', dated 7th February 2022, which had been prepared by Ms. M. Clarke, Head of Public Health Intelligence, Strategic Policy, Planning and Performance Department and heard from her in connexion

HCS activity.           therewith.

The Cell was apprised of the current situation with regards to public health monitoring, noting that as at Friday 4th February 2022, there were 2,505 active cases of COVID-19 recorded in the Island, from which 5,112 direct contacts had been identified. The majority of cases were in those aged 10 to 19 years, followed by cases in those aged 40 to 49 years and children aged zero to 9 years.

Seeking healthcare was the most common reason for testing, accounting for 1,437 cases; 876 had been identified following positive Lateral Flow Tests ('LFTs'); 40 through arrivals screening; 22 through contact tracing and the remainder through various screening programmes. The age ranges, gender and vaccination status of the active cases were shown, with a further breakdown by age for active cases in those aged 18 and under.

The number of daily tests being undertaken had decreased to around 1,000 and an average of 300 cases per day had been identified since 12th January 2022, though the daily incidence had fallen to around 200 cases as at 4th February 2022. The overall test positivity rate (measured as a 7-day rolling average) remained at 25 per cent.

The 7-day case rate per 100,000 population was highest but decreasing for those aged under 18 years, had fallen slightly for those aged 40 to 49 years, had reached a plateau for those aged 18 to 39 years and the recent increase for those aged over 60 years appeared to be slowing.

A higher percentage of positive cases were probable reinfections (6.7 per cent) in January 2022 than in any previous month.

The Cell reviewed the clinical status of cases in hospital since 28th June 2021 and noted that as at 4th February 2022, there were 27 patients in the Hospital with COVID-19. A fall in the number of cases in care homes was noted.

Details were provided of the positive cases linked to schools, which had resulted in a significant number of pupils working from home during the previous week.

A further 8 deaths had been recorded, bringing the total to 104, with 26 registered since the start of the 4th wave on 1st October 2021.

The Cell was informed that, in light of the de-escalation measures announced on 28th January 2022, certain monitoring metrics including information on inbound travellers, arrival screening tests and results, symptomatic or asymptomatic status of individuals and direct contacts of active cases would no longer be updated. In response to a question from a member, it was confirmed that the statistics that would cease to be published were those where the underlying data was no longer being collected due to changes in the Safer Travel and Testing and Tracing approach. The publication of statistics on social media would be reviewed in the coming weeks.

During the week ending 23rd January 2022, Jersey's testing rate, per 100,000 population, had been 6,900, compared to the United Kingdom ('UK') rate of 12,844, which included LFTs. The test positivity rate locally was 29.3 per cent compared to 7.7 per cent in the UK.

The Cell noted that 372 patients were currently recorded in the EMIS clinical IT system as suffering from 'Long Covid', the highest monthly increase since August 2021.

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The Cell was apprised of the results of social media sentiment analysis, noting praise from Islanders for the quick turnaround times of PCR test results and criticism from parents of the timing of the press conference regarding de-escalation measures, due to it coinciding with school pick-up hours. The de-escalation announcement had been met with apprehension by some Islanders and welcomed by others. Similarly, some Islanders expressed disappointment at the reduction in COVID-19 statistics whilst others felt it was appropriate. Concerns were noted in relation to the situation in schools and the expectation that children should undertake daily LFTs.

Details regarding the COVID-19 vaccine programme were shared and it was noted that as at 30th January 2022, 219,845 doses had been administered, of which 59,380 were third 'booster' doses, with high rates of coverage in older age groups and increasing uptake rates across younger eligible populations. It was estimated that 79 per cent of care home residents, 81 per cent of carers working in care homes and 83 per cent of front-line health and social workers had received a booster vaccination, though it was noted that the assessments were coded Red or Amber due to questionable or moderate data quality.

The Cell was informed that 13 episodes of flu-like illness had been reported in primary care during the week ending 6th February 2022. Overall, levels were now similar to those of Winter 2020 to 2021 and significantly lower than in previous Winter seasons.

The Cell was apprised of the situation in UK, noting that over the 7 days to 6th February 2022 (31st January 2022 for hospitalisation figures), cases had decreased by 5 per cent, hospitalisations by 8 per cent and deaths by 7 per cent. The 14-day case rate per 100,000 population had decreased in England, Scotland and Wales and remained high in Northern Ireland. It was noted that the ECDC maps showing the 14-day case rates per 100,000 population in Europe had been updated to include a weighting by vaccination uptake and rates were over 300 across the countries shown.

The Cell was provided with an update on Hospital capacity which confirmed that safe levels of staffing and care were being maintained. A review was being undertaken to determine the extent of hospital acquired COVID-19 infections, which had resulted in temporary restrictions on hospital visitors in January 2022, though these had since been lifted.

The Cell noted the position and thanked Ms. Clarke for the update.

Omicron  
update.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 24th January 2022, noted the 'UK Health Security Agency Risk Assessment', dated 26th January 2022, and heard from Ms. M. Clarke, Head of Public Health Intelligence, Strategic Policy, Planning and Performance Department, in connexion therewith.

The Cell was apprised of the latest update in relation to the Omicron sub-lineage BA.2, that had been designated as a variant under investigation (VUI-22JAN-01) by the United Kingdom Health Security Agency. There was evidence of a growth advantage for the BA.2 sub-lineage compared to the dominant BA.1 variant, in more than one country. The observed growth advantage was supported by increased household secondary attack rates in preliminary data from the United Kingdom ('UK'). Given the high secondary attack rates and lack of apparent immune evasion, it was plausible that a change in transmissibility was contributing to the growth advantage. Preliminary assessment of vaccine effectiveness against symptomatic disease in the UK was based on relatively small numbers of cases but did not suggest a difference between BA.1 and BA.2. However, live virus data, reinfection data and

iterated vaccine effectiveness studies were required before this could be confirmed. There was insufficient data as yet to assess the difference in infection severity between BA.1 and BA.2. The Cell was informed that a small number of cases of the BA.2 sub-lineage had been identified, accounting for around 3 per cent of cases in England for the week to 22nd January 2022. A total of 3,832 confirmed and probable cases had been identified in UK surveillance data.

The Cell noted the position and thanked Ms. Clarke for the update.

Testing and  
Tracing  
update.

A4. The Scientific and Technical Advisory Cell ('the Cell') with reference to Minute No. A6 of its meeting of 17th January 2022, heard from Ms. R. Williams, Director, Testing and Tracing, Strategic Policy, Planning and Performance Department in connexion therewith.

The Cell was informed that there was sufficient capacity within Testing and Tracing to manage the average of 300 daily COVID-19 positive cases currently being identified, which represented a significant step down from the Christmas period, when the daily incidence had averaged 472 cases and, on 2 occasions, had reached over 600 cases. Around 500 COVID-19 testing appointments were now available each day at the Harbour. Changes to the supporting information technology systems were being implemented, which included the simplification of the Lateral Flow Testing programmes and it was confirmed that there were sufficient planned supplies of Lateral Flow Tests ('LFTs') to support current testing requirements until April 2022. Changes to staffing levels had been made in line with the de-escalation approach. The Covid Safe team continued to undertake telephone calls to positive cases and further engage with those who were not fully vaccinated with regards to their release from isolation. It was noted that a recent media message regarding the 'scrapping' of contact tracing had led to some confusion amongst the public, which was being addressed.

The Chair thanked Ms. Williams for the update and extended thanks, on behalf of the Cell, to all those working in Testing and Tracing for their valuable contribution to the COVID-19 response.

In response to a question from a member, it was confirmed that responsibility for COVID-19 laboratory testing lay with the Health and Community Services department. It was noted that there had been instances of delays in processing tests and issuing results during the previous week, though turnaround times remained within 24 hours, and these had been due to staffing and information technology issues which were being addressed.

A member of the Cell expressed concern at the direction being taken with regards to the Lateral Flow Testing programme, and queried whether the approach was proportionate, particularly in respect of schools, recalling that it was recommended for children and staff to undertake daily LFTs before attending. The member was of the view that the recommended level of testing was excessive and that the Cell should review the approach of the Lateral Flow Testing programme. Another member noted that the approach had been reviewed by the Cell as its meeting of 24th January 2022 and subsequently agreed by Competent Authorities Ministers ('CAM'). The Cell was reminded that policy decisions were the preserve of CAM, having had regard to the full range of relevant factors, including advice from the Cell. The rationale for recommending daily LFTs in some settings had been based on balancing the reduction in contact tracing against the impact of regular testing, the aim being to slow spread in schools and other high-risk environments. It was noted that many settings such as care homes and domiciliary care providers were independently recommending the same. It was suggested that the approach to Lateral

Flow Testing was reasonable during the de-escalation period. The member expressed disagreement with this view, noting that in their opinion, the recommendation for daily testing, particularly in relation to school children, was not warranted, based on the known epidemiology of the disease. A third member recalled that the Cell had reviewed the recommendations, prior to their presentation to CAM. The member opined that there was good reason to protect children from infection with COVID-19 and taking steps to slow the spread in schools, given the transmissibility of the Omicron variant. Unmitigated spread in schools would lead to increased rates of infection more widely, which was not, in the member's view, a desirable outcome. In addition, from the perspective of not wishing children to be unwell, it was appropriate to recommend daily testing. The member noted that LFTs were most effective, in terms of population level testing, in a context of high disease prevalence, and as the incidence of COVID-19 decreased, it would be apt for the Cell to review the matter at a future meeting.

Summarising, the Chair noted a difference of opinion amongst members regarding the approach with regards to the Lateral Flow Testing programme, particularly in relation to school children, however the Cell was cognisant of the wider rationale for the programme and agreed to keep the matter under review.

#### Schools update.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 17th January 2022, received a presentation, entitled 'School Current COVID Impact for STAC', dated 7th February 2022, which had been prepared by Mr. K. Posner, Director of Policy and Planning, Children, Young People, Education and Skills ('CYPES') Department and heard from him in connexion therewith.

The Cell was apprised of the current situation with regards to schools, noting that the number of cases reported amongst pupils and staff had increased sharply over the course of January 2022, from 391 in the 10 days to 5th January, to 1,583 in the 10 days to 1st February. The number of cases had however, begun to decrease and in the 10 days to 6th February, had fallen to 1,335. The majority of cases were in pupils however the volume of cases amongst staff, which was in excess of 100 in each of the 10-day periods reported on from 5th January, had resulted in a number of class and year group closures, leading to pupils having to learn from home. It was noted that the number of pupils affected in this manner had fluctuated significantly, from over 800 in early January 2022, the figure had decreased significantly during mid-January to around 100 and had recently increased to 746 as of 4th February 2022. Pupil attendance rates in secondary schools had been affected more severely than those in primary schools, principally due to the impact of year group closures in the former. The Cell was informed that further disruption was expected in schools during the 2 weeks leading up to the February half-term holiday. The reasons for school absences due to COVID-19 included both confirmed cases in isolation and those awaiting test results, as well as exceptional circumstances, symptomatic individuals, quarantine after travel and those following Government advice not to attend. A snapshot for 4th February 2022 was shared, which showed that there were 590 absences due to confirmed cases on that day and 762 other COVID-19 related absences.

It was recalled, with reference to Minute No. A8 of the Cell's meeting of 17th January 2022, that it was planned for air purification and filtration devices to be introduced into schools on a risk assessed basis shortly. The Cell was informed that CYPES would be undertaking a review of the guidance issued to schools and representations had been made to the department both in favour and against the continued wearing of masks in school settings.

The Chair thanked Mr. Posner for the update and noted the degree of disruption in schools despite the decrease in overall case numbers and the measures currently in place.

A member of the Cell expressed the view that the position adopted in relation to schools was disproportionate and the recommendation for pupils to undertake daily Lateral Flow Tests ('LFTs') was having a deleterious impact on the provision of education and did not accord with the Government's priority of 'putting children first'. The member did not support the classification of schools as high-risk settings, given the low risk of severe disease in children. In addition, the member noted that the rationale for the ongoing mitigation measures in schools was questionable given that children and young people were likely to be exposed to COVID-19 in settings outside of schools. In light of the protection afforded by high vaccination rates in the majority of the population and the small risk of severe disease in children, the member re-iterated that the approach was not proportionate to the risk and in their view, was harmful from an educational perspective. The member opined that it would be preferable for LFTs to be undertaken only if children had symptoms of COVID-19 rather than on a precautionary basis.

Another member of the Cell countered that COVID-19, and the Omicron variant in particular, posed a small risk to children, noting that infection with the virus had resulted in cases of inflammatory disease and hospitalisation amongst children. The member therefore respectfully disagreed with the aforementioned member's assessment of the risk, and opined that from a public health perspective, there remained a small but known risk to children from infection with COVID-19 which justified the measures that were in place.

A third member agreed, noting that whilst exposure to viruses could occur outside of schools, educational settings were historically adept at transmitting viral infections such as influenza and norovirus. The nature of schools resulted in a large degree of mixing on a daily basis and the approach so far had been to try and reduce the spread of COVID-19 through a largely unvaccinated younger population. Measures had therefore been put in place to mitigate spread in schools and continued to be reviewed, as evidenced by the planned implementation of air purification and filtration devices in educational settings.

The first member reminded the Cell that a degree of transmission in schools had been accepted in the past. Another member noted that given the increased transmissibility of the Omicron variant, only severe lockdowns, as implemented recently by certain jurisdictions such as Tonga and China, would halt transmission significantly, and the measures adopted in Jersey were both reasonable and recommended by the World Health Organisation and other public health agencies.

Summarising, the Chair noted that the Cell would review the matter at a future meeting. The consensus amongst the members of the Cell at present was that COVID-19 presented a risk to children, which had to be balanced against appropriate provision of education. There was therefore merit in implementing measures to slow the spread of infection amongst children and educational staff, though it was imperative for the measures to be proportionate and effective. It was reasonable to assume that schools were a higher risk environment, in terms of transmission, and the Cell would consider the means by which the aim of reducing risk in schools was achieved at a future meeting. The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, undertook to prepare a paper for consideration by the Cell.

The Cell noted the position.

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Vaccine  
update.

A6. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 10th January 2022, received a presentation, dated 7th February 2022, entitled 'Covid-19 Vaccination Programmes, STAC & Ministerial Briefing', which had been prepared by Ms. E. Baker, Head of Vaccination Programme, Strategic Policy, Planning and Performance Department and heard from her in connexion therewith.

The Cell was apprised of the current key focus areas for the COVID-19 Vaccination Programme, namely:

- increasing booster vaccine uptake, noting that 77 per cent of eligible Islanders aged over 18 years (those who had received two doses of vaccine) had come forward so far;
- increasing vaccine uptake amongst healthcare workers by communications and outreach work;
- vaccination of those aged 12 to 17 years in conjunction with the Children, Young People, Education and Skills Department, the Children's Commissioner and schools;
- vaccination of 'at risk' 5- to 11-year-olds, which had begun on 5th February 2022 at the Hospital; and
- workforce efficiency and resilience, through right-sizing and new operational hours.

The Cell was informed that from 7th February 2022, the frequency of reporting on the COVID-19 vaccine programme would be reduced and information would henceforth be provided on a weekly basis.

The Cell noted the progress made by the Vaccination Programme and thanked Ms. Baker for the update.

Anti-viral  
treatment.

A7. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 6th December 2022, welcomed Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, Mr. P. McCabe, Chief Pharmacist, Health and Community Services and Dr. E. Klaber, General Practitioner, Primary Care Body representative, to the meeting. The Cell received a letter, dated 7th February 2022 and addressed to the Chair, which had been sent by the Primary Care Body ('PCB') in relation to the prescription of anti-viral treatments for COVID-19.

It was recalled that 'Molnupiravir' was an oral anti-viral medication recommended for use in the community, within 10 days of a confirmed diagnosis (by way of a Polymerase Chain Reaction ('PCR') test), by individuals with COVID-19, who were at risk of severe disease but who did not require hospitalisation. In the United Kingdom ('UK'), a set of eligibility criteria had been prepared by the UK Health Security Agency, and Health and Community Services ('HCS') were preparing a list of eligible individuals in Jersey, who would be notified of the same, so that they would be aware, should they contract COVID-19, of their eligibility for the treatment. An initial data review had been undertaken to identify high-risk individuals, however further validation of the data was required in order to prepare an accurate list of those who would be eligible for the medication. Work was underway within primary care to expedite the same. In the interim, general practitioners had the ability to issue prescriptions for Molnupiravir, which would be dispensed by the Hospital pharmacy.

The Cell was informed that HCS had met with general practitioners and the PCB with regards to the longer-term proposed delivery system or 'patient pathway' for

delivery of Molnupiravir to vulnerable patient groups in Jersey. The Cell was apprised of concerns raised by the PCB in relation to the identification of eligible patients, confirmation of COVID-19 diagnosis, the need for a decision support tool and a robust mechanism to ensure the timely delivery of the medication, and the needs of vulnerable patients in whom the drug was contraindicated.

The Cell discussed the proposed patient pathway and the following observations were noted. The use of emails from the Covid Safe team for the purposes of confirmed COVID-19 diagnosis was acceptable in the first instance, though a more robust solution would be preferable in the long term; given the limited supply of Molnupiravir, it was advisable to restrict prescription to those in whom COVID-19 had been confirmed by a PCR test, as opposed to through a Lateral Flow Test ('LFT'), though the position would be kept under review, as it was noted that the UK policy would be changing shortly to include LFT results, however given the faster turnaround for PCR test results locally, reliance on the latter was appropriate in the circumstances; it would be desirable for one or more community pharmacies to have the ability to dispense the drug in addition to the Hospital pharmacy; and there was a need for a working group to be established to oversee the data validation and design of the delivery system.

It was agreed that the Associate Medical Director for Primary Prevention and Intervention would oversee the establishment of the working group and report back to the Cell.

The Cell noted the position and thanked Mr. McCabe and Dr. Klaber for attending.

Matters for  
information.

A8. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of the current meeting, received and noted the following –

- a weekly epidemiological report, dated 3rd February 2022, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 3rd February 2022, which had been compiled by the Office of the Superintendent Registrar;
- a report, on COVID-19 monitoring metrics, dated 4th February 2022, prepared by the Health and Community Services Informatics Team;
- a report, entitled 'Association between vaccination status and reported incidence of post-acute COVID-19 symptoms in Israel: a cross-sectional study of patients tested between March 2020 and November 2021'; and
- a report, dated 20th December 2021, entitled 'Relative importance of different non household activities for COVID-19 transmission during period of intense restrictions compared to period of no restrictions. Findings from the Virus Watch Community Cohort Study'.

It was noted that Ms. B. Sherrington, Senior Nurse Adviser in Public Health, had moved to a new role and Ms. E. Baker, Head of Vaccination Programme, Strategic Policy, Planning and Performance Department, had taken over her position as a member of the Cell.

There being no further business to discuss, the meeting was concluded at 12.25pm.