

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(18th Meeting)

7th September 2020(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 ('the Cell') received and noted the Minutes from its meeting of 2nd September 2020 and was asked to provide any comments by close of business on 7th September 2020. The Vice-Chair, emphasised the importance of ensuring that the minutes of the Cell from the previous week were formally approved at the subsequent meeting, notwithstanding that they might not be uploaded to the gov.je website at that juncture, because many of the items under discussion were qualified exempt in accordance with Article 35 of the Freedom of Information (Jersey) Law 2011.

Monitoring metrics. A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 2nd September 2020, received and noted a PowerPoint presentation, entitled 'Scientific and Technical Advisory Cell monitoring update', dated 7th September 2020, which had been prepared by the Principal Officer – Public Health Intelligence, Strategic Policy, Planning and Performance Department.

The Cell was informed that, as at 4th September 2020, there had been 14 active cases of COVID-19 in the Island, but it was likely that 3 of those cases, which, at that date, had had only one and 2 days remaining as active cases, would now no longer be active. Those 14 cases - 7 of which were symptomatic and 7 asymptomatic - had been in direct contact with 98 individuals. Over the previous 14 days there had been 19 positive cases and the rate of Jersey cases per 100,000 population over the previous 14 days stood at 17.63. In June and July there had been 10 and 15 positive cases of the virus, which had increased to 39 for August. Since 3rd July 2020, when the borders had re opened, 46 positive cases had been identified as a result of arrivals screening, of which 32 had arrived from green countries.

A total of 374 positive cases of COVID-19 had been recorded in Jersey since the start of the pandemic. 16 people had died, 14 had not recovered (as at present), 276 had recovered and 68 were classified as 'other'. A further 9 people had tested positive for the virus, but had subsequently undergone serology testing that demonstrated that their infection was 'old'. The Principal Officer – Public Health Intelligence informed the Cell that the inclusion of this data in the PowerPoint presentation was a new addition. There had been no change in the number of deaths from COVID-19 since the last meeting, but the overall number of deaths in the Island for the year to-date had increased to 452, which remained lower than for the same period in 2019 (499) and over 100 lower than in 2018, when there had been 554 deaths.

Monitoring metrics produced by the Strategic Policy, Planning and Performance Health Informatics Team demonstrated that there had been 18.55 positive cases per 100,000 population over the previous 14 days. As referenced at the previous meeting of the Cell, this figure differed from that given in an earlier paragraph, because it was based on the date the positive case had been recorded (in line with the method of recording

used by the European Centre for Disease Prevention and Control (ECDC)), whereas the previous figure used the swab date.

The Cell was shown a graph, which set out the symptoms reported by individuals who had contacted the helpline since the start of the pandemic – which had been re-introduced to the presentation – and noted that, in recent weeks, the number of callers reporting a cough had increased. Of those people who were symptomatic, there had been a recent uplift in calls from, or about, children aged from birth to 11 years, which had coincided with the re-opening of the schools. In the previous week there had been more symptomatic callers contacting the helpline. The Director of Strategic Planning and Performance, Strategic Policy, Planning and Performance Department, indicated that it would be helpful to ascertain how the young people who were positive for COVID-19 had contracted the virus (whether through contact with household members or at school) and to know whether young people contacting the helpline were automatically tested, or advised to self-isolate. The Principal Officer – Public Health Intelligence indicated that she would seek to obtain this information. The Consultant in Communicable Disease Control, stated that it was important to try and distinguish between callers who had a cold and those who had symptoms that were most representative of the COVID-19 virus, namely a continuous cough, fever and loss of taste / smell. This would assist in preventing the system from being overwhelmed. It was noted that young people also had a tendency to experience gastrointestinal symptoms with the virus, more so than adults and this had been communicated to head teachers and thence to parents, in order that they were aware.

Since 3rd July 2020, there had been 62,875 arrivals into the Island and 59,675 swabs taken, which included day 5 swabs. Since 1st July 2020, there had been 38 inbound travellers, who were considered to be active infections. Of these, 37 per cent had arrived from red or amber countries and 82 per cent by air. The average turnaround time for the testing of arrivals over the previous 7 days had remained at 29 hours. It was noted that there had been a decrease in the number of arrivals during the week commencing 24th August 2020, when compared with the previous week.

Since the start of the pandemic, a total of 84,758 tests had been undertaken, of which the majority had been on arrivals. Jersey's weekly testing rate per 100,000 of population was 9,800, which, whilst lower than the previous week, still far exceeded the United Kingdom, at 1,794 and other jurisdictions, with which the Island had close links. Jersey's test positivity rate remained static at 0.1 per cent, whilst the United Kingdom had decreased to 0.6 per cent, France had increased to 4.0 per cent and Spain remained at 9.0 per cent.

In respect of future capacity for testing, the Cell was informed that with effect from the end of the week commencing 7th September 2020, the on-Island Open Cell laboratory would be able to test 150 swabs per day, increasing to 2,000 per day by the end of the month. Micro Pathology also had the ability to run 2,000 tests per day and Porton Down 600. As a consequence, by the end of the month, Jersey would have capacity to test 4,600 people each day, which equated to approximately 4 per cent of the population. As Autumn approached, it was projected that the number of people arriving into the Island would decrease and this would make available more capacity for testing the non-travelling population, with a view to restricting the spread of the virus before a vaccine became available.

The Cell noted the number of positive cases for COVID-19 since 3rd July 2020, including the swab date and the reason for screening. In recent weeks, the number of cases identified through contact tracing had increased. In July and August, the inbound rate of positive cases had been 0.07, whereas for non-inbound travel this was higher, at 0.09. The total positive cases by swab date and reason for testing had been further broken down to distinguish between those taken from arrivals by air and sea.

The Cell noted maps, which set out the geographic distribution of 14-day cumulative numbers of reported COVID-19 cases per 100,000 population on a worldwide and European basis, as at 6th September 2020. Also included were maps from 7th August, which demonstrated the changing prevalence of the virus across the world. As an example, in August, Australia had been amber (with between 20 and 60 cases per 100,000), but now had fewer than 20 and South Africa, which had had over 120 cases per 100,000 had reduced to amber. Likewise, France, where there had been fewer than 20 cases per 100,000 had increased to between 20 and 60 and most of Spain (rather than just Catalonia) had become red. Globally, there had been almost 27 million cases of the virus since the start of the pandemic and 880,500 deaths.

The Cell was informed that one traveller into the Island over the weekend of 5th / 6th September had provided a positive test, but it had, as yet, not been possible to contact the person via telephone. It was noted that when such circumstances arose, the contact tracing team would send an email, asking the person to get in touch with them. Ultimately, if this method of communication proved unsuccessful, members of the enforcement team would visit the address provided by the individual prior to travel.

The Cell noted the position.

Jersey
Opinions and
Lifestyle
Survey 2020.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 2nd September 2020, recalled that Statistics Jersey had sent the Jersey Opinions and Lifestyle Survey ('JOLS') 2020 to 5,000 randomly selected households for them to complete during June and July, with the main focus of this particular JOLS being on the COVID-19 pandemic and its effect on them. The Cell received and noted a copy of the survey report, which had been published during the week commencing 31st August 2020 and heard from the Principal Officer – Public Health Intelligence, Strategic Policy, Planning and Performance Department, who had incorporated an overview of the results of the JOLS into her PowerPoint presentation, referenced at item A2 of the current meeting.

The Cell was informed that, of the aforementioned 5,000 households, 2,050 had completed the survey questionnaire, which equated to a response rate of 41 per cent. It was noted that, at the time of the survey, over half of the adults in employment (54 per cent) were working from home at least some of the time. This equated to 61 per cent of those respondents aged from 16 years to 34 years and 57 per cent of those aged 35 years to 44 years. These percentages diminished with the older age groups. In excess of 90 per cent of adults, who were employed in finance and in information and communication services, had been working from home, compared with 24 per cent of those in wholesale and retail and 20 per cent of those working in hospitality.

Respondents to the JOLS had been asked to identify the ways in which the COVID-19 virus had impacted on their work. 27 per cent had seen an increase in their working hours, whereas those of 18 per cent had decreased. 21 per cent had been required to arrange their work around child care and home schooling and 15 per cent were concerned about health and safety at work. In excess of two fifths of those employed in hospitality (hotels, restaurants and bars) had reported a decrease in pay as a result of the virus, which was disproportionately high when compared with other sectors, including finance (6 per cent) and the public sector (2 per cent). Of those aged 16 years to 34 years, 29 per cent had indicated that they expected their household finances to improve over the next year and it was noted that these percentages decreased for respondents in older age groups, with only 10 per cent of those aged 65 years and older anticipating an improvement. Thirty per cent of those in that age group expected their household finances to worsen over the same period, whereas this was the case for only 22 per cent of those aged between 16 years and 34 years.

The Cell noted that 25 per cent of respondents had indicated that they had delayed seeking medical treatment, or advice, as a result of the COVID-19 pandemic. Of these, 23 per cent lived in owner-occupied properties and 34 per cent in social rental accommodation. Of the reasons given for this delay, almost half (48 per cent) had not wished to put pressure on services, 35 per cent had been concerned about contracting the virus and almost a quarter (23 per cent) had been unable to access help. In response to questions around wellbeing, those respondents providing positive assessments were on a par with the previous year, but significantly down on 2018 figures. Sixty per cent had reported having low or very low anxiety on the day prior to completing the JOLS, which was similar to 2018 and 2019 figures.

When compared with the United Kingdom, the scores for life satisfaction were, on average, slightly worse in Jersey, happiness levels were on a par and there were lower levels of anxiety in the Island than the U.K. Twenty four per cent of those in the age group 16 years to 34 years assessed their life as being better during the COVID-19 pandemic, compared with only 5 per cent in the 65 years plus age group. In the latter group, 58 per cent had described their life as having become worse during the same period.

Since the COVID-19 outbreak, 39 per cent of smokers had been smoking more and 29 per cent of drinkers imbibing more alcohol than before the virus. On a positive note, almost a quarter of adults (22 per cent) had been undertaking more physical activity. Almost two thirds (62 per cent) of respondents had reported being somewhat, or very, worried that they, or a family member, would be infected with COVID-19 and 59 per cent had been concerned about the effect of the virus on their lives. 60 per cent had indicated that their children's educational progress had been adversely affected and 40 per cent that there had been a negative impact on their work-life balance, compared with 25 per cent, for whom it had improved.

In Jersey, almost one third of adults (32 per cent) believed that it would take more than a year for life to return to normal and 7 per cent were of the opinion that it would never return to normal. These perceptions were more negative than in the U.K. where the percentages had been 25 and 3 respectively.

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

COVID-19
Communi-
cations.

A4. The Scientific and Technical Advisory Cell ('the Cell') heard from the Independent Advisor - Epidemiology and Public Health, who raised some concerns in relation to a recent communication that had been issued by the Government in respect of parties, which he felt might have the potential to mislead. The Cell was provided with a copy of the message, entitled 'Party at yours?' which read, 'House parties are subject to the same rules as all gatherings and must be kept to a maximum of 20-40 people or could be stopped. Visit <http://bit.ly/SafeExitGatherings> for more information.'

The Independent Advisor - Epidemiology and Public Health suggested that many people would not follow the link and read the guidance and would, as a consequence, perhaps believe that any party could be attended by up to 40 people, even if it was not an 'organised' gathering. In his view, a distinction should be drawn within the top level message between informal and organised gatherings.

The Director of Communications, Office of the Chief Executive, welcomed the feedback, but indicated that the purpose of the message had been to capture the attention and emphasises that things had not returned to the pre-February position, whilst, simultaneously, directing people to the specific guidance on gatherings in an accessible manner, which obviated them having to search through the website for the information.

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He stated that the Communications Team might, as a consequence, run a series of messages which asked whether people were aware of the guidance on certain scenarios. He also indicated that someone was now dedicated to answering any queries that arose from Government postings on social media and could clarify any misunderstandings.

The Director of Communications welcomed any information on enforcement action that had been taken that the Communications Team could share, in order to emphasise to the public that the threat of the COVID-19 virus remained and of the importance of adhering to public health guidance. He stated that it would be helpful to have specific examples, rather than more general messaging, as these would be more powerful.

The Cell agreed that it was important to convey a strong message to the public of the implications of not following the public health guidance. Whilst no-one was currently hospitalised as a result of the virus, high risk behaviours around COVID-19 could have negative impacts on people's lives and it was key that everyone worked hard to mitigate the impact of the virus until such time as the threat therefrom was reduced. It was noted that an analysis of the global outbreak of COVID-19 had demonstrated that, as the ambient temperature dropped by one degree, this could result in a 15 per cent increase in mortality rates. With the approach of Autumn, communications would be essential to encourage people to keep the Island safe.

The Cell noted the position.

Next Phase
COVID-19
Strategy.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minutes Nos. A3 and A4 of its meeting of 2nd September 2020, received and noted a PowerPoint presentation, entitled 'Next phase COVID strategy', dated 7th September 2020 and heard from the Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department.

The Director of Strategy and Innovation indicated that, in addressing the threat posed by the COVID-19 virus, the Island had passed through various strategic phases, each of which had had their own logic. There had been the response phase 'delay, contain, shield' and then the 'unlock' phase. Officers had originally felt that the current – third - phase would be similar to the latter, but with focus on preparations for the Winter in a measured way. As a result of the Cell's meeting of 2nd September and ongoing concerns that had been raised in respect of non-adherence to guidelines, it was proposed that communications would be the primary public health intervention and there would be emphasis on the availability of a vaccine in coming months for a large section of the community, including those most at risk. In order for the vaccine to be delivered, low infection rates would be necessary, as it could not be administered to people who were unwell and a higher rate of sickness would reduce the capacity of the workforce to administer the vaccine. As a consequence, a number of preventative measures were required to proactively ensure low instances of the virus and to keep people well. It would remain important to be alert for key warning signs and for Ministers and officers to be able to act quickly if the need for re-escalation measures arose, in order to take targeted action on clusters.

The various tiers, which had been proposed in the strategic statement that the Cell had received at its last meeting – and which had been considered too rigid - had been replaced with a spectrum of threat, ranging from 'lesser' (with small numbers of cases and transmission within households only) through linked and then unlinked transmissions to the 'problem' end where there were multiple clusters of the virus and widespread community transmission. The stage at which there were unlinked transmissions within the community would be the key indicator that the virus was circulating in such a fashion that it could not be traced and the quantum of the danger posed would be difficult to assess. As previously discussed by the Cell, the move to Winter would increase the threat posed by the virus, irrespective of whether nothing

else changed.

The three stages in tackling the virus would be ‘Safe and steady’, ‘early warning’ and ‘pandemic response’. In the former, pre-emptive measures would be adopted to prevent unlinked cases, to include such things as increased workforce screening and enforcement activity, the wearing of masks in public indoor venues and a review of care home visiting protocols. The content and timing of the move from this phase to the next would require further discussion and work. As the threat from COVID-19 increased, so certain protective measures would have greater social and economic impacts, culminating in such drastic actions as closing the schools and issuing a stay at home order. Communications would centre around preparation for the vaccine, physical distancing, good hand hygiene and potentially working from home, albeit it was acknowledged that the latter was a difficult balance to strike between the level of threat and the likely impact on the economy.

The Independent Advisor - Epidemiology and Public Health, stated that he preferred this version of the strategy but urged caution around placing the vaccine at the forefront. Whilst he agreed it should be mentioned, he suggested emphasising the interventions to prevent the spread of the virus and the requirement to remain increasingly vigilant. The Consultant in Communicable Disease Control, agreed that it was important not to give the public the impression that the vaccine would be a panacea. It would give Islanders something to work towards, rather than an excuse not to take the requisite preventative actions and the need for this balance could be emphasised through appropriate communications. He indicated that it was important to optimise chronic disease management as the Winter approached and to augment the testing on non-travelling Islanders in order to ascertain the prevalence of the virus amongst that cohort. One thousand were currently be testing each week, with a positivity rate of around 0.1 per cent, but, in his view, this should be increased. It would be key to protect the elderly and vulnerable Islanders early on, whilst continuing to afford them the freedom to walk on the beaches, for example. He also suggested that parents should be notified at an early juncture of the intention to deploy the flu vaccine to school children after the half-term break.

The Chair suggested that it would be helpful to communicate directly to Islanders the impact that an infection of the virus could have on their whole household, potentially requiring everyone to stay at home, with the children off school and no direct contacts for 14 days. Moreover, as the cases of COVID-19 increased, so there would be fewer health staff available to provide more general health care across the board.

With regard to the vaccine for COVID-19, the Consultant in Communicable Disease Control informed the Cell that there were 2 potential candidates, which were believed to be in a position to deliver the vaccine in the United Kingdom in mid-October, initially in small quantities. As had previously been discussed, it was intended to deliver the first dose of the vaccine to all those who required it before administering a second dose at a later point. On the morning of 7th September, it had been announced in the U.K. that a further 4 or 5 vaccines would be rolled out in the first or second quarter of 2021. It was anticipated that when the spike vaccine for COVID-19 was administered, likely reactions would be similar to the meningococcal vaccine, with some pain experienced at the injection site and a fever.

The Cell noted the position.

RAG rating
and borders.

A6. The Scientific and Technical Advisory Cell (‘the Cell’) recalled that countries and regions (in some jurisdictions) were currently assessed as Red, Amber or Green (RAG), dependent on the number of positive cases for COVID-19 over the previous 14 days, per 100,000 population. Green areas had fewer than 25 cases and red more than 120. Arrivals from green countries were required to take a PCR test at day zero and

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had no requirement to self-isolate. Those from amber countries undertook PCR tests at days zero and 5 and were required to self-isolate until they received a day 5 negative test, whilst those from red countries had tests at days zero and 14 and were mandated to self-isolate for the duration of those 2 weeks.

The Chair informed the Cell that some politicians had queried whether it would be possible to recategorize amber areas as those where there had been in excess of 50 cases per 100,000 over the previous 14 days, rather than 25 cases. Part of the driver for this suggestion was that the introduction of regionalised RAG assessments had negatively impacted the hospitality industry and reference had been made to higher thresholds employed in other countries (Germany, for example), when determining the COVID-19 risk posed by an area.

It was noted that there was a distinction between the 2 tier system used in other countries and the 3 tier RAG system used locally. This meant that the former tolerated a larger quantity of positive cases in a jurisdiction before moving that area into the higher risk category, but when this happened, more stringent controls – 14 day quarantine – were imposed.

The Consultant in Communicable Disease Control, opined that the local controls appeared to be performing well, when compared with neighbouring jurisdictions where the infection rates were increasing and did not believe that it would be helpful to make the requested change at this juncture. The Chair stated that one outbreak of COVID-19 in Jersey, which was a small island, would have a significant impact, whereas a larger country could more easily absorb the implications of the same.

The Cell decided that further discussions on this subject should take place outside the formal setting of the current meeting.

Matters for
information.

A7. In association with item No. A2 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- A report entitled ‘PH Intelligence: COVID-19 Monitoring Metrics’, dated 4th September 2020, which had been produced by the Strategic Policy, Planning and Performance Health Informatics Team;
- A weekly epidemiological report, dated 3rd September 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- Death statistics for the week to 3rd September 2020, from the Office of the Superintendent Registrar;
- A report on the economic indicators for week 35 of 2020 (24th to 30th August), which had been prepared by Statistics Jersey; and
- A weekly football report for week 35 of 2020, provided by Springboard.