KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(35th Meeting)

17th December 2020

(Business conducted via Microsoft Teams)

PART A (Non-Exempt)

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

COVID-19 vaccinations.

A1. The Scientific and Technical Advisory Cell ('the Cell') was informed by the Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, that there could be 50 doses of the COVID-19 vaccine available, with many care home residents already having received the first dose of the vaccine - noted to be approximately 800 as at the end of 17th December - and she sought the views of the Cell as to which priority group they should be assigned. The Director General, Justice and Home Affairs Department, indicated that he wished for the Cell's opinion thereon, because this was a situation that was likely to re-occur during the vaccine roll out.

The Consultant in Communicable Disease Control stated that Jersey was adhering to the priority groups identified by the Joint Committee on Vaccination and Immunisation ('JCVI') of which the initial tranche were care home residents and staff, frontline workers in health and care settings and those aged over 80 years.

It was suggested that those critical care staff, who were at high risk, should potentially receive the aforementioned 50 doses, but the Chair asked the Vaccination Group to compile a paper to be presented at a future meeting, to obviate the Cell having to reconsider this issue on a frequent basis.

COVID-19 Policy.

A2. The Scientific and Technical Advisory Cell ('the Cell') was informed by the Chair that the Competent Authority Ministers had met on the evening of 16th December 2020 and had requested its advice on a number of measures that had been presented to them in light of the current high numbers of active cases of COVID-19. It was noted that the Competent Authorities had received presentations from the Interim Director, Public Health Policy and the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and they were similarly presented to the Cell.

Monitoring Metrics

The Cell, with reference to Minute No. A2 of its meeting of 14th December 2020, received and noted a PowerPoint presentation, dated 16th December 2020, entitled 'Public Health Intelligence Update. COVID-19 case numbers, active cases, testing and borders', which had been prepared by the Principal Officer, Public Health Intelligence. The Cell was informed that, as at that date, the 14-day case rate per 100,000 population had been 817.3, there had been 2,001 confirmed cases since the start of the pandemic and there were currently 881 known active cases, who had been in direct contact with 4,914 individuals. Of the aforementioned 881 cases, 273 had sought healthcare after experiencing symptoms of the virus and 264 had been identified as direct contacts of positive cases. 32 were within the Hospital, 44 in care homes and the remainder in the community. It was noted that the majority of cases were in people of working age, but

there had been a recent uplift in active cases where the person was aged over 70 years. There had also been a recent increase in positive cases in those aged over 80 years and they currently accounted for 8 per cent of the active cases.

With regard to testing, as at 13th December 2020, the Island's weekly testing rate, per 100,000 population had been 13,500, which far exceeded the United Kingdom ('UK') at 3,422. As at 8th December, Luxembourg's rate had been 13,048 and Denmark's 9,359. Iceland's test rate had peaked at 5,920, but had now declined, as they were experiencing fewer positive cases. During the week ending 13th December, there had been 3,570 tests on inbound travellers – which represented a significant increase on the previous week, when there had been 1,510 – 10,220 tests as part of the on-Island surveillance screening, which included direct contacts, cohort and workforce testing and 760 on symptomatic individuals seeking healthcare. However, as had been referenced at the meeting of 14th December, some caution was urged around the categorisations. During the week ending 13th December, Jersey's weekly test positivity rate had been 3 per cent, an increase of 0.1 per cent on the previous week, but it was now approximately 3.75 per cent. The UK's rate had been 4.4 per cent during the week ending 6th December.

The Cell was informed that the instantaneous reproductive number (R_t) was an estimate, based on 10 days of data and was subject to change. As a small jurisdiction, it was predicated upon positive confirmed cases over time, which was less stable than using hospital admissions, or mortality rates. It was also influenced by the testing programme and the Cell recalled that, in October, approximately 250 tests were being undertaken each day, but that had increased to approximately 1,450 currently. It was important to be mindful that it was one indicator in a suite of other means of assessing the impact of the virus, such as test positivity and testing rate. It was noted that, during the week ending 22nd November 2020, the R_t had averaged between 0.8 and 1.1, had increased to between 1.4 and 1.8 the subsequent week and was now estimated to be of the order of between 0.9 and 1.1. The Cell was informed that where the R_t 'straddled' 1.0 it was not possible to say definitively that the virus was spreading exponentially, because it was also possible that the rate of transmission was slowing.

The Cell noted a graph, which demonstrated the impact that changes to the testing programme had had on the number of daily tests, as part of on-Island surveillance and seeking healthcare. There had been an increase in November, when wider workforce screening had been introduced and, again, in December when combined with cohort screening. Over the preceding 10 days, the number of tests had been more consistent. With regard to all positive cases by swab date, the Cell was shown 2 graphs, which tracked the daily incidences from 1st November to 15th December, noting that the inbound travel cases had been removed from the second graph, in order to assist in analysing the impact of any on-Island measures introduced to mitigate the impact of the virus, such as the guidance to work from home, the introduction of 2 metre physical distancing and the hospitality circuit break. Until the 25th November, there had been an average of 10 cases each day, which had increased to 30 during the last week of November. During December, the daily rate had fluctuated around 60. The Cell recalled that the results of the restrictions, which had been introduced on 30th November and 4th December respectively, were likely to take between 2 and 6 weeks to materialise. It was possible that the Island was currently experiencing the impact of any behaviour that had occurred 2 weeks previously, such as many people attending hospitality settings on 3rd December, the day before the circuit breaker had come into force in that sector.

With regard to the 7-day and 14-day cumulative rate per 100,000 population, it was noted that, as at 13th December, these had been 386.83 (although this was fluctuating) and 782.9 respectively, albeit the latter was steadily climbing. The Cell was shown a graph, which it had previously seen, which estimated the impact, by 26th December, of

the number of cases doubling every 13 days, if no further interventions were introduced. There would be 1,100 active cases, with 12,000 direct contacts and in excess of 10 per cent of the population would, as a consequence, be in isolation, which would impact on the delivery of services, including in health and care settings. The 14-day case rate, per 100,000 population, would be greater than 1,000; however, as at 15th December, the rates had been doubling every 12 days. The Clinical Lead, Primary Care, suggested that there was the risk of a 'perfect storm' scenario around Christmas, where more people would require treatment for COVID-19, but there would be a significant decline in the number of staff available in health and care settings, because they would be in isolation, either as positive cases themselves, or as direct contacts.

The Cell was provided with details of the current active cases of COVID-19 in the Hospital and of the number of Health and Community Services Department staff who were absent. The Director General, Health and Community Services Department, indicated that whilst it was a challenging time, the Hospital was not currently significantly impacted and bed spaces were available. The Clinical Lead, Primary Care, informed the Cell that there were staffing pressures within the primary care settings, with some staff in most of the large surgeries currently isolating. This was also an issue for the care homes and, whilst they were currently managing the situation, the impression given was that it could become extremely difficult if more staff members were unable to attend work.

The Cell was shown a graph which mapped potential future scenarios to 4th January 2021, based on daily case rates of 60 and 80 and if the rates continued to double every 12 days. In the event that the case rates were at 60 per day, it was estimated that, by 4th January, there would be 840 active cases and a 14-day case rate, per 100,000 population, of 780. At 80 cases per day, these figures would increase to 1,120 and 1,040 respectively and if the rates doubled exponentially every 12 days, this would equate to 2,400 active cases by 4th January and a 14-day rate of 2,650. It was recalled that these figures were based upon the introduction of no further restrictions and the Cell was reminded that the impact of the aforementioned mitigations had not yet been felt.

The Cell was provided with an update in connexion with the number of cases of COVID-19 in the schools – teachers and pupils – and their direct contacts. It also noted the number of pupils who were currently studying from home. The Cell recalled that the schools were being encouraged to be more discerning around whom they classified as a direct contact, mindful of the impact that sending large 'bubbles' or whole year groups home had on the students and the pressure it placed on the Testing and Tracing teams. In relation thereto, the Director General, Justice and Home Affairs Department, referenced the media reports around the system being at capacity. He acknowledged that it was under significant pressure, mindful that there had been 100 new positive cases on 16th December and 98 on 17th December, all of which had an average of 10 direct contacts, but the teams were undertaking excellent work and more resources were being diverted to them. This included a diversion of staff away from 'business as usual' activities. The Consultant in Communicable Disease Control agreed that testing and tracing had always been a very significant part of the response system against the virus, so if that failed, or started to fail, the Island's ability to contain COVID-19 would be adversely impacted, so it was important to increase capacity and efficiency, if possible. He suggested that targeted interventions had perhaps not been as effective as had been hoped and that there was evidence of generalised transmission on-Island. Once the virus entered certain settings, including households, care homes and the Hospital, its effect would be amplified. During the festive season there would be more household transmission, due to gatherings with friends and families within homes and he urged great caution around that time. He reminded the Cell that the average numbers of new cases were no longer at 60, but closer to 100.

The Cell noted details of the 100 new positive cases which had reported on 16th

December, of which 37 were in priority settings and was provided with a breakdown of the reasons for them having been swabbed. It was shown a graph for December, for non-inbound cases, which used 5-day moving averages and tracked the rate of testing, the number of cases and the positivity rate. The step change, where the number of cases had increased from 30 per day, was noted. Positivity and incidences had increased in recent days, whereas the testing rate had remained relatively stable.

The Principal Officer, Public Health Intelligence, informed the Cell that an analysis had been undertaken of the number of daily cases, daily tests (per 100,000) and test positivity for various age groups, namely those aged under 18 years, 18 to 39 years, 40 to 59 years and the over 60s. Of particular note was the rising number of daily cases in people aged over 60 years and an increase in test positivity.

In summary, it was noted that there were pressures on staffing, mainly within primary care and the care homes and on the test and trace system and there was an increase in transmission of COVID-19, primarily within households, which would be compounded by the Christmas and New Year period.

COVID-19 Policy

The Cell, with reference to Minute No. A4 of its meeting of 7th December 2020, received and noted a PowerPoint presentation, dated 16th December 2020, entitled 'COVID Policy', which had been prepared by the Interim Director, Public Health Policy and heard from him in connexion therewith. He indicated that, at their meeting on 16th December 2020, the Competent Authority Ministers had expressed concerns around the increasing numbers of positive cases and the ability of the wider infrastructure to cope. This included not only the Test and Trace Teams, health and care settings, but also the schools and other essential services. He had reminded the Competent Authorities of the stronger policy measures that had been implemented in late November / early December, which had included the guidance to work from home, the legal requirement to wear face coverings and to limit gathering sizes, the hospitality circuit break and the reintroduction of the 2 metre physical distancing. Only 2 weeks had elapsed since these had come into force and he had emphasised to the Competent Authority Ministers that it could take between 2 and 6 weeks for the effects of these mitigations to impact the epidemic curve.

Whilst adhering to the stated policy of causing least overall harm, it was important for the test and trace facility to be used effectively and for policy measures to be employed to manage key periods in the lead up to the wider vaccination roll-out. It was recalled that almost 5,000 people were currently isolating and there were issues around the ability of the wider infrastructure to be able to manage the attrition in the workforce and in schools. He indicated that Ministers were receiving an increasing number of electronic mail messages and representations in respect of these pressures on the system, which related to their confidence in holding steady with the policy position. It was important for Ministers to consider not only how they reacted at this juncture, but the impact of earlier, current and future decisions on the policy of least overall harm, recalling the 2 to 6 week timeframe for mitigations to take effect.

The Interim Director, Public Health Policy, indicated that the Competent Authority Ministers had been presented with a range of 3 options for December, which ranged from no change, to tighter restrictions, particularly around household gatherings, to a further circuit break, which could involve the closure of non-essential retail and the prevention of inter-household mixing, with a potential exception for the 25th and 26th December. However, no specific option had been recommended, acknowledging that the data gathered over the forthcoming days would be important in Ministers' consideration of the options. Competent Authority Ministers had also been presented with various scenarios for January, based either on a slowing spread of the virus, or a

doubling in case numbers and significant hospitalisations, but it was noted that these would be dependent upon the decision taken in December. They had been reminded that it was not possible for people, who were unwell, to receive the COVID-19 vaccine, so there would be benefits associated with a more restrictive regime to keep infection rates lower.

The Interim Director, Public Health Policy, informed the Cell that the Competent Authority Ministers wished to receive its advice, to enable them to make positive decisions over the coming days, in relation to the Christmas period. He had informed Ministers that the Cell might wish to undertake some additional work before formulating its advice.

The Chair sought the views of the members of the Cell on the current situation, mindful that these were not unanimous and reflected that if Ministers were to take the decision to introduce a further 'lockdown' at this time, it would be a significant step, which would set the course for the Island for the coming 4 to 6 weeks.

The Consultant in Communicable Disease Control referenced the steady growth in cases since early November to the current figure of around 100 per day. He acknowledged that there had been an uplift in the amount of testing that had been undertaken but, this notwithstanding, had the impression that there had been an increase in transmission of the virus. He highlighted the growth in cases in those Islanders aged over 60 years and he suggested that the virus was spreading to them from those in the younger age groups, potentially within households. There had been more cases identified in the care homes and Hospital and the track and trace system was at capacity. He expressed significant concerns that if stricter mitigations were not introduced over Christmas, the trajectory of the spread would become more vertical and he emphasised the importance of keeping vulnerable Islanders healthy, so that they could receive the COVID-19 vaccine and not overwhelm the health system. With regard to this, the Cell was reminded that only the Pfizer vaccine was currently available and, until such time as the Oxford Astra-Zeneca vaccine was approved, it would only be possible to provide 2 doses of the vaccine to 5,000 people each month. As a minimum, he wished for a restriction in the number and size of any gatherings – mindful that it might be difficult to enforce this in private homes - and emphasised that the later any mitigations were introduced, the longer it would take to retrieve the situation and he reminded the Cell of the increased case numbers that had been experienced after the half-term break.

The Independent Advisor - Epidemiology and Public Health, indicated that he was encouraged by the data around the positivity rate, which appeared to demonstrate that it was declining in those of working age and whilst it was increasing for the older cohort, he suspected that this would plateau. Those people aged over 70 years had been instructed to shield and the focus was keeping them safe in order to receive the COVID-19 vaccine. He suggested that all workforce testing should cease, with the exception of workers in health and care settings and indicated that if there was insufficient capacity within the Contact Tracing Team, the criteria for those tested should change. He agreed that Christmas would be a challenging time and mooted a restriction on gathering sizes and frequency, with the associated stronger messaging. He suggested that it would be preferable to further reduce household mixing and to address socialisation behaviours, rather than imposing further restrictions on the economy. This view was echoed by the Environmental Health Consultant, who wished to see a reduction in household mixing and gatherings.

The Associate Medical Director for Unscheduled Secondary Care indicated that elective surgery would be impacted by the numbers of people in the Hospital with COVID-19 and this would continue into 2021, with unintended consequences. He agreed that there were likely to be a number of cluster events over the Christmas period and it would take several weeks for these to come to light. Although the schools had

not closed, only 25 per cent of secondary school pupils were in attendance. The Associate Medical Director for Primary Prevention and Intervention informed the Cell that cancer screening had only recently recommenced in the Hospital and he had concerns if that were to be further delayed.

The Cell was reminded that it had received an evidence paper on lockdowns in other jurisdictions and that whilst their effects were less sustainable than might be desirable, they were a blunt instrument. A more modern framing would be where household mixing was prevented and non-essential businesses closed, whilst the schools and other essential activities continued. Evidence from other locations appeared to indicate that when a short lockdown of 2 to 3 weeks duration was introduced, its effects only became evident towards the end of that period.

The Chief Economic Advisor reflected the difficult choices faced by Ministers as cases increased. He suggested that there would be merit in tightening the measures. The Group Director, Financial Services and Digital Economy, opined that the data did not appear to suggest the closure of non-essential retail premises and highlighted that any signal to that effect could lead to panic buying and people congregating in the shops in advance of them closing.

With regard to the schools re-opening in January, the Cell reiterated to officers from the Children, Young People, Education and Skills Department its previously expressed view that students should return to physical schooling at the earliest possible juncture. Whilst some students might have tested positive for COVID-19, there was scant evidence of transmission within the school setting. In the event that the schools were to open later than anticipated, it wished for the Spring and Summer terms to be extended to replace any lost school days.

It was noted that the Competent Authority Ministers wished to receive the Cell's advice by mid-morning on 18th December 2020. Accordingly, it was agreed that the Chair and others would summarise the Cell's discussion into a paper to be presented to Ministers and that the Cell would reconvene in advance thereof.