

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(37th Meeting)

21st December 2020(Meeting conducted via Microsoft Teams)**PART A (Non-Exempt)**

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

Minutes. A1. The Chair of the Scientific and Technical Advisory Cell ('the Cell') expressed gratitude to the Secretariat Officer, States Greffe, for the calibre of the Minutes and the speed with which they were produced. Mindful that the Cell had met 3 times during the week commencing 14th December 2020, it was agreed that members would have until the next formal meeting, which was due to take place on 29th December, in order to review and provide feedback on the Minutes from the meetings of 14th, 17th and 18th December, which had previously been circulated.

Monitoring Metrics. A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 14th December 2020, received and noted a PowerPoint presentation, dated 21st December 2020, 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 Sunday 20th December 2020, there had been 939 active cases of COVID-19 in the Island, which brought the total number of positive cases, since the start of the pandemic, to 2,339. The aforementioned 939 cases had been in direct contact with 3,952 individuals and the 14-day rate, per 100,000 population was 886.83. With regard to the reported test reason for the active cases, the majority had either sought healthcare (229), were a direct contact of a positive case (210), or had been identified through workforce screening (326) and the Cell was informed that some positive cases had been encountered as part of arrivals screening (66). However the Cell was advised that there remained some discrepancies in respect of the reasons allocated for the testing. The Principal Officer, Public Health Intelligence, indicated that the team had been working hard to re-allocate the positive cases to the correct reasons for the swabs having been taken, but did not currently have capacity to undertake this work for the negative results, which impacted the positivity rate by test reason. It was noted that the largest number of active cases were still in Islanders of working age, but there had been a further increase in those aged over 70 years, when compared with previous weeks.

Mindful that the schools had broken up for the Christmas holidays on 18th December, the Cell noted a graph which set out the number of cases by school, for both pupils and teachers. It was also shown the analysis 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. It noted that there had been an increase in daily cases and test positivity in those aged under 18 years, since it had last been presented with the graphs and that the positivity rate in Islanders aged over 60 years continued to climb.

With regard the daily incidences of all cases, by swab date, these remained somewhat erratic, but had averaged 79 cases per day over the period from 10th to 20th December.

When inbound travel cases were removed, this average dropped to 70. The Cell was reminded to be cautious in respect of the swabbing reasons at the current time. Sadly, there had been further deaths of people testing positive for COVID-19 in Jersey over the previous week and the total number of deaths related to the virus had been 36 as at 18th December. It was noted that there had been 4 deaths related to COVID-19 in the second wave of the pandemic, which had commenced in September.

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 20th December 2020 and which set out details of the positive cases that had been identified over the previous 2 weeks. It was noted that there had been a recent uplift in positive cases in children aged under 11 years and those aged between 12 years and 17 years, although, as previously referenced, the majority of cases were in those aged between 18 years and 59 years, although there had also been an increased number of cases in those aged over 60 years. An average of in excess of 2,000 people were currently being swabbed each day, with a slight decline at weekends. Over the previous week, there had been a reduction in the number of people calling the Helpline with symptoms.

The number of patients in the Hospital with COVID-19 had increased and currently averaged around 30 each day. The volume of people arriving into the Island during the week commencing 14th December 2020 had declined when compared with the previous week and there had been approximately 1,300 inbound travellers and 24 positive cases had been identified, which equated to a test positivity rate of 3.15 per cent.

With regards to testing, this had continued to increase and for the week ending 13th December 2020, the combined testing rate per 100,000 population of both arrivals and non-travellers had grown to 13,500, which was much greater than the rate in the United Kingdom ('UK') (3,520) and other jurisdictions with which the Island had close links, such as France, Portugal and Poland. During the same week, there had been 760 tests on symptomatic individuals seeking healthcare and 10,220 as part of the on-Island surveillance screening.

The weekly test positivity rate, as at 13th December, had risen to 3.0 per cent in Jersey and to 5.3 per cent in the UK. However, the test positivity rate, on a 7 day moving average, had risen to over 5 per cent by 20th 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 events since the start of the pandemic. As at 13th December, the 14-day rate had been 852 and continued to rise, although the 7-day rate had been 492, having plateaued for a time during the previous week.

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 49 to 50 of 2020 (weeks commencing 30th November and 7th December) when compared with the previous week. Of particular note were the high instances of the virus in Sweden, when measured against other Scandinavian countries. With respect to the areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 29th September to 19th December 2020, it was noted that Eire had experienced an increase in Red areas (to 27 per cent) and Amber areas (to 46 per cent), whilst all of Germany had now become Red. For those countries and territories that were not included within the regional classification, there had been a very slight increase in those designated as Red.

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 to 20th December 2020 and noted that during the last complete week, 17 cases had been encountered, which

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was the same as the previous week and was informed that the numbers remained significantly lower than during the Winter of 2019 / 2020. Across the world, influenza activity was considerably lower than would be expected at this juncture.

The Cell recalled that it had been asked to provide its advice to the Competent Authority Ministers on the situation in respect of retail premises and whether there was evidence of transmission in those *loci*. The Principal Officer, Public Health Intelligence, shared her analysis in this respect with the Cell and indicated that there was nothing conclusive within the data at a high level to suggest spread in those settings to cause concern. However, since the start of December there had been 195 positive cases which were linked to unknown sources, but these did not demonstrate a set pattern.

The Senior Policy Officer, Public Health and Wellbeing, provided the Cell with an overview of cases within priority groups of Islanders, namely Hospital patients, those working within the Health and Community Services Department, health and care workers, care home residents and schools. She also shared data with the Cell in relation to cases in those people aged over 60 years, where there had been an increase in test positivity, which was indicative that the number of positive cases was rising faster than the increase in the total number of tests being undertaken on this age group. It was noted that more than one fifth of the active cases, *viz* 22 per cent, were from that cohort, mindful that it included care home residents and those working in health and care settings. The Cell was also provided with a breakdown of the positive cases identified through workforce screening, by type of employment, during December.

The Independent Advisor - Epidemiology and Public Health, indicated that the data was extremely informative and asked if it would be possible for the Cell to receive more detailed analysis of the age distribution of the active cases. He was particularly interested in those Islanders aged over 70 years – excluding those in care home settings and in the Hospital - in order to ascertain whether the advice to those individuals to ‘shield’ had impacted the number of cases.

The Cell expressed its gratitude to the Principal Officer, Public Health Intelligence and the Senior Policy Officer, Public Health and Wellbeing, for their significant endeavours in compiling the information.

COVID-19 –  
new variant.

A3. The Scientific and Technical Advisory Cell (‘the Cell’) was provided with a brief PowerPoint presentation, dated 21st December 2020, entitled ‘COVID Variant VUI 202012/01 N501Y’, which had been prepared by the Deputy Medical Officer of Health and Consultant in Communicable Disease Control and the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department.

Whilst viruses were known to mutate and it was estimated that there were at least 9 strains of COVID-19 in the United Kingdom (‘UK’) at the current time, of which the most common was 20AEU2, which caused 90 per cent of infections and was also increasing in frequency, a new variant (‘N501Y’) had recently been dominating the news. The Chief Medical Officer of the NHS had estimated that N501Y had led to a 70 per cent growth in transmission and an increase of 0.4 in the instantaneous reproductive number ( $R_t$ ). The Cell was informed, however, that it did not appear to affect symptoms, or the responsiveness of the COVID-19 vaccine.

Although it was not currently the most dominant strain of the virus, it was most prevalent in the South East of England – including London – and the East of England, with which the Island had close travel links. The Deputy Medical Officer of Health was in the process of gathering positive samples from Jersey to send to the Public Health England Porton Down facility for testing. In the event that this demonstrated the presence of N501Y in Jersey, which might account for some of the recent significant increases in positive cases, the Interim Director, Public Health Policy would be

suggesting to the members of the Emergencies Council, at their meeting on 22nd December, that they might wish to consider various policy measures to address this. The Cell was informed that, subject to its views, these might include the re-categorisation of the whole of the UK as a 'Red' area and the reclassification of any day trips to the Island (including by private plane) as Red, rather than Green as was currently the case. It was noted that any actions to mitigate the impact of N501Y would need to address both 'seeding' through inward travel and on-Island transmission.

The Cell was informed that scientists had been aware of the N501Y variance of COVID-19 since September, so it was likely that it was already present in the Island. As aforementioned, it would not affect the effectiveness of the COVID-19 vaccine and nor would it impact on the ability of the PCR tests to detect the virus. The Consultant in Communicable Disease Control indicated that various studies had analysed its viability, which was shown to be 9 days from the onset of symptoms. Therefore, by requiring people to isolate for 10 days from when they were exposed to the virus, or developed symptoms, this would prevent transmission to others. As a consequence, he supported a requirement for anyone arriving from the UK to be required to isolate for 10 days, to align with the criteria used for direct contacts of active cases and symptomatic individuals. He further considered that day trippers should be treated in the same way. This view was shared by other members of the Cell and it was suggested that it would be opportune to start to think about the policy for future months ('Spring strategy') and to start the broader discussion around controls for people who had already recovered from COVID-19, or had been vaccinated. It was mooted that this should commence at the next formal meeting of the Cell. The Cell was informed that officers had already started to consider policy issues against a backdrop of a partially, or wholly, vaccinated population.

On the basis that this proposed change would be a deviation from the current travel policy, the Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, questioned how long the controls might be in force and was informed by the Consultant in Communicable Disease Control that it would be until such time as the perceived risk was significantly reduced and it was safe to return to more lenient border controls. This would be ameliorated by the vaccine roll out and as the Oxford Astra-Zeneca vaccine became available, so the speed of deployment could be enhanced.

The Cell noted the position.

Non-essential  
retail premises.

A4. The Scientific and Technical Advisory Cell ('the Cell') with reference to Minute No. A1 of its meeting of 18th December 2020, recalled that it had briefly discussed whether to recommend to Ministers that non-essential retail premises should be required to close in order to mitigate the spread of the virus and had, at item No. A2 of the current meeting, received an overview of an analysis of whether there was transmission in those locations. It was recalled that, at the meeting of the Competent Authority Ministers on 18th December 2020, Ministers had been presented with advice from officers that all non-essential retail premises should be required to close during the week commencing 21st December 2020, potentially on Christmas Eve. It had been proposed that the Cell should consider this in more detail at its current meeting, informed by the number of daily cases over the weekend and other data.

The Chair suggested that whilst the number of positive cases in the Island remained high, they were relatively steady and, mindful of the need to be cognisant of the balance of harms, he expressed the view that closing the non-essential retail premises would affect the more vulnerable in society, both financially and in terms of their mental wellbeing and would feel akin to a 'lockdown'. The Consultant in Communicable Disease Control, informed the Cell that he did not have the impression that the hospitality 'circuit breaker', which had been introduced some weeks previously, had

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started to have effect on the number of positive cases of COVID-19 or, if it had, it was being disguised by pressure from the new variant of the virus (N501Y), if it was in the Island, which had been discussed at item No. A3 of the current meeting.

The Cell was provided with details of the non-essential retail, close contact and indoor recreation settings that Ministers might wish to consider for closure at the meeting of the Emergencies Council on 22nd December. The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, indicated that if that decision was taken, it could be implemented in relatively rapidly, by means of extending the COVID-19 (Workplace Restrictions) (Jersey) Order 2020. The duration of any closure, if so agreed, would then be determined on the basis of the number of cases and epidemiological factors.

Having discussed the foregoing, noting that it was a difficult decision and there did not appear to be definitive data around the spread of the virus in the aforementioned settings, the Cell decided that it wished to reconvene the following morning, in order to give further consideration to the matter in advance of the meeting of the Emergencies Council.

In the meantime, the Cell noted that, in order to further mitigate against the spread of COVID-19, Officers would be proposing that Ministers further reduced the sizes of permitted gatherings to 10 indoors, whether controlled or informal and 10 outdoors. It was acknowledged that contact with other people in indoor environments was an accepted vector of transmission, whereas outdoor activities (with appropriate physical distancing) were relatively safe and benefited Islanders' wellbeing. The Consultant in Communicable Disease Control informed the Cell that having spoken to people who had shielded during the first wave of the pandemic, they had found the requirement to 'cloister' themselves away extremely challenging and damaging to their mental health. The Cell accordingly expressed its support for the proposed reductions in gathering sizes, to be presented to the Emergencies Council.

Behavioural  
Science  
support to the  
Scientific and  
Technical  
Advisory Cell.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A1 of its meeting of 7th December 2020, recalled that it had been agreed that a behavioural scientist should receive a standing invitation to its meetings and that the Chief Executive Officer, Influence at Work ('IAW') had been appointed to fulfil that role and to participate in the Behavioural Science Design Group ('the Group').

The Cell received and noted a PowerPoint presentation, dated 21st December 2020, entitled 'Behavioural Science Support to STAC', which had been prepared by the Group and heard from the Chief Executive Officer, Influence at Work in connexion therewith. It had also received a paper, of the same date, entitled 'The use of behavioural science in the COVID-19 vaccination programme'.

The Cell was informed that the Group was chaired by the Interim Director, Public Health Policy and comprised representatives from Public Health, the Health and Community Services Department, IAW, the Children's Service, the Strategic Policy, Planning and Performance Department and the Track and Trace team. The Group had met on 16th December and had focused on potential areas where behavioural science could be used in a meaningful way. These were to maximise adherence to public health guidance and advice over the festive period; to encourage take up of the COVID-19 vaccine; to optimise compliance with requirements to self-isolate and with infection control processes; to persuade young adults to behave responsibly; and to encourage the use of personal protective equipment (particularly masks) and optimise take up of testing for specific cohorts. These had then been evaluated against a set of agreed factors, in order to prioritise the areas of focus, namely potential level of impact, timeliness, whether the desired behavioural outcome could be measured, practicality and implementation costs, if any.

Having undertaken this process, the Group had selected the COVID-19 vaccination programme as its preferred project around which to design and test a methodology, which could subsequently be analysed for impact. The Chief Executive Officer, IAW, reminded the Cell that he and his team could provide advice on an *ad hoc* basis on any other issues, as required.

The Cell accordingly endorsed the Group's selected project and indicated that it would also welcome guidance on encouraging adherence to public health advice over the festive period.

Matters for  
information.

A6. In association with item No. A2 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- a weekly epidemiological report, dated 17th December 2020, which had been prepared by the Strategic Policy, Planning and Performance Department; and
- death statistics for the week to 13th December 2020, from the Office of the Superintendent Registrar; and