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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(47th Meeting)

15th February 2021**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 8th February 2021, which had previously been circulated. Mindful that some proposed amendments had been incorporated, it was proposed that they should be re-presented for formal approval at the next meeting of the Cell.

Monitoring metrics. A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 8th February 2021, received and noted a PowerPoint presentation, dated 15th February 2021, entitled 'STAC monitoring update', which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department and heard from her in relation thereto.

The Cell was informed that, as at 14th February 2021, there had been 47 active cases of COVID-19 in Jersey, who had been in direct contact with 211 people, who were self-isolating. Of the active cases, 17 had been identified through contact tracing, 15 through planned workforce screening, 9 through testing at the borders and 3 had sought healthcare on experiencing symptoms of the virus. It remained the situation that most active cases were in people of working age and it was noted that there was an almost equal split of those who were experiencing symptoms and those who were asymptomatic.

It was recalled that, since 23rd January 2021, there had been an average of 4 daily cases of COVID-19, but when positive cases linked to travel were removed, this figure reduced to 3. It was suggested that this was indicative that the Island was in a similar position to May 2020, when there had been only a few positive cases, because large numbers of people were currently being tested, so it was inevitable that the occasional positive case would be detected. Over the previous few weeks, an average of 1,000 tests had been undertaken on week days and 500 at weekends. The Cell was mindful that those working within hospitality settings had been invited for PCR testing ahead of that sector re-opening on 22nd February and teachers and relevant year pupils would also be offered tests over the half term, so the testing numbers were envisaged to increase during the current week. With regard to the number of daily cases of COVID-19, the number of tests and the test positivity rates for various age groups, it was noted that the test positivity rate for all remained low (below one per cent), continuing a trend over previous weeks. There had been one positive case in an Islander aged over 70 years during the week commencing 8th February, so the positivity rate for that cohort had slightly increased, but still remained below one per cent. Since the start of the year, there had been 43 positive cases in that age group, of which the majority (28) had been identified through cohort screening.

The Cell was provided with an overview of the positive cases of COVID-19 in the Island and in certain priority groups by the Chair of the Analytical Cell (the Interim Director, Public Health Practice, Strategic Policy, Planning and Performance

Department) for the first 2 weeks of February. It was noted that direct contacts and workforce screening accounted for the majority of the test reasons and the Cell was furnished with details of the positive cases in priority groups *inter alia* staff working within health and care settings, retail, hospitality and school pupils. The Cell was informed that the 'other' category was used for those who did not fit into the priority groups and accounted for approximately 50 per cent of cases, which was indicative of an element of community spread of the virus. The Cell was provided with a detailed overview of one particular case, which demonstrated the various points of transmission. It was accepted that some further work was required in relation to the categorisation of clusters and the Independent Advisor - Epidemiology and Public Health, repeated the request to focus attention on settings, rather than sectors.

The Cell noted the Hospital occupancy rates and the daily admissions of people who had been positive for COVID-19 on admission - or in the 14 days prior - and those who had tested positive for the virus after entering the Hospital (based on the definitions used by the United Kingdom ('UK')) for the period from 1st November 2020 to 14th February 2021 and was informed that there had only been one person in Hospital with COVID-19 over the previous week and they had now been discharged. As a consequence, the 7-day admission rate, per 100,000 population, was very low and aligned with the 7-day case rate. Since the last meeting of the Cell, there had been no further deaths registered in Jersey with COVID-19 referenced on the death certificate.

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 12th February 2021. The Principal Officer, Public Health Intelligence, referenced the increase in calls to the Covid Helpline, which commonly occurred on a Monday and then decreased through the remainder of the week. It was noted that there had been more calls than during the previous week, but the figures were on a par with the start of the month. With regard to inbound travellers, the Cell was informed that there had been very few recently and only a small number of positive cases had been encountered at the borders.

In respect of testing, it was noted that the local weekly testing rate, per 100,000 population, had decreased to 6,700 during the week ending 14th February 2021, which was lower than the UK, who had tested 6,821, but the Cell was informed that the UK Government included tests using Lateral Flow Devices ('LFDs') in its figures. The rate of testing had remained similar to the previous week, with 1,180 tests on inbound travellers, 5,660 as part of on-Island surveillance and 390 on people seeking healthcare. The weekly test positivity rate locally had been 0.3 per cent as at 13th February and on 7th February, the rate in the UK had been 2.8 per cent. To 7th February, there had been a decline in the number of daily calls to the Helpline, with approximately 10 calls each day from someone with a fever and fewer than 40 from people experiencing 2 or more symptoms of the virus. The Cell noted a graph of the 7-day and 14-day cumulative case numbers, per 100,000 population, which mapped those against certain key mitigating measures that had been introduced since the start of the pandemic. As at 7th February 2021, the 7-day rate, per 100,000 population, had been 19 and the 14-day rate 46, compared with 468.62 for the UK. On the same date, the estimated effective reproduction number (R_t) had been estimated at between 0.5 and 1.0. It was noted that this was based on positive confirmed cases of COVID-19 over time and was not as stable as using hospital admissions, or mortality. The reduction in the number of positive cases had led to a wider confidence interval from the previous few weeks and as the numbers declined further, consideration would be given to whether it would be possible to continue to produce the estimated R_t .

The Cell was presented with the graphs that tracked attendance at Government primary and secondary schools, on a daily basis, since the delayed start of the Spring Term on 11th January 2021. It noted that the percentage of primary school pupils that had been

in attendance each day, during week 6 of 2021 (week commencing 8th February) had averaged approximately 95 per cent, with only 0.6 per cent of absences linked to COVID-19. In the secondary schools, attendance had been 90.5 per cent, with Covid-related absences at 0.7 per cent. It remained the case that since the start of the term there had been very few positive cases of COVID-19 in either students or teachers. The Cell noted the data in respect of the volume of LFD tests by school, result and date, including the number of positive, negative and inconclusive results. To-date, 3,226 tests had been undertaken and only one had been positive, but the Principal Officer, Public Health Intelligence, informed the Cell that not all schools had started using the App to record their results.

The Cell was provided with the published data, to 7th February 2021, in respect of COVID-19 vaccinations in Jersey and was informed that a total of 21,007 doses had been administered, of which 17,829 had been first dose vaccinations and 3,178 second dose. As at that date, 96 per cent of Islanders aged over 80 years had received the first dose of the vaccine, 88 per cent of those aged between 75 and 79 years, 78 per cent of those aged between 70 and 74 years and 11 per cent of those aged between 65 and 69 years. Jersey's vaccination rate, per 100 population, had been 19.49, which placed it in a high position globally, just ahead of the UK, where the rate had been 18.86. It was recalled that focus in recent weeks had been directed to first dose vaccinations and, as a consequence, there had been little increase in the cumulative numbers of second doses administered. To 7th February, 94 per cent of care home residents had received their first dose of the vaccine and 80 per cent their second dose. In respect of the staff employed in those *loci*, these figures were 78 per cent and 60 per cent respectively. It was noted that these figures were higher than in the UK, which bore testimony to the great work that was being done locally to vaccinate people and encouraging uptake.

The Cell was provisionally informed that, as at the date of the meeting, 22,066 people had now received their first dose vaccination and 3,252 second doses, which brought the total to 25,318 and the vaccination rate to 23.49. Ninety seven percent of those Islanders aged over 80 years had now received their first vaccination, 91 per cent of those aged between 75 and 79 years and 66 per cent of those aged over 65 years, mindful that people in that cohort had only been able to book their appointments since 10th February. As at 14th February, Gibraltar had been at the top of the vaccination 'league table' and the Principal Officer, Public Health Intelligence, informed the Cell that this was because it received the vaccine in large quantities at one time, rather than on a weekly basis, as was the case in other jurisdictions. It was felt that consideration should be given, in the future, to the transmissibility of COVID-19 in people who had received the vaccine and how to manage those who had been infected with the virus.

The Cell heard from the Senior Informatics Analyst, Strategic Policy, Planning and Performance Department, who had undertaken an analysis of those people who had tested positive for COVID-19 at least 14 days after receipt of one dose of the vaccine and clarified that the data was not the equivalent of a clinical trial. She informed the Cell that there had been 28 cases and a further few over the weekend of 13th / 14th February. Thirteen of these had received 2 doses of the vaccine before testing positive for the virus, 5 had been admitted to Hospital and 2 had sadly died. Of those who had received 2 doses, it was likely that they had received the Pfizer vaccine, as that had been deployed first, before the movement to the 10 to 12 week interval between doses. With regard to overall cases, the 28 equated to 6.7 per cent of the positive cases, with over 93 per cent of cases arising in unvaccinated people. In excess of 13,395 essential workers had been screened since December 2020, of which 3,065 had been vaccinated. The overall positivity rate was 0.9 per cent, but this dropped to 0.4 per cent for those who had received the vaccine and was at 1.0 per cent for the unvaccinated employees. It was suggested that those staff who had received the vaccine were more likely to work in health and social care, where they were subject to greater exposure to the virus than others, so the differential was likely to be greater than 0.4 to 1.0 per cent. It was mooted

that it was important to keep the Kent and other variants of COVID-19 under control through an effective test and trace strategy.

The Principal Officer, Public Health Intelligence, informed the Cell that a crude modelling of the vaccine efficacy had been undertaken, based on the total number of first doses administered. This had been projected forwards on the basis of weekly supply projections provided by the Chief Pharmacist and offset by 2 weeks in order to allow a vaccine immune response to occur. The Cell were provided with the estimated efficacy of the Pfizer and Oxford AstraZeneca vaccines after first and second doses of the same and noted that it could take until mid to late April for the full effectiveness of the vaccine to be felt. The Cell indicated that it would be useful for it to receive information on the severity of the infection in any person who had been vaccinated, but had subsequently tested positive for COVID-19, because the purpose of the vaccine was to reduce serious infection and hospitalisations due to the virus. It was recalled that a certain percentage of the population would also have developed underlying protection from the virus as a consequence of having become infected therewith.

The Cell was shown a map of the UK, which set out the geographic distribution of cumulative numbers of reported COVID-19 cases, per 100,000 population, as at 14th February 2021, which demonstrated the reduction in cases in rural areas, such as Scotland and the South West of England. With regard to the maps, which had been prepared by the European Centre for Disease Prevention and Control ('ECDC'), for weeks 4 to 5 of 2021 (25th January and 1st February) when compared with the previous week, the drop in cases in Spain and Portugal and some of France was noted. With respect to the areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 2nd January to 16th February 2021, the Cell remained cognisant that the decision had been taken that all UK regions should be classified as Red with effect from 22nd December 2020 (to include people transiting through the UK and day trips to and from that jurisdiction), so the information contained in the charts reflected what would have been reported. However, the Cell noted a slightly improving situation in Scotland, Wales and Italy. For those countries and territories that were not included within the regional classification, the percentage of countries designated as Red had reduced, whilst the Green had increased. It was suggested that consideration should be given to whether the RAG rating would be appropriate in the future, as more cases were discovered through enhanced testing in various countries, or whether a different mechanism of control was required. The Cell was informed that a paper on the travel policy would be presented to it at a future meeting.

The Cell was provided with information from the local EMIS central records system in relation to flu-like illness for the period from 6th September 2020 to 14th February 2021 and noted that, during the last complete week, 14 cases had been encountered, which was a slight decrease on the previous week, when there had been 15 and continued the trend of much lower than normal infection rates when compared with previous years. This was borne out by Flu News Europe, which continued to report inter-seasonal levels of flu and 2 hospitalisations for that virus during the fifth week of 2021. Of 1,307 specimens that had been tested for flu during that period, 8 had returned a positive result.

It was noted that, as at the end of January 2021, 1,450 people had been registered as actively seeking work, which was 50 more than during the previous month, but much lower than during the period from March to May 2020. The number of Income Support claims had remained on a par with the previous month, but had decreased from the figures that had been seen during the first wave of the pandemic. During the last few weeks of January 2021, the number of vehicles using the overpass had remained fairly stable, at higher rates than at Christmas, but 12 per cent lower than the previous year. The number of bus passengers in the week ending 31st January had been 2 per cent higher than the previous week, but 58 per cent lower than the comparable week of 2020.

The Cell, noting that the presentation provided by the Principal Officer, Public Health Intelligence, had grown in size over time, discussed which metrics could possibly be removed from the slide pack and the areas in respect of which it would be interested in receiving more data. It decided that it would be useful for some of the material to be summarised and that it would like to receive information on severe disease in patients and if and when they had been vaccinated, together with metrics around 'long Covid'. It also wished to be provided with data around Islanders' mental health and wellbeing, such as the volume of calls made to the Listening Lounge and Jersey Talking Therapies. The Cell noted the position and thanked the Principal Officer, Public Health Intelligence, for her and her team's hard work and for the informative and useful briefing.

COVID-19 –
Health and
Community
Services
Department's
operational
position.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 8th February 2021, received and noted a PowerPoint presentation, entitled 'HCS Operational Position Feb 15th 2021 – HCS Secondary Care', which had been prepared by the Managing Director, Jersey General Hospital, in relation to the Health and Community Services Department's operational position.

It was noted that the overall Health and Community Services Department's escalation status, as at 15th February, remained 'Green', which was indicative that the health and care system capacity was such that the organisation was able to meet anticipated demand, within available resources. Bed occupancy at the General Hospital had increased to 73 per cent, whilst occupancy in critical care had decreased to 42 per cent. None of the expansion beds within the Hospital or the Nightingale Wing were in operation. The position at St. Saviour's Hospital had improved from the previous week and bed occupancy was currently at 83 per cent.

There had been no reported issues relating to tertiary transfers and elective activity remained on track, with no anticipated cancellations. Oxygen consumption continued at low levels. Attendance at the Emergency Department remained at below average levels and had reduced by 25 to 480. There were currently no patients in the Hospital with COVID-19.

The Cell noted the position accordingly.

Scientific and
Technical
Advisory Cell
– future focus.

A4. The Scientific and Technical Advisory Cell ('the Cell'), welcomed the Director General, Strategic Policy, Planning and Performance Department, to the meeting and recalled that the Cell had been established by public health at short notice, in 2020, as part of the emergency response infrastructure to address the situation arising as a consequence of the COVID-19 pandemic. As time had elapsed, so the way in which the Cell could best add value to the decision making process associated therewith had evolved and it was felt to be an appropriate juncture at which to review the Cell's role. The Director General indicated that the Cell represented a good example of how to provide appropriate and broad based scientific and technical advice in a suppression strategy aiming to achieve a balance of harms and he expressed his gratitude to the Chair of the Cell for chairing the group and to the Members for their time and effort.

Reference was made to a report, dated December 2020, which had been prepared by the Institute for Government, entitled 'Science advice in a crisis', which made useful points from a United Kingdom ('UK') context, in respect of the role of SAGE (a UK scientific group with some similarities to the Cell) needing to inform policy advice and decision making, rather than leading thereon. In achieving that appropriate positioning, it was important that Ministers and the wider public had clarity around the Cell's role. As the need to inform policy and operational advice to Ministers across a balance of harms suppression strategy had increased, so the membership of the Cell had grown, which could, at times, make it more challenging to arrive at a consensus view on emerging

scientific research papers and detailed analysis of statistics. It was important that the meetings of the Cell could be considered a 'safe space' in which views could be expressed and this could prove challenging at times, mindful that the Minutes of the Cell were made publicly available, often within a relatively short time frame of the relevant meeting having taken place and the policy decisions having been made. It was incumbent upon the Cell to work assiduously to achieve a consensus on the best interpretation of the science and data in order that Policy Officers could advise Competent Authority Ministers appropriately. Where consensus could not be reached, then the spectrum of views, with reasons, should be clearly articulated.

It was agreed that rather than being required to provide advice in a reactive way, at short notice, where possible it would be preferable for the Cell to adopt a longer term, more strategic, view, which would enable better informed and detailed discussion on key and complex topics and that this could be facilitated through advance agenda planning. Issues that the Cell might wish to consider, by way of example, were things such as 'long Covid', the vaccines and their role in suppressing transmission of the virus and the difference between those people who had been vaccinated and those who had contracted COVID-19. It was also important to consider data around the impact of the virus on secondary care and people's mental health, which was linked to the wider issues of employment, housing and general wellbeing.

It was mooted that when seeking to achieve a consensus view on a narrow, specialist, subject, it was perhaps not necessary for all Members of the Cell to participate in every discussion relating thereto and that attendance could be flexible, or relevant sub-groups of the Cell could be established. However, when a wider policy or overall strategy issue – which impacted all areas of Islanders' lives – was being considered, the full configuration of the Cell should be involved.

The Director General, Strategic Policy, Planning and Performance Department, thanked Members of the Cell for the invitation to the meeting and for their well-considered and helpful insights.

Hotel
bookings.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 8th February 2021, recalled that it had discussed the re-opening of certain hospitality settings as part of its wider consideration of the re-connection Spring strategy and was informed by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, that Competent Authority Ministers wished to receive its advice in respect of whether hotels should be enabled to take accommodation bookings (other than for people in self-isolation and critical workers, as currently permitted) with effect from 22nd February, when hospitality venues serving food would be allowed to re-open, or at a later juncture.

The Cell accordingly received and noted a PowerPoint presentation, dated 11th February 2021, entitled 'Options note - hotel bookings' and an undated report entitled 'Key risks in hotels / accommodation' and was reminded that there had been some clusters associated with hotels, which had often, but not exclusively, involved staff from those venues. Due to the extant travel restrictions, the probability of any tourists making hotel bookings was low or non-existent and it was more likely that the market would be restricted to locals booking 'staycations'. When the hotels were permitted to re-open, it was proposed that they would be required to clear their restaurant areas of non-resident guests by 10.45 p.m. and to adhere to the same restrictions and mitigations as for other hospitality settings, *inter alia* appropriately distanced tables, the wearing of face coverings when not seated and table service only.

The Associate Medical Director for Primary Prevention and Intervention queried whether any tourists would be required to self-isolate for 10 days in the future and how any potential mixing with Islanders enjoying a staycation in the same hotel would be

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policed. He indicated that it would be useful to know what appetite there was in the hotel sector to re-open. The Acting Director General, Economy, reminded the Cell that a number of the larger hotels, in particular, included restaurants and would be likely to wish to offset the cost associated with opening up the public areas for the restaurant patrons by taking overnight bookings. The Independent Advisor - Epidemiology and Public Health, indicated that the positive cases of COVID-19 associated with the hotels had primarily been in the workforce and suggested that the source of transmission had more likely been in the staff accommodation, rather than their place of work and that it would be sensible to encourage testing of this workforce using Lateral Flow Devices ('LFDs'). Earlier in the pandemic, he had been aware of people taking advantage of the low room rates on offer from the hotels and then using them to hold parties and whilst he was supportive of the hotels being allowed to re-open for bookings, he did not believe this to be consistent without permitting a degree of household mixing. He suggested that the public would not understand the logic for allowing up to 10 people from 10 different households to meet up whilst they were not able to visit friends and family in their own homes. He indicated that people could be provided with guidance on the importance of good ventilation, keeping a distance and making the visit of short duration to mitigate against any risks of transmission in private homes and opined that the policy should be revisited.

The Director General, Strategic Policy, Planning and Performance Department, stated that the rationale for permitting people to mix in hotels, as opposed to households, was that the former were controlled environments, which could be appropriately 'policed' and the relevant people held to account. It was possible to restrict the numbers gathering, ensure appropriate distancing was maintained, limit the duration of the stay and take people's details, whereas this was not feasible in private homes. He acknowledged that some people were not complying with the guidance, but did not believe this to represent a sufficiently strong argument to detract from the cautious approach being adopted to reconnection.

It was suggested that people could be prevented from holding parties in rooms by requiring hotels to restrict access to the accommodation areas to registered guests only. The Director General, Justice and Home Affairs Department, informed the Cell that there had been good compliance with Public Health measures by the non-essential retail premises, which had recently re-opened and officers were now working with the hospitality sector to achieve the same outcome. It was felt that, having been closed for several months, the hotels would not wish to jeopardize the re-opening and would take all necessary steps to adhere to the guidance. With regard to people using the hotels for self-isolation, regular checks were undertaken to ensure that they complied with the restrictions. The Environmental Health Consultant voiced his support for the re-opening of hotels on 22nd February, provided that it could be done in a safe way and indicated that the Covid Compliance Team would be able to deal with other Public Health issues, such as food hygiene and Legionella, in addition to ensuring adherence to COVID-19 restrictions.

The Director of Communications, Office of the Chief Executive, informed the Cell that the feedback received from Islanders on social media, through the call centre and in letters to the media suggested that they were in favour of the cautious approach being taken towards re-connection and were pleased at the low numbers of current cases of COVID-19. He opined that, whilst Islanders found not seeing their loved ones inside their homes difficult, they were not calling for household mixing to be quickly re-permitted, in case it resulted in a spike of cases. He was further of the view that there was a feeling of frustration at the ongoing restrictions in relation to sports and other activities, such as singing and suggested that the focus of stakeholder engagement should be directed thereto.

In summary, the Chair indicated that the Cell was supportive of permitting the hotels to

take bookings from 22nd February, wished for the use of rooms to be appropriately 'policed' and for employees within the hotels to be tested for COVID-19 using LFDs. However, it had some concerns around the perceived inconsistencies of not permitting household mixing and agreed that further discussions would be required as and when the restrictions at the borders were relaxed.

Matters for information.

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

- a weekly epidemiological report, dated 11th February 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 12th February 2021, which had been compiled by the Office of the Superintendent Registrar;
- an estimate of the instantaneous reproductive number (R_t) for COVID-19 in Jersey, dated 10th February 2021, which had been prepared by the Strategic Policy, Planning and Performance Department; and
- economic indicators for January 2021, which had been prepared by Statistics Jersey.

In respect of future agenda items for the Cell, it was agreed that the Chair and the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department would compile and circulate a list to Members.

It was mooted that the Cell should commence its weekly meetings at the earlier time of 10.30 a.m. and Members were asked to notify the Chair's Executive Support if this would be problematic for them.