

KDC

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(7th Meeting)

29th June 2020**PART A (Public)**

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

Introduction  
and Minutes.

A1. The Cell, with reference to its Minute No. A1 of 15th June 2020 noted that the minutes for its meeting on 22nd June had been circulated to all members. The Chair invited comments to be provided on the draft by email.

Metrics.

A2. The Cell, with reference to its Minute No. A1 of 22nd June 2020 received a verbal update from Dr A. Muller, Director of Strategic Planning and Performance in respect of the prevalence and monitoring of Covid-19 in Jersey.

The Cell noted that there were currently 2 known active cases of Covid-19 in the Island, both individuals had been asymptomatic and identified through the workforce screening. It was explained that, pending confirmation on 29th June 2020 that the 2 individuals remained well and with no symptoms, the 'active' status of the cases would expire during the course of the day. If no new cases were recorded in the subsequent 24 hours, 30th June 2020 would record zero active known cases of Covid-19 in Jersey.

The Director of Strategic Planning and Performance advised the Cell that a draft report had been produced by her team on the 8,170 serology tests that had been conducted on essential workers (2,000 of these were noted to be healthcare workers). It was explained that there was a data quality issue in the results of the report, however, a copy would be circulated to members of the Cell when this was available.

Safe Exit  
Strategy: Level  
One Principles.

A3. The Cell received an update from Dr. M. Mathias, Group Director for Policy, in respect of the draft principles for the policy in respect of the move to Level One of the Safe Exit Strategy. The Cell considered the update together with a paper addressing 'Mass Public Events'. Dr. Mathias invited questions, comments and input from the Cell in connexion with the draft Level One principles.

Dr M. Mathias advised the Cell that it was not required to provide a formal recommendation or decision on Level One principles at this meeting, however, the subject was to be broadly discussed in order to get the Cell's input and to establish what the 'edges' of Level One should be. The discussions would focus on 'suppress' and 'shield' measures, but it was acknowledged that each of these sat alongside the border strategy and a consideration of re-escalation measures.

The Group Director for Policy asked the Cell to consider what Level One should practically entail. It had previously been framed as 'the new normal', that would be sustained until a vaccine for Covid-19 was available. One option was described as permitting a 'wellbeing summer', which included a light set of measures that would allow the public to enjoy various freedoms, whilst acknowledging that there would likely need to be a tighter set of measures reintroduced in the Autumn. The second option was described as a set of slightly more constraining 'suppress' measures that could be sustained longer term, into the winter and, potentially, the next year until a

vaccine was available, which could be pursued if difficulty was anticipated with encouraging the public to re-tighten its behaviour.

It was explained that the move to Level One was anticipated to progress swiftly in early July. The Cell was mindful that (as per the border policy) the risk of opening the Island's borders over the summer presented a minimal additional risk. The Cell was asked to share its views on whether Level One should comprise a '*de-minimis*' set of 'supress' measures.

The Cell was mindful of worldwide reports of Covid-19, including in the United Kingdom (UK) and Europe, where high levels of the virus had resulted in the implementation of local lockdowns in cities such as Leicester in the UK and Lisbon in Portugal. Whilst the risk in Jersey was currently under control, the Cell acknowledged that it could not anticipate the local context in 3-4 weeks' time following the opening of the boarders. It agreed that Level One advice should continue to recommend that the public was vigilant in their behaviour, and that reassurance was provided that the Island would remain safe, despite travel and changes in public behaviour.

Dr. I. Muscat, Consultant in Communicable Disease Control, advised that a 'well-being summer', with a break from Covid-19 lockdown restrictions, would be good for the population and should be pursued to prevent 3 consecutive seasons of the public being 'cloistered'. However, he cautioned against swift action on the change to Level One and suggested that time was provided to observe the impact of Level 2 changes before a transition to Level One. He suggested that taking more time to observe in Level 2, which was not unbearably restrictive for the population, could avoid regression at a later date.

The Cell considered that a reasonable dynamic balance for moving forward to Level One would be suitable. With consideration of the longer-term goals it was suggested that a *de minimis* approach was taken over the summer and that there should be targeted interventions rather than a blanket lockdown. The Cell considered the challenges that a reintroduction of restrictions, or reversal of the rules (if they became widely flouted), would pose. It also considered that there would need to be a definition for the 'end' of summer; if this would be the end of August or, alternatively, the recommencement of the school term in September.

Dr. M. Mathias provided the Cell with an update on the advice that could be offered and explained that the key 'supress' measures had been split between advice for all Islanders (including schools and individuals who were shielding), advice to businesses and, also, considerations for culture and sport events. There would be broad advice in place relating to hygiene measures, physical distancing, and gatherings.

The Cell discussed and agreed the principle that one metre physical distancing should remain as a fundamental measure throughout Level One. Dr. I. Muscat explained that, whilst the Island was currently experiencing a 'trough' of Covid-19 cases, removing physical distancing would increase the risk of exposure, for example to individuals who had travelled from other countries. Whilst the retention of physical distancing would impact the resumption of certain events and sports, such as rugby, the Cell was in agreement that retention of the one metre physical distance rule would ensure that other activities would be able to go ahead safely if they met certain other requirements. The Cell was mindful that if it was to pursue a 'well-being summer' this would have to be suitably matched with the relevant guidance on physical distancing.

The Cell considered appropriate advice for the size of gatherings. The current recommendation was 20 people for uncontrolled gatherings, 40 for controlled gatherings and public health guidance recommended that mass public events did not take place at all. The Bailiff's Panel, which was responsible for approving licenced events, was also advising that no large-scale events took place in 2020 (due to uncertainty affecting timescale for event organisation etc.), however, the Cell was asked to consider the appropriateness and parameters of this advice.

The Cell discussed the practicalities for mass events to take place in Level One, noting that many of these would require no physical distancing element in order to be viable. It was suggested that the type of event rather than the number of attendees would affect the Cell's advice on its suitability to proceed, for example, a seated event with no alcohol (such as the Opera House or Cinema) would be lower risk than a large music event where individuals were more likely to mix freely with each other and drink alcohol. The ease in which contact tracing could be undertaken would also be a factor that affected risk, as would the appeal that the event had to international visitors (such as the Air Display). Dr. A. Muller, Director of Strategic Planning and Performance, suggested that data evidence on the risk of gatherings should be reviewed, where this was available.

S. Davis, Senior Statistician, referred to the criteria from the World Health Organisation (WHO) on the subject of mass gatherings in the context of Covid-19 and advised that this was a risk-based approach, not built on numbers, but on the granular detail for the type of event. N. Vaughn, Chief Economic Advisor, suggested that it would be useful to review the WHO criteria and adapt it to be Jersey specific whilst recognising that risk for events must be non-linear.

Dr. S. Turnbull, Medical Officer of Health noted that the continuation of the one metre physical distancing requirement would still make lower risk mass events, such as events at the Opera House, more difficult. She referenced a recent challenge from a Scrutiny Panel, who had queried why aeroplanes were being permitted to transport people without a physical distancing requirement, however, the States Assembly (as one example) was still required to meet remotely as they were unable to meet the distance requirements in the Chamber. She advised that her response to the Panel was to confirm that there was not an alternative method for air travel, whereas there was the capability for States Members to meet in a virtual Assembly setting and therefore reduce the risk of transmission.

The Cell considered specific advice for businesses, and whether it would be an appropriate *de minimis* approach to allow all businesses to open with key mitigations for close contact services. Limits would remain on venues where 1 metre physical distancing remained unobtainable (such as nightclubs) and where hygiene measures were more difficult to impose (such as steam rooms and saunas in spas). The Cell discussed the current presumption for 'working from home' and it was suggested that it should not necessarily be the default position for businesses in Level One. Members suggested that office working, where sensible distancing and hygiene practices could be implemented would be an acceptable measure for the next stage. The Medical Officer of Health, advised that the workforce in Jersey had a very different context to that in the United Kingdom, particularly cities like London, where travel to and from work would cause a concern when there was intense crowding on public transport and underground tube platforms.

The Cell discussed the situation with certain local schools and received a colloquial report that despite previous clear advice that it was safe to open, some had only done so on a limited basis, for example, for one day per week. The Cell was advised that certain schools were struggling with the one metre distancing and, also, that a

number had experienced difficulties due to a large proportion of staff members (or members of their households) shielding as they fell into a risk category and felt uncomfortable returning to the school environment. It was reported that one local school had 20 per cent of teachers shielding, which provided its management with an additional challenge of resuming normal service. The Cell agreed that the approach to schools, including the operational complexities, should be reviewed as a priority over the summer holiday in conjunction with colleagues in the Department of Children, Young People, Education and Skills (CYPES). It was suggested that there should be messaging to the public in general to alleviate fears and this should be particularly tailored to teachers who felt that they were higher risk, for example, encouraging those with marginal cases of asthma not to shield and be more confident in resuming normal life.

Dr. M. Patil, Associate Medical Director for Women and Children, advised the Cell that 80 children had been initially shielding, however, this had been reduced to 13 following a detailed review of their cases. It was suggested that this specific approach could be undertaken for shielding teachers, however, following discussion it was agreed that these individuals would be captured in the wider approach for shielding adults through letters due to be sent out by General Practitioners.

The Group Director for Policy thanked the Cell for its input and confirmed that she would welcome further comments via email following the meeting. The discussion would be worked into the recommendations for the draft Level One principles which would return to the Cell for approval in the future.

#### Dental Representation

A4. The Cell was advised that Dr. S. Turnbull, Medical Officer of Health had received a number of queries from, xxxxxxxxxx, a local dentist, who had also suggested that there was dental representation added to Cell's membership.

The Cell acknowledged that its members lacked the expertise to advise specifically on dentistry issues, however, it suggested that communication and queries from dentists would be more suitably focussed towards Public Health, rather than the Cell, who appeared to be receiving information on the difficulties in this area by default. Members did not feel that the Cell required dental representation at this time.

It was queried whether Health and Community Services (HCS) retained control for health (including dentistry), not just health delivery, however the Chair clarified that as dentists in Jersey were run as private businesses (other than the Dental Hospital), HCS did not have a Responsible Officer for Dentistry and the overall responsibility would sit with the Minister for Health and Social Services.

The Cell agreed to approach the Minister for Health and Social Services to advise of the issues and considered suggesting that a suitable Dental Officer be appointed to oversee and advise on dentistry in the Island. However, the Cell was mindful that the interaction between dentistry businesses and the Government / HCS would require further consideration and for legislation to be put in place.

#### Possibility of a 'Winter surge'

A5. Dr. S. Turnbull, Medical Officer of Health, advised the Cell that she had recently received communications from the Minister for Health and Social Services querying the possibility of a surge in cases of Covid-19 during the winter season of 2020. The Minister had requested that the Cell monitor the data from winters in southern hemisphere countries, such as Australia and New Zealand. The Medical Officer of Health queried whether available data could be reviewed and incorporated to the metrics analysis and reporting to the Cell. Dr A. Muller, Director of Strategic Planning and Performance, confirmed that the data could be collected in order to provide a wider world picture.

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The Cell acknowledged the request, but a number of members voiced caution that transmission dynamics were typically different for countries in the southern hemisphere and that the behaviour of Covid-19 in those countries could not be literally translated into a forecast for the winter in the northern hemisphere.

Dr I. Muscat, Consultant in Communicable Disease Control, noted that data from the southern hemisphere could be useful to ascertain information on the overlap of Covid-19 with the seasonal winter flu virus, as there was no information on what impact this would have if an individual was infected with both. In terms of seasonal flu, Dr. Muscat advised that the typical forecasting came from the far east rather than the southern hemisphere, however, he confirmed that data on behaviour and reactions could be useful.