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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(8th Meeting)

6th July 2020

(Meeting held via Microsoft Teams)

PART A (Public)

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

Monitoring
Metrics.

A1. The Scientific and Technical Advisory Cell (the Cell), with reference to Minute No. A2 of its meeting of 29th June 2020, received and noted a paper, entitled 'PH Intelligence – Exit Monitoring Metrics', dated 3rd July 2020, which had been prepared by the Strategic Policy, Planning and Performance Health Informatics Team. The Cell was informed that since the dashboard, which was contained in the paper, had last been updated on 3rd July, there had been 5 positive cases for COVID-19 identified over the weekend of 4th and 5th July 2020. All of the cases were unlinked, and all patients were asymptomatic. Details of the cases were discussed, including method of identification and current circumstances.

It was agreed that the foregoing emphasised the important role played by screening in identifying individuals with the virus, who were asymptomatic, thereby preventing onward transmission. It was also evidence that COVID-19 was still present in society and could re-emerge. The Cell noted that the last time that a person with symptoms had tested positive for the virus had been on 8th June 2020 and discussed possible reasons why only asymptomatic patients were testing positive and the possibility that the virus could be water borne, or had been lying dormant for some time.

On a related note and in light of the positive case from Gatwick, the Cell was informed that Ministers had held a discussion on the evening of 5th July and had committed to providing daily updates on the time taken to process passengers arriving at the ports and the number of positive and negative tests. It was noted that Ms. R. Williams, Programme Director, Justice and Home Affairs Department (Secondment), would liaise with Dr. A. Muller, Director of Strategic Planning and Performance, Strategic Policy, Planning and Performance Department, in relation to these updates.

Essential
worker
serology
testing survey
results.

A2. The Scientific and Technical Advisory Cell received and noted a paper, dated 30th June 2020, entitled 'Essential worker serology testing survey results', which had been prepared by the Strategic Policy, Planning and Performance Department.

The Cell recalled that, as part of the Government's response to the COVID-19 crisis, a voluntary, essential worker antibody survey had been conducted between 21st and 29th May and 1st and 7th June 2020 on any key employees, who had worked away from home on more than 5 occasions between 20th March and 11th May 2020. It had been intended to provide an overview of the rates of COVID-19 infection in key groups, which could be considered to have been at greater risk of exposure to the virus than the general public. The Cell noted that because of the eligibility requirements for participation in the survey, which was self-selective, the results were to be interpreted with caution and could not be extrapolated to provide prevalence figures for the virus for all essential workers.

It was noted that 7,850 essential workers had undertaken a total of 8,170 serology tests, of which 300 - equating to 4 per cent of individuals tested - had returned a positive result for the presence of antibodies. This figure aligned with the findings from the community antibody testing programme and was not as high as might have been expected. It was felt that these results might provide reassurance to essential workers, in demonstrating that they were not at a significantly greater risk than others of contracting the virus. It was accepted, however, that there might have been a number of essential workers, who had chosen not to participate in the survey, having previously given a positive PCR test and this would, as a consequence, impact on the results. Also, only a small number of workers in the voluntary sector had participated in the screening, which would have skewed the figures. It was noted that the results were caveated and care was urged over the way in which the findings were reported.

The Cell was informed that the report had been checked by officers from Statistics Jersey and would next be presented to Deputy R.J. Renouf of St. Ouen, Minister for Health and Social Services, before discussing the publication of the findings with Mr. D. Danino-Forsyth, Director of Communications.

The Cell noted the position.

Safe Exit
Framework:
Level 1 Policy.

A3. The Scientific and Technical Advisory Cell, with reference to Minute No. A3 of its meeting of 29th June 2020, received draft 0.2 of a paper entitled 'COVID-19 Safe Exit Framework: Level 1 Policy' and was provided with a briefing in connexion therewith by Dr. M. Mathias, Group Director for Policy, Strategic Policy, Planning and Performance Department.

The Cell was informed that its views were sought on a number of issues, primarily whether the proposed implementation date of the move to Level 1 of the Safe Exit Framework ('Level 1') of 15th July 2020 was appropriate and for guidance on social gatherings and more controlled public events, which it had discussed in some detail at its meeting on 29th June 2020.

It was suggested that if Level 1 was to be the colloquially named 'new normal' for an indefinite period, then the paper should make that explicit. Others opined that the Island would probably need to remain at Level 1 for several months and that only when a vaccine became available would it be possible to relax measures further. As to whether 15th July was the appropriate date on which to progress to Level 1, the Cell expressed the view that many changes had already been made within a short time frame, all of which would have an effect on the reproduction rate of the virus, the most significant of which had been the recent re-opening of the borders. It would be essential to analyse the impact of this step on the number of positive cases of COVID-19 in Jersey, before further relaxing any measures. If it was necessary to reintroduce tighter measures, this might have a negative impact on wellbeing, including social, economic and mental health. The Cell felt that it was important to reach the stage where on-Island PCR testing, with a turnaround time of less than 12 hours, was achievable, thereby enabling 1,500 tests to be undertaken each day.

Dr. Mathias reminded the Cell that in the COVID-19 Strategy, which had been published in June, the target date for the move to Level 1 had been identified as 'early July' and, as a consequence, it was likely that the media would start to ask questions and Ministers would wish to know that consideration was being given to the issue.

The Cell was of the view that, at the current time, many people were enjoying relative freedom, in that they were able to travel and socialise and it was felt preferable to remain at Level 2 until such time as it was possible to fully assess the impact of the recent relaxation measures and resumption of commercial travel and a period of 2 weeks from

the introduction of these significant steps was required.

With regards to the policy on large public gatherings during Level 1, the Cell was informed that such events required the approval of the Bailiff, who would consult with a panel comprising representatives from the States of Jersey Police, Jersey Fire and Rescue Service, the Ambulance Service, the Health and Safety Inspectorate and the Public Health Department. The current standpoint was that no permission would be forthcoming during 2020, whilst physical distancing requirements remained in force. Dr. Mathias indicated that no public health statement on large gatherings had been issued and that there were different assumptions around what such a policy statement should contain. She informed the Cell that it had been extremely difficult to craft the draft policy, because of the various nuances and that she and her officers had endeavoured to draw from the broad principles issued by the World Health Organisation and other jurisdictions' policies in respect of mass gatherings. The draft policy contained 2 options, on which the Cell's views were sought in order to inform a further iteration. In the first scenario, no events with over 100 attendees in an indoor setting, or 150 outdoors, would be permitted. The exception would be markets, where people could engage in parallel activity – individually or in small groups – provided that no more than 200 to 300 people attended, that there was a single responsible organiser, that physical distancing was maintained and that public health guidelines were adhered to. In the second scenario, the same limits would apply, but instead of exceptions for specific events, a risk-based assessment for gatherings over 40 people would be applicable, alongside a requirement to have the permission of the Bailiff's Panel.

Mr. S. Petrie, Environmental Health Consultant, suggested that the onus should be on organisers to demonstrate that they were capable of laying on an event in a safe way, rather than giving them set criteria, which they might seek to circumvent. It was also mooted that it was important to consider which risk factors were important, such as whether the event would be held indoors, or in the open air; whether alcohol would be available; and whether the event would be a parallel, or collective, activity. The economic and social benefit of the event should also be considered.

It was noted that once the Bailiff's permission had been given for an event to take place, it would not be possible to prevent it from going ahead, but that enforcement powers could be used to close it, once the event had started. The Cell emphasised the need for any attendees to exercise good hand hygiene and to adhere to one metre plus physical distancing, mindful that when alcohol was available, this proved almost impossible.

Dr. Mathias indicated that she and officers had met with officers from the Bailiff's panel during the week commencing 29th June 2020 and indicated that it would be helpful to produce a policy that gave some clarity to event organisers, to obviate a situation where there was no certainty on larger events during the Autumn or Winter, because of the time required to organise the same. Whilst the Bailiff had the *vires* to restrict public events, it could not prevent general large gatherings of people. Dr. S. Turnbull, Medical Officer of Health, opined that people could not expect to move to Level 1 if they were disregarding the current guidelines in Level 2, a viewpoint with which other members of the Cell agreed. Such behaviour increased the risk of the spread of COVID-19 and the likelihood of restrictions being augmented. The Cell asked to receive the weekly data from the States of Jersey Police and Environmental Health Officers on compliance with the restrictions, in order that it could make an assessment.

The Cell decided to revisit the monitoring data and a possible move to Level 1 at its meeting of 20th July and instructed Dr. Mathias to prepare a further iteration of the Policy for that meeting, based on the feedback received.

of Contain
Measures.

PowerPoint slides, dated June 2020, relating to the re-escalation of contain measures. It was informed that there were 2 principal aims, which were to prevent individual cases of COVID-19 from becoming clusters and to respond in a timely manner to stop any early clusters from becoming outbreaks.

Any clusters or outbreaks would be identified by the Analytical Cell, which would escalate the issue to the Public Health Tactical Response Cell, which would review the threat and respond with tailored actions based on planned tactical responses.

The Scientific and Technical Advisory Cell was informed that a table-top exercise was due to be held with key people to ensure a rapid response. It was noted that the draft list of roles was incomplete, for example Dr. I. Muscat, Consultant in Communicable Disease Control, was not yet listed in the membership of the Public Health Tactical Response Cell.

Travel History
risk
stratification.

A5. The Scientific and Technical Advisory Cell, with reference to Minute No. A2 of its meeting of 22nd June 2020, received and noted papers relating to a proposed process to risk stratify countries to assist the Safer Travel Policy *inter alia* a draft interim policy position and a week one position statement.

The Cell noted that key factors in assessing the risk of infections being seeded into the Island were the number of current infections and the trajectory of infections in the countries which people had visited during the 14 days prior to travelling to Jersey, cognisant that the United Kingdom, with which the Island had the strongest travel links, was a major international travel hub and, as a consequence, those arriving in the Island could, potentially, have started their journey anywhere in the world.

The Cell recalled that, as part of the Safer Travel Policy, all individuals travelling to Jersey would be required to provide personal details to enable contact tracing and particulars of all countries and regions visited in the 14 days prior to travel. A sliding scale of interventions would be introduced, based primarily on the epidemiology of the countries visited in the previous 14 days but also informed by various factors, including the number of cases of COVID-19 on Island, the public health measures in place, established travel links and the impact that relaxing the border restrictions had had on the prevalence of the virus.

As a consequence of this, 4 categories of border regime would be introduced. In all cases, arriving passengers would have to comply with basic requirements, but individuals who had travelled in the previous fortnight to those countries that fell within category 3 and 4 would be required to adhere to a more stringent regime. In the case of category 3, which currently included South Africa, the United States of America, Russia and the Dominican Republic, passengers would be required to self-isolate until the results of the day zero PCR test had been received. Where passengers had travelled to category 4 countries, which currently included Brazil, Chile, Sweden and Armenia, they would be required to self-isolate for 14 days after the PCR test. The Cell was informed that the Public Health Team would be leading the risk stratification process and the green banding was initially based on that being used in the United Kingdom. The category 3 and 4 countries would be published on a weekly basis and the categorisation, which would change regularly, would be reviewed on a weekly basis by Dr. I. Muscat, Consultant in Communicable Disease Control and reported to the Cell.

Further discussions would be held later on 6th July 2020 to confirm the methodology for categorisation and it was noted that the time frames might require some finessing, with the example given of an asymptomatic person, who had left the United States 13 days previously. Caution was also urged over the quality of the recorded data from certain countries, which was likely to bear little semblance to the reality of the situation

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in those jurisdictions.

The Cell accordingly approved the principle of the grading system, noting that further work on the categorisation would be undertaken.

On a related note, the Cell was informed that Ministers had questioned whether those travelling to the Island to visit relatives in a care home, as an example, should be avoiding that setting until such time as they had received a negative PCR result. Dr. I. Muscat, Consultant in Communicable Disease Control, indicated that, as a principle, that would be the sensible way to progress, but that exceptions would need to be made in the case of a dying relative.

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