

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(24th Meeting)

12th October 2020(Meeting held via Microsoft Teams)**PART A (Non-Exempt)**

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

Congratulations.

A1. The members of the Scientific and Technical Advisory Cell noted that the Chair and the Consultant in Communicable Disease Control, had both been awarded the Member of the Order of the British Empire in the Queen's delayed birthday honours list and extended their congratulations. The Chair indicated that any recognition that he had received was as a result of endeavours across Government, in particular those of the Cell, which had operated in an extremely professional manner. He opined that any group was only as good as its constituent members and thanked all of the Cell and supporting officers for their hard work. These views were echoed by the Consultant in Communicable Disease Control, who indicated that everyone had invested greatly over the previous months and that, if they continued to work as a team, it would have an impact on the COVID-19 virus.

Minutes.

A2. The Scientific and Technical Advisory Cell received and noted the Minutes from its meeting of 5th October 2020, which had previously been circulated. The Chair indicated that any comments thereon should be directed to the Secretariat Officer, States Greffe, in the absence of which they would be taken to have been approved.

Advice provided by the Scientific and Technical Advisory Cell.

A3. The Chair of the Scientific and Technical Advisory Cell ('the Cell'), informed members that during the most recent feedback session with the Directors General for Justice and Home Affairs and Strategic Policy, Planning and Performance, a discussion had been held around the differences of opinion held by the Cell and other areas of Government. He had indicated that whilst it was understood that the Cell's advice would not always be taken, it was important that there should be clarity around signalling that the advice had been provided, particularly when Ministers decided not to follow the same.

Monitoring metrics.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 5th October 2020, received and noted a PowerPoint presentation entitled 'Scientific and Technical Advisory Cell monitoring update', dated 12th October 2020, which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, who informed the Cell that some technical issues had arisen over the weekend of 10th / 11th October.

The Cell noted that the data had been prepared on Friday 9th October 2020 and that, as at that date, there had been 45 active cases of COVID-19, who had been in direct contact with 309 people. Of the 45 individuals, 37 had been identified as a result of travelling, 6 through contact tracing, one through pre-admission screening at the Hospital and one had sought healthcare, when experiencing symptoms. Of the 37 arrivals, 24 had travelled from areas designated as Green, 7 from Amber and 6 from Red and 34 had arrived by air. The majority of the active cases had given a positive test at day zero (41) and a further 3 had tested positive by day 5.

Over the weekend, a further 25 cases had been confirmed as positive for COVID-19, although it was possible that this was an estimate, due to the aforementioned technical issues. The Cell was provided with information in respect of the new positive cases, the areas from which they had travelled and the resultant steps that would be taken in this respect. It was noted that more information was being gathered and that the Contact Tracing Team would be taking action. It was noted that since the new requirement for arrivals from Green areas to undertake a PCR test at both days zero and 5 had been introduced, 5 individuals (3 over the weekend) had tested negative on arrival, but had subsequently tested positive for COVID-19 at day 5.

Deaths from COVID-19 remained static in the Island (32), but the overall number of deaths in Jersey for the year to-date had increased to 510, which remained lower than for the same period in 2019, when there had been 565 deaths and almost one hundred lower than in 2018 (508). As at 9th October, there had been a total of 449 positive cases of the virus (excluding infections which had subsequently been shown to be 'old' following serology testing), 384 individuals had recovered and there remained 45 active cases. As previously, the majority of the positive cases had been identified in the age group 18 years to 59 years (310). The number of positive cases per 100,000 population over the preceding 14 days had been 39.89. Calls to the helpline had continued to decrease, since the most recent peak when the schools had returned, but those making contact had reported a range of symptoms of COVID-19. The number of inbound travellers to the Island had continued to decline since the busiest week of 17th August and it was acknowledged that the data for the week of 5th October was not complete and did not include the weekend arrivals. During the last complete week (28th September), 22 cases had been identified by inbound swabbing, which related to a test positivity rate of 0.52 per cent and a positive rate of 5.23 per 1,000 arrivals. It was noted that during the incomplete week of 5th October, the latter had increased to 6.29.

Jersey's weekly testing rate per 100,000 population had continued to decline, as the number of arriving passengers had diminished, but that for non-travellers had remained stable. The combined rate of 6,300 still far exceeded that in the United Kingdom ('UK') (2,710) and other jurisdictions with which the Island had close links. It was of interest to note that despite the stated aim of the UK Government to increase its testing, this was not evidenced by the statistics. The Island's positivity rate – excluding the new positives identified over the weekend – had increased to 0.3 per cent. The UK had increased to 2.8 per cent and the numbers had grown significantly in both France and Poland, whilst Spain remained static at 10.2 per cent. In respect of the prevalence of the virus amongst non-travellers, it was noted that the current non-inbound rate currently stood at 0.150. Reasons for testing included admissions screening, contact tracing, workforce screening and those seeking healthcare with symptoms. The figures for all of these had increased in September, when compared with the previous month.

As at 9th October 2020 and since the borders had re-opened on 3rd July, there had been 91,432 arrivals and 92,681 swabs taken. There had been 99 positive cases for COVID-19 (excluding those with 'old' infections), of which 64 per cent had arrived from Green areas and 88 per cent had arrived by air. The average turnaround time for test results over the previous 7 days had decreased to 20 hours. Since 3rd July, of those people who had tested positive for the virus, 48.03 per cent had been symptomatic and 48.83 per cent had not displayed symptoms. Over one third of cases had been in those aged between 20 years and 29 years (33.86 per cent), with 15.75 per cent of cases in those aged between 30 years and 39 years and 11.02 per cent in those aged under 20 years.

The Cell was presented with maps, prepared by the European Centre for Disease Prevention and Control (ECDC), which set out the geographic distribution of 14 day cumulative numbers of reported COVID-19 cases per 100,000 population on a worldwide and European basis, as at 11th October 2020. Also included were maps from

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7th August 2020, which emphasised the changing prevalence of the virus. It was noted that Canada and Russia were now designated as Amber and that whilst France and Spain appeared less darkly coloured than the previous week, this could be attributed to the introduction by the ECDC of a new category and colour for areas where there had been in excess of 240 cases per 100,000 population over the previous 14 days. Globally, there had been over 37 million cases of COVID-19 since the start of the pandemic and in excess of one million deaths. It was anticipated that India would shortly overtake the United States of America as the country with the largest number of cases of the virus.

The Cell considered the week 41 report from Public Health England, in respect of data up to week 40 of 2020 (28th September), for both COVID-19 and influenza and noted that the introduction of reporting on the latter was a new addition. The Principal Officer, Public Health Intelligence, informed the Cell that, in making this change, Public Health England had also altered the axes of some graphs, so care should be exercised if seeking to draw comparisons with previous iterations. The graphs showed that there had been a very significant increase in the number of cases of COVID-19 in the community during week 40, whilst the numbers in hospitals remained relatively static. The confirmed cases for all age groups – with the exception of those aged between 5 years and 9 years – had continued to grow, with the largest number of cases and the most significant increase in those aged between 10 years and 19 years. The Consultant in Communicable Disease Control queried whether Public Health England had provided clarification in its report on whether these cases were in schools, or universities, as he believed it was likely to be the latter. The Principal Officer, Public Health Intelligence, explained that since the Public Health England report had been amended to include data on influenza, the information on the relevant institutions, which had previously been included, had been removed. The number of cases in England had risen across the board, most significantly in the North West and North East of England, Yorkshire and Humber. There had also been a recent uplift in the South East of England. It was noted that the hospital admission rates for COVID-19 continued to grow, but were currently extremely low for influenza. This reflected the situation in Europe where, of 5,714 non-sentinel specimens, only one had tested positive for influenza. The Cell was informed that the World Health Organisation had not provided an influenza update for the current period.

For the period up to 4th October 2020, the number of people registered as actively seeking work in Jersey (excluding those claiming through the Covid Related Emergency Support Scheme (CRESS)) had continued to decrease, when compared with the previous week, but still remained relatively high because – as previously noted by the Cell - as the schools had returned, the parents of some children had been required to actively seek work. The number of Income Support claims had also continued to fall.

The volume of vehicles passing through the Tunnel was currently on a par with the previous year, whilst the number of weekly bus passengers was approximately 50 per cent down on 2019 and had reduced 5 per cent on the previous week. Footfall in St. Helier had increased slightly when compared with the previous week – up 0.5 per cent - but remained lower than for the same period in 2019 (down 34.6 per cent).

The Cell noted the position and thanked the Principal Officer, Public Health Intelligence, for the comprehensive update.

Increase in recent cases of COVID-19.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of the current meeting, discussed the individuals who had tested positive for COVID-19 in Jersey over the weekend of 10th / 11th October and the impact that this increase in the number of active cases would potentially have on the Island.

The Consultant in Communicable Disease Control, indicated that there was

permeability at the borders and whilst there was a sophisticated testing regime in place, this was not equalled by the internal surveillance measures. Accordingly, it was key that essential worker testing should be increased to reduce the risk of infection. It was agreed that the additional capacity for PCR testing, resulting from decreasing numbers of arrivals, should be used for testing essential workers, which included those working in care homes and teachers. However, there were currently some issues around the information technology and until such time as these were resolved, it would be challenging to obtain meaningful numerators. Once addressed, it would be possible to increase the frequency of testing for the various groups of essential workers, potentially as often as weekly for care workers.

The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, informed the Cell that the Competent Authority Ministers were due to meet during the week of 12th October 2020, in order to discuss the timing of the introduction of a range of internal mitigations, which they had already agreed in principle. These included –

- The wearing of face coverings in enclosed public places. It was noted that Ministers had agreed that this should be made mandatory and that the requisite legislation was being drafted, but it was possible that, in advance of the law being approved by the States Assembly, there could be a period when they were strongly recommended;
- A wide range of communication activities, to strengthen the public health messages in certain areas and to ensure robust enforcement;
- Enhanced workforce screening. It was noted that the testing of health care workers and care home employees was ongoing, but it was felt that the numbers needed to increase and efforts would be directed towards this in the near future;
- A commitment to reduce the risk in the hospitality sector, by requiring venues to stop serving by 10.30 p.m. and to close by 11.00 p.m., to enforce QR code usage and to target patrons' behaviours around physical distancing, with targeted action to be taken against establishments that flouted the rules; and
- To encourage take up of the exposure notification App, once it was launched.

The Independent Advisor - Epidemiology and Public Health, suggested that each of the aforementioned factors was unlikely to have a sizeable impact on the spread of the virus and opined that the most important measure would be to increase shielding and to ensure infection prevention control in care homes and the Hospital. The Consultant in Communicable Disease Control was of the view that in order to have a chance to impact the increasing cases of COVID-19, it was necessary to introduce as many measures as possible, each of which would contribute a small improvement. In respect of the wearing of face coverings, he suggested that these would serve to change people's behaviours.

The Cell noted that, as a result of the rapidly growing instances of COVID-19 in the UK, only 21 areas currently had experienced fewer than 50 cases per 100,000 population over the preceding 14 days and were, as a consequence, categorised as Green. Of these, only the Isle of White had fewer than 25 cases and would have been designated as Green under the previous system of categorisation. However, because the situation was rapidly evolving, the RAG (Red / Amber / Green) classification, which was applied at the borders, had not been updated to reflect this, due to the need to provide a level of notice to the carriers and those travelling. Consequently, some passengers arriving from 'Green' areas were, in fact, travelling from places that had more than 50, or even 120, cases per 100,000 and it was noted that two thirds of the recent positive cases had arrived from 'Green' areas. The Cell agreed that it wished to recommend to the Competent Authority Ministers that a reclassification should be undertaken at the end of the week commencing 12th October.

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The Medical Officer of Health, indicated that it was of no surprise that the cases were increasing. Ministers had made the decision some time previously to recategorize 'Green' upwards from 25 to 50, to enable travel to continue, but the result had been the risk of more people with COVID-19 coming into the Island. In her view, the Cell's advice to Ministers should continue to be strongly in favour of taking all necessary action to protect Islanders from imported cases.

The Chair of the Cell suggested that some of those working in high exposure locations, such as the care homes, were employed on zero hour contracts and were not particularly well remunerated. He questioned what financial support was available in the event that they were required to take time off, in order to avoid them becoming economically exposed. The Head of Policy, Strategic Policy, Planning and Performance Department, indicated that work was underway to ensure that they would have access to the appropriate benefits.

The Cell noted the position and, in connexion with the foregoing, considered the next phase COVID-19 strategy update document.

Next phase  
COVID-19  
strategy.

A6. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A6 of its meeting of 5th October 2020, received an updated draft COVID-19 strategy document, version 3, which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and on which the Cell's views were sought.

The Cell recalled that it had previously received briefings and papers from the Interim Director, Public Health Policy, in respect of the Government's plans for the forthcoming 3 to 6 months, during which it was likely that dynamic action would need to be taken as the threat from COVID-19 increased, further impacted by the onset of Winter and tactics were developed to distribute a vaccine, as it became available.

At its meeting of 5th October 2020, the Cell had considered a previous iteration of the Strategy statement, which was attributed to it and included at page 10 of the document. As a consequence of feedback received from members of the Cell, the statement had been amended to incorporate views expressed. In the light of the current circumstances, as explored in more detail at item A5 of the current meeting, it was acknowledged that the increased risk was, perhaps, no longer envisaged, but had, in fact, been realised and this would be reflected in an updated version of the statement.

The Cell was informed that the Competent Authority Ministers would consider the Strategy at its meeting during the week of 12th October, before it was due to be formally signed off by the Emergencies Council at its meeting of 20th October. The Cell agreed that it was important for the Strategy to be as current as possible, to reflect the level of risk, mindful that the cases of COVID-19 were escalating ahead of time. It was noted that this rapid increase in the number of positive cases, *viz* from 30 during the month of September, to the same number within the first 9 days of October, to almost 30 over the most recent weekend, should impact on the tone of the strategy.

The Cell noted that it was invited to comment on the testing priorities for the Winter, to include whether there should be a specific focus on testing for younger adults, mindful that community transmission was most prevalent amongst that cohort and that students would be returning back for Christmas, or before. It was suggested that it would be interesting to receive that information, but that there was currently insufficient testing capacity. The Consultant in Communicable Disease Control, emphasised to the Cell that PCR testing should be used, rather than antibody testing, because it would highlight the prevalence of COVID-19 within the community and enable those positive cases to be managed appropriately, thereby reducing the risk of onward transmission. It was suggested by the Director of Strategy and Innovation, Strategic Policy, Planning and

Performance Department, that there would be merit in undertaking a structured exercise – to include the Consultant in Communicable Disease Control and other members of the Cell – to exchange views on COVID-19 in order to inform policy development and explore where the testing should be targeted. The Cell agreed that this would be of benefit.

Some immediate feedback was provided to the Interim Director, Public Health Policy and he undertook to provide the Cell with an updated version at its next meeting – 19th October – in order that the most recent data could be included, in advance of the meeting of the Emergencies Council on 20th October.

Returning students.

A7. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 5th October 2020, received an undated paper, entitled 'Scientific and Technical Advisory Cell Policy Discussion Paper – Returning Students' and heard from the Head of Policy, Strategic Policy, Planning and Performance Department. No declarations of interest were made by members of the Cell.

The Cell recalled that there were currently approximately 1,500 local students in colleges and universities in the United Kingdom ('UK') and 50 to 60 studying overseas, together with a number of children at boarding schools in the UK and that some Islanders had queried what arrangements would be put into place for them when they sought to return to Jersey for half-term (17th October – 1st November), reading week (early November), or at Christmas.

#### Boarding school students

The Head of Policy informed the Cell that the Children, Young People, Education and Skills Department did not maintain a list of those students attending boarding schools in the UK, so it was not possible to adjudge the exact numbers. However, discussions had been held with the Head Teacher of St. Michael's Preparatory School and it was estimated that between 60 and 100 children from Jersey resident families were at school in the UK.

It was noted that the boarding schools had implemented a range of public health measures in response to the pandemic, to include the wearing of masks, the establishment of year group 'bubbles', PCR testing and restricting access to areas outside the schools. These reduced the risk of onward infection posed by returning students and, as a consequence, it was proposed that irrespective of the location of the boarding school, the students should be treated as if they had returned from a Green area – PCR tests at days zero and 5, with a requirement to self-isolate until receipt of a negative result from the first test - subject to receipt by the Contact Tracing Team of written confirmation from the parent / school of the following –

- that the student had spent the previous 14 days at the school;
- that there had been no PCR positive cases in the school during the previous 14 days;
- that the student had not spent a night outside the school when travelling back to the Island; and
- that the student had experienced no COVID-19 symptoms in the previous 14 days.

#### University Students (undergraduate and post-graduate)

The Cell was mindful that, whilst various universities had introduced measures in line with national guidance, there had been outbreaks at various campuses during the Autumn term, which had coincided with increased cases of COVID-19 across the UK and elsewhere.

Accordingly, it was suggested that applying the RAG (Red / Amber / Green) rating,

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based on the student's place of residence, would not reflect the enhanced level of risk that they posed. Therefore, it was proposed that, irrespective of the location of their university, they should be subject to an 'enhanced Amber' regime. This would require them to undertake PCR tests at days zero and 8 and to self-isolate until they received a negative result from the second test. This should reduce the risk by 80 per cent and it was anticipated that by not requiring self-isolation for 14 days, the likelihood of compliance would be enhanced.

It was queried how the students would be identified upon arrival and the Head of Policy indicated that the travel history documentation would be updated to include an appropriate 'tick box'.

The Cell noted that any parents travelling to the UK to fetch their offspring would be treated in the same way as any normal arrival. The Consultant in Communicable Disease Control, suggested that they should be advised to spend as little time as possible in the campus and, if they needed to stay overnight, to stay reasonably far away.

The Cell was supportive of the policy proposal, but envisaged some resistance and suggested that an explanation was required to the effect that the approach was proportionate to the perceived level of risk posed by the boarding schools and universities and might be amended as that risk changed.

The Head of Policy informed the Cell that he had been in contact with the Student Finance Team at the Children, Young People, Education and Skills Department and had been informed that some students were already returning from the UK and had been rather distressed as a result of their time away. He was due to meet with colleagues from that Department during the week of 12th October, to discuss what support measures could be introduced, particularly for the first year students, who had not been able to take their A levels and had then not had an enjoyable experience during their first term away at university.

On a related note, the Cell was informed that Senator K.L. Moore had enquired what measures would be put in place in respect of children returning to the Island who were under the care of the Minister for Health and Social Services. The Cell surmised that this was a reference to 'looked after children', of which there were currently around 20, who might have been sent off-Island for a range of reasons. It was suggested that specific reference would need to be made to this group of individuals, rather than treating them in the same way as boarding school pupils.

The Cell noted the position.

Matters arising A8. In association with items A5 and A6 of the current meeting, the Scientific and Technical Advisory Cell ('the Cell') had discussed the following matters –

Visitors to care homes.

The Consultant in Communicable Disease Control, informed the Cell that, in addition to limiting visitors to 2 named individuals, it was suggested that these people should be subject to the same level of testing as the care home staff and included in the early vaccination cohort, with a view to mitigating the risk.

As had been raised at the meeting of the Cell on 5th October 2020 (Minute No. A4 referred), it was recalled that the Infection Prevention and Control ('IPAC') team, which *inter alia* had responsibility for infection prevention and control in the care and nursing home sector, was currently under resourced and had only one nurse working in the community. However, a business case had been made for additional, seconded, staff.

Advice to high-risk Islanders, including the care homes

The Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, reminded the Cell that it had been stated in the escalation framework that in the event of a significant increase in cases of COVID-19, high-risk Islanders would be advised to avoid certain indoor activities. Mindful that this would potentially have an adverse impact on their mental health and ability to work, she queried whether this was the appropriate juncture at which to implement that guidance. The Consultant in Communicable Disease Control indicated that there was no concrete data to show that there was a significant community spread of the virus at the current time, but stated that it would be reasonable to suggest to vulnerable Islanders that they should consider undertaking more low, rather than high, risk activities.

The Head of Policy (Shielding Workstream) informed the Cell that a meeting was due to take place on 13th October with representatives from the care homes, in order to review visiting guidance. The Consultant in Communicable Disease Control stated that he would be asking care home managers to keep a register of all their staff and a record of how often they had been tested, with a view to implementing the testing every 4 weeks.

Matters for  
information.

A9. In association with item No. A4 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- a report entitled 'PH Intelligence: COVID-19 Monitoring Metrics', dated 9th October 2020, which had been produced by the Strategic Policy, Planning and Performance Health Informatics Team;
- a weekly epidemiological report, dated 8th October 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- death statistics for the week to 8th October 2020, from the Office of the Superintendent Registrar;
- a report on the economic indicators for week 40 of 2020 (28th September to 4th October), which had been prepared by Statistics Jersey; and
- a weekly footfall report for week 40 of 2020, provided by Springboard.