

KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(25th Meeting)

19th October 2020

(Meeting held via Microsoft Teams)

PART A (Non-Exempt)

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

Farewell. A1. Mindful that the current meeting of the Scientific and Technical Advisory Cell ('the Cell') was the last that the Medical Officer of Health, would attend in advance of her retirement, the Chair thanked her, on behalf of the members of the Cell, for all her hard work over the past years. He stated that it had been a pleasure to work with her and wished her well for the future. She had highlighted the need for an expanding public health team in Jersey and he assured her that he would continue to emphasise this need, whilst remaining independent.

The Medical Officer of Health thanked the Chair and members of the Cell. She indicated that she was reassured that she was leaving things 'in good hands' for which she congratulated them and emphasised that she was looking forward to spending time with her grandchildren.

Minutes. A2. The Scientific and Technical Advisory Cell received and noted the Minutes from its meeting of 12th October 2020, which had previously been circulated. The Chair responded to a query that had been raised by the Secretariat Officer, States Greffe and indicated that any comments on the Minutes should be directed to the Secretariat Officer by the end of 19th October 2020, in the absence of which they would be taken to have been approved.

Monitoring metrics. A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 12th October 2020, received and noted a PowerPoint presentation entitled 'Scientific and Technical Advisory Cell monitoring update', dated 19th October 2020, which had been prepared by the Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department.

The Cell noted that the data had been prepared on Friday 16th October 2020 and that, as at that date, there had been 62 active cases of COVID-19, who had been in direct contact with 405 people. An additional 14 positive cases had been identified over the weekend of 17th / 18th October and the Cell was provided with information in respect of these cases. Of the aforementioned 62 individuals, 28 had travelled from Green areas, 14 from Amber and 6 from Red.

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 521, which remained lower than for the same period in 2019, when there had been 575 deaths and almost one hundred lower than in 2018 (620). As at 16th October, there had been a total of 490 positive cases of the virus (excluding infections that had subsequently been shown to be 'old' following serology testing). Of these, the majority had been identified in the age group 18 years to 59 years (342), but it was of interest to note that there had now been 5 cases in children aged under 11 years and 10 in those aged between 12 years and 17 years. Over the preceding 2 weeks, 51 positive cases had been identified as a result of travel

screening, 12 had been in direct contact with a symptomatic individual, one had sought healthcare after experiencing symptoms and one had been detected as a result of screening before admission to hospital. Whilst the number of inbound travellers had continued to decline, the positivity rate had increased from 0.52 per cent in the week of 28th September, when there had been 22 new cases, to 0.91 per cent in the week of 5th October when there had been 38 new cases. The Cell was informed that the data for the week of 12th October was not for a complete week.

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 static. The combined testing rate of 7,200 still far exceeded that in the United Kingdom ('UK') (2,857) and other jurisdictions with which the Island had close links. However, the Consultant in Communicable Disease Control, asked the Principal Officer, Public Health Intelligence, if, for future meetings of the Cell, the testing data could be divided into 2 figures, namely those for arrivals and non-travellers. He indicated that most jurisdictions did not undertake PCR tests on arrivals, so the latter figure should act as the comparator with other countries and, in that respect, Jersey trailed behind the UK with 1,571 tests during the week of 5th October.

The Island's positivity rate – excluding the new positives identified over the weekend – had increased to 0.5 per cent, whilst the UK had increased to 5.8 per cent. As at 16th October 2020 and since the borders had re-opened on 3rd July, there had been 95,263 arrivals and 98,595 swabs taken, which included day 5 tests on arrivals from Green areas. There had been 129 positive cases for COVID 19 (excluding those with 'old' infections), of which 63 per cent had arrived from Green areas and 85 per cent had arrived by air. The average turnaround time for all test results over the previous 7 days had decreased to 17 hours. Since 3rd July, of those people who had tested positive for the virus, almost one third of cases had been in those aged between 20 years and 29 years (32.14 per cent), 13.69 per cent in those aged between 30 years and 39 years and 10.71 per cent in those aged under 20 years. During October 2020, 27.16 per cent of positive cases had been in individuals aged between 20 years and 29 years and 16.05 per cent in those aged between 30 years and 39 years. There had been very few cases (3.7 per cent) in people aged over 70 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 18th October 2020. Also included were maps from 11th October 2020, which emphasised the changing prevalence of the virus over just one week. The ECDC had also released new maps, showing the 14 day case notification rates per 100,000 population, positivity rates and testing rates, although it was noted that the data had been presented in a different way from previously.

The Cell considered the week 42 report from Public Health England, in respect of data up to week 41 of 2020 (5th October), for both COVID-19 and influenza. The graphs demonstrated that the number of cases of COVID-19 had increased, although, again, the axes of some graphs had been changed, so caution was urged if seeking to draw comparisons with previous iterations. The confirmed cases for all age groups had continued to grow and the Principal Officer, Public Health Intelligence, informed the Cell that the most significant uplift in cases had been in those aged between 16 years and 24 years. The most notable increases had been in the North West and North East of England, Yorkshire and Humber. The instances of acute respiratory infections (ARI) had grown most notably in care homes and educational settings, with COVID-19 accounting for the greatest number of incidents in the latter. The Cell noted a table, which set out the instances over the previous 4 weeks in care homes, hospitals, educational settings, prisons, workplaces, food outlets and other settings, by region. Of the total 3,579 cases, 1,284 had been in educational settings. The hospital admission

25th Meeting
19.10.20

rates for COVID-19 had continued to rise, whilst remaining extremely low for influenza.

Data from the local EMIS central medical records system, showed that instances of flu-like illnesses had been relatively low during week 42 of 2020, particularly when compared with the same period in 2019. The World Health Organisation had reported that influenza activity remained low in the southern hemisphere, although in South America, Argentina had crossed the epidemic threshold and in South East Asia it had increased in Cambodia and Lao PDR.

Whilst the number of cases of COVID-19 in Jersey continued to increase, the calls to the helpline remained relatively static and had decreased since the most recent peak in September, when the school term had commenced. As at 12th October 2020, the 14 day cumulative number of cases per 100,000 had been 68.7.

For the period up to 11th 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. The number of Income Support claims had also continued to fall. The Cell noted a graph, which set out the total passenger departures by month for 2020 (to August), compared with the mean monthly averages from 2017 to 2019. These figures included all kinds of air and sea travel and showed that there had been minimal travel between April and June and although approximately 40,000 departures had taken place in August, this was a quarter of the volume from previous years.

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

On-Island
testing.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of the current meeting and the levels of testing, recalled that most jurisdictions did not undertake PCR testing on arriving passengers, so the weekly testing rates for non-travellers was what should be compared with other areas. It was noted that, during the week of 5th October 2020, approximately 1,500 non-travellers had been tested, which meant that it could be perceived the Island lagged far behind the UK, where the rate was currently 2,857 per 100,000.

The Consultant in Communicable Disease Control, stressed the need to place far more emphasis on non-arrivals testing. Although the Information Technology remained problematic, figures were being recorded manually for the time being in the Hospital and care homes. He provided reassurance that there was sufficient testing capacity to enable this screening of customer facing employees to be undertaken. The on-Island OpenCell laboratory would ultimately be able to process 2,000 tests each day, but was currently working at half that level; the Micropathology facility in the United Kingdom could handle 2,000 tests and Porton Down 600 free tests per day. An additional 60 Cepheid tests could be analysed in the hospital and over the coming weeks it was hoped to be able to undertake near 100 tests per hour, using an existing machine. The Consultant in Communicable Disease Control reminded the Cell that the test and trace system was a major element of the Island's defences against COVID-19 and he emphasised the importance of increasing testing on non-travellers immediately. This would improve awareness of the prevalence of the virus amongst health care workers, which was key, because they had the potential to transmit the same to the most vulnerable in society.

The Consultant in Communicable Disease Control stated that he was not yet fully appraised of the details of the 15 children who had tested positive for COVID-19 and suggested that there might be merit in extending the testing of children arriving at the

borders from 11 years down to 5 years. It was noted that DiaSorin was pursuing saliva testing, which could potentially be used for this group, as it became available.

The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, informed the Cell that the Competent Authority Ministers had agreed, at their meeting on 14th October 2020, to increase on-Island testing and had reached a policy position around the priority for testing in relation to 3 groups. It had been agreed that at least 75 per cent of frontline staff within the Health and Community Services Department, the Ambulance Service, care homes and Jersey Hospice - approximately 4,000 individuals, who would comprise Group A - should be tested every 4 weeks. It was noted that this was an increase from the current rate of 60 per cent. Group B individuals, which would include General Practitioners, people working within dental practices and the Prison, care agency employees, pharmacists, allied health professionals and Family Nursing and Home Care staff, which equated to approximately 3,000 people, would be tested every 6 weeks, with a target of at least 75 per cent. Group C would comprise approximately 32,000 individuals, or 60 per cent of workers in the Island, who were those in other customer facing roles and, in respect of their testing, it was proposed to adopt a risk-based sample and scale policy, whereby a small number would be tested and, depending on the level of cases identified, this could be scaled up to at least 75 per cent of the population. These tests would be undertaken every 8 weeks.

The Consultant in Communicable Disease Control stated that it was reassuring to note that Ministers were supportive of enhanced non-arrivals surveillance. However, he indicated that, in his view, this should have commenced at a much earlier juncture; that the RAG (Red / Amber / Green) categorisation of areas should have been updated regularly, rather than delayed and that the decision should not have been taken to extend the categorisation of Green up from 25 cases per 100,000 population over the previous 2 weeks to 50. It was not possible to reverse the latter 2 decisions, but increased non-arrivals surveillance could be implemented and he emphasized the importance of commencing this at the earliest possible time. On a related note, he proposed that domiciliary care staff should be included in Group A, because they moved between various settings and, as such, had the potential to transmit the virus between those places.

The Cell noted the position.

Next phase
COVID-19
strategy –
preparing for
Winter.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A6 of its meeting of 12th October 2020, received an updated draft COVID-19 Strategy Document – Preparing for Winter – version 4, which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department.

The Interim Director, Public Health Policy, reminded the Cell that this was the second time that it had had sight of the complete document and that the Main Winter Planning Scenario, which was included on page 9 and attributed to the Cell, had first been considered by it at its meeting of 28th September 2020 (item No. A5 referred). The Cell was informed that the Competent Authority Ministers had considered the update at their meeting of 14th October 2020. As a consequence of the feedback received from the Competent Authorities, the Interim Director, Public Health Policy, had made the document shorter and clearer, had produced a summary page and had provided more details around the specific action that the Government would take. It was noted that increasing on-Island testing for COVID-19 had been afforded more priority.

The Independent Advisor - Epidemiology and Public Health, suggested that more emphasis could be placed on the requirement for compliance with public health guidelines within the Planning Scenario, whilst acknowledging that this was referenced

25th Meeting
19.10.20

elsewhere within the document. He opined that the riskier occupations and transmission settings, such as care homes, should be highlighted, together with the actions that people could take to reduce the risk of contracting COVID-19.

The need for a flexible approach was emphasised and the Interim Director, Public Health Policy, indicated that as various jurisdictions faced the challenge of a second wave of the virus, policy officers universally were adopting a more nuanced stance towards the same, with a view to causing the least overall harm.

The Cell noted the position.

Christmas.

A6. The Scientific and Technical Advisory Cell ('the Cell') received and noted a paper, dated 19th October 2020, entitled 'Covering note for STAC', which had been prepared by the Head of Policy, Strategic Policy, Planning and Performance Department, in connexion with the potential policy challenges posed by the seasonal activities associated with the Christmas period.

The paper contained a table of events, including late night shopping, carol singing, Christmas parties and church services, together with the current public health guidance that was relevant, much of which was contained within the Level One Framework. The Head of Policy indicated that the list was not exhaustive and that pre-emptive measures, which were contained within the Winter strategy (referenced at Item A5 of the current meeting), would complement the public health guidance.

The Associate Medical Director for Primary Prevention and Intervention, stressed that, as clinicians, their role was to keep patients safe. He acknowledged that people might wish to hold Christmas parties, but that everyone should exercise caution, because all Islanders had a responsibility towards others in the Island. There was insufficient resilience within the Health and Community Services Department to backfill posts in the event of widespread transmission amongst staff and this was also the case for other essential services, such as those working for Jersey Post, or collecting refuse.

The Cell agreed that some activities could be considered relatively low risk, particularly if they were held outdoors and did not involve the consumption of alcohol. It was suggested that the public could be encouraged to participate in late-night shopping, whilst wearing masks, for example, which would benefit retailers and to undertake outdoor activities generally. It was proposed that the table of events contained within the paper should have an additional column added, which labelled the activities as either high or low risk.

It was acknowledged that the principal risk came from indoor, super-spreading events. In light of the current trajectory of the virus, it was felt that consideration should be given to altering the guidance in respect of indoor gatherings and reducing the maximum permitted numbers for uncontrolled groupings down from 20. The Lead – COVID-19 legislation programme, Strategic Policy, Planning and Performance Department, informed the Cell that an Order making power existed that permitted the Minister to adjust the number of people who could gather. It had been intended to introduce a hard limit of 10, below which the legislation would cease to have effect. However, if it was decided to go as low as England and introduce, for example, the 'rule of six', officers would need to make modifications to their ongoing work in order to accommodate this change. The Cell's view was that a restriction to 10 or 12 would be beneficial.

The Environmental Health Consultant, informed the Cell that as someone who was involved in enforcement, it would be helpful to have something that could be enforced. He was in favour of restricting the numbers to 10 or 12 and suggested that, provided it was logical and the rationale understandable, people would be more likely to adhere to

the requirement. He would not wish to see 12 people from 12 different homes come together, but was in favour of restricting gatherings to 2 or 3 family groups. His experience of compliance to-date was that many people did not believe that the existing legislation around COVID-19 applied to them and they perceived no jeopardy, because of the time taken to achieve a prosecution.

The Cell requested the Head of Policy to provide it with advice in respect of possible further restrictions on gatherings and to present it at a future meeting.

Safer travel update – people who have previously tested positive for COVID-19.

A7. The Scientific and Technical Advisory Cell ('the Cell'), received and noted a paper, dated 19th October 2020, entitled 'Covering note for STAC', which had been prepared by the Head of Policy, Strategic Policy, Planning and Performance Department, in connexion with the policy to be adopted in relation to individuals travelling to the Island, who had previously tested positive for COVID-19, but had now recovered.

The Head of Policy indicated that a few people had already travelled to the Island, who had declared on arrival that they had previously tested positive for the virus and had recovered. However, this data was not captured on the travel form, so officers responded reactively, requiring people to undertake a serology test and providing advice on self-isolation on a case by case basis.

The Cell was informed that, if adopted, the draft policy would enable people to apply proactively for a variation to the Safer Travel Policy before their journey.

It was suggested that in order for the variation to apply, an individual would need to have had no symptoms of COVID-19 for at least 48 hours before travel and a minimum of 10 days would have needed to elapse since the onset of symptoms. If the person was asymptomatic, 14 days from their initial swab date would be required. They would be required to produce dated documentation of a positive infection and to have travelled within 3 months of the positive PCR test.

The Cell was mindful that any variation to the Safer Travel Policy would need to be proportionate and considered whether it should apply to everyone, who had previously tested positive for COVID 19, or to run a pilot involving returning university students. It was noted that the Head of Policy had not found any evidence that such people were immune from contracting the virus in the future, or that they did not transmit it to others, but it was acknowledged that further research was required.

The Associate Medical Director for Primary Prevention and Intervention, indicated that whatever individuals' past infection, the key was to ensure that they were not carrying the virus at the time of travel. He mooted that, in order to benefit from a variation to the Safer Travel Policy, people could be required to provide a negative PCR test within 72 hours of travel, but he was not sure how easily accessible this would be, particularly for students. The Consultant in Communicable Disease Control, shared the Associate Medical Director for Primary Prevention and Intervention's view that pre-departure testing would be of benefit. He opined that in the same way that people were screened before travel for explosives and firearms, they should be tested for COVID-19, in order to increase safety for all. If the Policy was to be varied for returning students, he felt it should be varied for all travellers and the Cell agreed that to do otherwise would give the impression of affording preferential treatment to students.

It was noted that, should Jersey introduce this policy, it would be the first jurisdiction to do so. However, mindful that 1,200 students found themselves in Red areas, where their 104 universities were situated, it was agreed that there would be merit in undertaking some further research on this issue, with a view to re-presenting the same to the Cell at a future meeting.

25th Meeting
19.10.20

Level One
restrictions.

A8. The Scientific and Technical Advisory Cell ('the Cell') received and noted a paper, dated 19th October 2020, entitled 'Current restricted activity at level 1', which had been prepared by the Head of Public Health Policy. The Cell recalled that although the Island had moved into Level One of the Safe Exit Framework on 8th August 2020, certain activities remained restricted or closed, including saunas and spas, high intensity training in gyms, singing and soft play areas.

The Cell noted that its advice was sought on the balance of risks associated with permitting some currently restricted activities to recommence and was shown an Excel spreadsheet, which evaluated the risk associated with various activities, by measuring them against 5 key factors, namely whether they were in enclosed / poorly ventilated or crowded spaces, entailed close contact, were of longer duration and the volume of noise associated with them, mindful that all of these factors were linked to super-spreading of COVID-19. Each activity was ranked Red, Amber or Green against the foregoing 5 factors. The Head of Public Health Policy suggested that there appeared to be some inconsistency around the absolute level of risk of certain activities, noting that travel by plane was high risk (assessed as Red for 4 of 5 factors), whereas the use of spas and saunas, which scored as Amber for 3 and Green for 2, was not permitted. The Chair indicated that it would be worth including the socio-economic benefits associated with each activity in the spreadsheet and suggested that this could account for some of the perceived inconsistency.

Having considered the proposal, the Cell was firmly of the view that it would be counterintuitive to relax any restrictions at the current time. The Consultant in Communicable Disease Control, indicated that more unknown source positive cases were coming to light, whereas most positive cases for COVID-19 had previously been related to travel. As a consequence, it was time to move to tightening measures, rather than relaxing any restrictions. This view was shared by other members of the Cell, who felt that it was important that the public should understand that things were becoming more challenging because of the virus. The current 'curve' of cases of COVID-19 now resembled the situation back in March / April and it was suggested that when announcing the requirement to wear masks it would be an opportune time to increase public awareness around the uplift in cases.

Notwithstanding the foregoing, the Cell indicated that it was in agreement for the Head of Public Health Policy to explore various options around the currently prohibited activities and analyse the risk associated with them, for re-presentation at a future date.

Matters for
information.

A9. In association with item No. A3 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- a weekly epidemiological report, dated 15th October 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- death statistics for the week to 11th October 2020, from the Office of the Superintendent Registrar;
- the Public Health England weekly national influenza and COVID-19 surveillance report on week 41 data (5th to 11th October), dated 15th October;
- a report on the economic indicators for week 41 of 2020, which had been prepared by Statistics Jersey; and
- a weekly footfall report for week 41 of 2020, provided by Springboard.