KS

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(39th Meeting)

29th December 2020

(Meeting conducted via Microsoft Teams)

PART A (Non-Exempt)

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

Minutes.

A1. In light of the number of occasions on which the Scientific and Technical Advisory Cell had met recently and the short break over Christmas, it was agreed that members would have until the next formal meeting, which was due to be held on 4th January 2021, in order to review and provide feedback to the Secretariat Officer, States Greffe, on the Minutes from the meetings of 14th, 17th, 18th, 21st and 22nd December, which had previously been circulated.

Monitoring metrics.

A2. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of its meeting of 21st December 2020, received and noted a PowerPoint presentation, dated 29th December 2020, 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 28th December 2020, there had been 801 active cases of COVID-19 in the Island, which brought the total number of positive cases since the start of the pandemic to 2,692 and the 14-day rate, per 100,000 population, to 786.64. Of the aforementioned 801 cases, who had been in direct contact with 2,113 individuals, 306 were asymptomatic, whilst 495 were experiencing symptoms of the virus. 24 were currently in the General Hospital, 56 in care homes and the remainder (721) in the community. Since 21st December, there had been a daily average of 35 cases, which was a drop from the period between 10th and 20th December when there had been an average of 81 and from the period at the start of the month, when there had been an average of 56 cases. It was noted that when the inbound positive cases were removed from these figures, the daily average was currently approximately 32.

The Independent Advisor - Epidemiology and Public Health, suggested that the increase in cases, that had been experienced in December, was as a consequence of additional testing and the type of person who was being swabbed. He opined that, in reality, there had been a modest rise, a plateau and now a decline in cases. He indicated that there had been a drop in the number of symptomatic individuals and found the decrease in the test positivity rate to be encouraging. He attributed this change, in part, to the legal requirement for Islanders to wear masks in enclosed public spaces and the reduction in gathering sizes. He repeated his request, made at a previous meeting of the Cell, to receive the test positivity rate for people aged over 70 years, excluding care home residents and hospital patients. This cohort had been instructed to shield and it was important to understand the rate of transmission in that group. If it had declined, it would provide an indicator of when it might be possible to relax some restrictions. The Principal Officer, Public Health Intelligence, indicated that she could provide this data to the Cell at future meetings.

The Consultant in Communicable Disease Control informed the Cell that he had asked Officers to collate positivity rates, by priority groups for receipt of the COVID-19

vaccine, with effect from 1st December 2020. Of the care home residents, 75 per cent had now received their first inoculation, with the others either declining the vaccine, or having been unwell and, as a consequence, unable to be vaccinated. It was noted that between 10 and 14 days would need to elapse for the efficacy thereof to start to be perceived.

The Cell recalled that during much of December, an average of 2,000 swabs had been taken on a daily basis, but this had reduced to 1,600 on Christmas Eve and since Christmas Day had been below 1,000, before increasing to slightly above that figure on 28th December. Since the start of the pandemic, there had been 41 deaths registered with COVID-19 referenced on the death certificate, with 9 occurring during the second wave, which had commenced in October 2020. For the year to-date there had been 656 deaths, which was lower than in 2019 (726) and over one hundred fewer than in 2018, when there had been 763 deaths. The Principal Officer, Public Health Intelligence, informed the Cell that she would be undertaking some research on local changes to death patterns.

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 28th December 2020 and which set out details of the positive cases that had been identified over the previous 2 weeks. It was noted that direct contacts of symptomatic individuals (36.7 per cent), those seeking healthcare after experiencing symptoms of COVID-19 (15.74 per cent) and people identified through workforce screening (34.26 per cent) accounted for the majority, whereas those located through inbound travel testing and cohort and admissions screening comprised a total of approximately 13 per cent of the cases. With regard to the ages of those people who had tested positive for the virus, it was noted that there had been a recent decline in those aged over 60 years and in those of school age. The recent drop in the overall number of positive cases had also been reflected in a downturn in the number of people with an underlying medical condition. As had been previously referenced, there had been a reduction in the number of people undergoing PCR tests since Christmas Day and there had been a drop in the number of calls to the Helpline by symptomatic individuals since the school term had ended. The Director, Testing and Tracing, Justice and Home Affairs Department, indicated that the number of calls on Christmas Day and Boxing Day had been low. However, this was not necessarily a true reflection of the situation and it was possible that some people, who had experienced symptoms of the virus, had not called because they either did not believe that the Helpline would be open, or did not wish to be required to isolate. It was noted that the number of patients in the Hospital with COVID-19 had also reduced since the middle of December when it had averaged 30 each day and was now at approximately 25.

The volume of people arriving into the Island had continued to decline when compared with the start of December - when the students had been returning home - and during the week commencing 21st December 2020 there had been 700 travellers and 24 positive cases had been identified, which equated to a test positivity rate of 2.76 per cent.

With regards to testing, this had decreased and, for the week ending 20th December 2020, the combined testing rate per 100,000 population of both arrivals and non-travellers had been 12,600, which was much greater than the rate in the United Kingdom ('UK') (3,880) and other jurisdictions with which the Island had close links, such as France, Portugal and Poland. In light of the reduction in the number of swabs taken over Christmas, it was noted that these numbers would further decline. During the same week, there had been 470 tests on symptomatic individuals seeking healthcare, 3,660 on people who had arrived into the Island and 9,450 as part of the on-Island surveillance screening. For the same period, the weekly test positivity rate had been 4.3 per cent, compared with 7.4 per cent in the UK and the Cell was informed that the

7-day moving average was 4 per cent, but that this figure had not been updated since Christmas Day. 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 events since the start of the pandemic. As at 20th December, the 7-day rate per 100,000 population had been 513 and the 14-day rate had been 957, but was now noted to be 786.

The Cell was shown maps, prepared by the European Centre for Disease Prevention and Control ('ECDC'), which set out the geographic distribution of cumulative numbers of reported COVID-19 cases per 100,000 population on a European basis, for weeks 50 to 51 of 2020 (weeks commencing 7th and 14th December) when compared with the previous week. Of particular note remained the high instances of the virus in Sweden, when measured against other Scandinavian countries and it was also noted that cases in the East and South East of England (including London) had risen, as was also the situation in some regions of France. With respect to the areas within the British Isles, France, Germany and Italy by RAG (Red / Amber / Green) categorisation for the period from 29th September to 26th December 2020, the Cell recalled that the decision had been taken that all UK regions should be classified as Red with effect from 22nd December, so the information contained in the charts reflected what would have been reported. However, the Cell was informed that, as at the morning of 29th December, the whole of England would have been categorised as Red. There were very high rates of COVID-19 in London, with some boroughs having a 14-day rate per 100,000 population in excess of 2,000. Northern Ireland remained totally Red and the situation had also deteriorated in Scotland and Wales. More areas of Eire and France were now Red, as were all of Italy and Germany. For those countries and territories that were not included within the regional classification, there had been a very slight increase in those designated as Red.

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 to 27th December 2020 and noted that, during the last complete week, 10 cases had been encountered, which represented a reduction on the previous week. The numbers remained lower than during previous years, most notably the Winter of 2019 / 2020. Across Europe, influenza activity remained considerably lower than would be expected at this time of year.

Data obtained from Statistics Jersey demonstrated that the number of people registered as Actively Seeking Work had continued to reduce, but now aligned with the previous year. Those claiming Income Support had also declined, but there had been a slight uplift recently, with an additional 10 claims. During the week ending 13th December 2020, the number of vehicles passing through the Tunnel had slightly decreased when compared with the previous week. The number of journeys made by bus had also declined since Islanders had been advised to work from home where practicable and the figures were considerably lower than for 2019.

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

Return to school – January 2021.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 14th December 2020, recalled that it had previously provided advice that there was limited effectiveness on the spread of COVID-19 by closing the schools and, whilst there had been some transmission of the virus to children, this had largely been from outside the school settings. It had also advised that students should return to school in a physical environment in January 2021, mindful of the importance of young people receiving an education and the detrimental effect of missed school on children and their families.

The Cell welcomed the Director General, Group Director of Education and Head of Office (Education), Children, Young People, Education and Skills Department. The

Director General informed the Cell that when the schools had closed for the Christmas holidays, it had been intended that the teachers would return on 4th January 2021 and the pupils on 6th. However, the uncertainty around whether a new variant of COVID-19 (N501Y) was present in the Island and, if so, its likely impact across the various age groups had caused significant speculation and the Children, Young People, Education and Skills Department wished to avoid the situation, that had occurred at the end of the Christmas term, when many parents had kept their children home. Accordingly, the views of the Cell were sought on the extent to which students were likely to transmit the virus between themselves and into the adult population; whether there would be merit in introducing targeted screening, or testing, in the schools and whether a distinction should be drawn in the isolation regimes between pre-school, primary and secondary school children in relation to the contact tracing. If it was thought sensible to delay the physical return to school for pupils, a blended model could be adopted that enabled some to attend in person and others to learn on-line.

The Consultant in Communicable Disease Control, explained that children had, to-date, been less severely affected by COVID-19, because the virus attached to the angiotensin-converting enzyme -2 ('ACE2') receptors, of which they had fewer than adults. However, whilst the N501Y variant did not give rise to more significant symptoms, it was more adept at attaching to the ACE2 receptors in both adults and children. As people became older, so they had more of these receptors, therefore young people in years 11 to 13 were more likely to be affected than younger children. Because the N501Y variant was better able to enter cells, more of the virus was produced and the transmissibility was increased by between 50 and 70 per cent. In children this increase was less marked, but they were more inclined to come into closer contact with one another than adults. Discussions were ongoing within NERVTAG (an expert committee of the United Kingdom Department of Health and Social Care, which provided scientific risk assessment and mitigation advice on the threat posed by new and emerging respiratory viruses and on options for their management) as to whether there was an increased susceptibility in children to be infected with N501Y and the impact that this could have on the wider community. However, NERVTAG's views had not yet been formalised. In the meantime, he suggested that there would be merit in increasing testing for teachers and pupils in years 11 to 13, using PCR and lateral flow tests. He favoured the schools re-opening for students on the 6th, but understood if, for practical reasons, it was preferable to delay to Monday 11th January 2021 in order that this could be facilitated.

The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, concurred and indicated that the N501Y variant posed additional risks. Accordingly, it was not a credible option to adhere to the current policy and a new strategy would be required, which might involve more frequent PCR testing of teachers and the introduction of regular PCR testing for students aged from 15 to 18 years, noting that there was no extant policy in relation to this age group. However, he informed the Cell that the frequency of the PCR testing would be governed by operational capacity. Whilst there were no undue concerns about the health outcomes for young people who contracted the virus, every day of schooling that was lost would impact their subsequent life chances, so it was important that the schools were kept open for as long as possible. He suggested that by delaying the physical return to school for pupils to 11th January, this would afford NERVTAG longer in which to formalise their findings and for officers locally to review them.

The Director, Testing and Tracing, Justice and Home Affairs Department, stated that with regard to a screening programme for teachers and certain pupils, it would be possible to reshape capacity, for example to open the testing facility at the Harbour on a Sunday – at which 600 people could be tested each day – and, if necessary, to take a mobile testing unit to the schools. This could be undertaken in relatively short order, but would be more deliverable and achievable with a few days' lead-in time.

It was queried whether any delay to the start of term should be for all settings, including pre-school, or just secondary schools. The Independent Advisor - Epidemiology and Public Health, suggested that it should only be the secondary schools and that it should be allied to the proposed introduction of a comprehensive screening programme. He expressed the view that Islanders needed to be aware that COVID-19 would remain in the community, at a certain quantum, for the foreseeable future. Levels of transmission were being managed and the roll-out of the COVID-19 vaccine would improve the situation, but it was unlikely that the number of cases would reduce to zero, as had been the case briefly during the Summer. The Group Director of Education indicated that he believed that any delay to the start of the term should apply to all educational settings. Whilst secondary school pupils were better at adhering to physical distancing requirements, this was not the case for younger children, which was why classroom 'bubbles' had been introduced. It was also necessary, at times, to physically hold infants in pre-school, in order to meet their health needs.

The Interim Director of Public Health agreed that teachers and pupils should be tested and undertook to re-circulate information that she had received from a school in the Midlands, which had introduced a range of robust mitigations, *inter alia* seating plans, face masks in classrooms, good ventilation and distancing. The Director of Strategy and Innovation, Strategic Policy, Planning and Performance Department, suggested that any significant shift in advice would need to be allied to an intervention and linked to the N501Y variant, because of the disconnect with the views that had been expressed earlier in the year, when it had been recommended that the schools should remain open.

The Cell was mindful that its remit was to provide advice and that it would be for the Minister for Education, in consultation with the Minister for Health and Social Services, to determine, by way of Ministerial Decision, when the schools should be open, having received input from senior officers within the Children, Young People, Education and Skills Department. It indicated that its view was that there was a lack of clarity around the N501Y variant and that it was felt sensible to slightly delay a return to physical schooling to enable various mitigations to be introduced, together with a testing programme.

The representatives from the Children, Young People, Education and Skills Department thanked the Cell for the advice and asked the Chair to provide it in written format for the Minister for Education.

COVID-19 Vaccination programme.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A1 of its meeting of 17th December 2020, recalled that the Island had already been provided with batches of the Pfizer COVID-19 vaccine, which had facilitated the administration of the first dose of the same to many care home residents. The Cell received and noted a PowerPoint presentation, dated 28th December 2020, entitled 'Project Rozel – COVID-19 Vaccination. Deployment Timeline January / April 2021' and heard from the Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, in relation thereto.

She informed the Cell that there were certain caveats around the indicative timeframes set out in the presentation, which were dependent upon the Oxford-AstraZeneca vaccine receiving approval for use from the Medicines and Healthcare products Regulatory Agency. Until such time as this milestone was attained, the deployment amounts were provisional, because the Department of Health in the United Kingdom would not release confirmed figures. Furthermore, there was the possibility that other vaccine candidates might come onto market in the Spring, which could accelerate the deployment of the vaccine, but these had not been factored into the timelines.

The Head of Policy (Shielding Workstream) indicated that the vaccine was being

deployed in accordance with the priority list issued by the Joint Committee on Vaccination and Immunisation ('JCVI') and provided the Cell with the likely dates by which it was anticipated that the vaccine would be offered to the various cohorts, which could potentially be subject to change for the aforementioned reasons.

The Cell recalled that the JCVI had issued advice on the priority groups for the first phase of the vaccination programme down to those aged over 50 years. With regard to the second phase, which would include healthy individuals aged from 16 years to 50 years, the Cell queried whether the JCVI had set out priorities, or if more discretion, based on the local context, could be exercised. The Head of Policy (Shielding Workstream), informed the Cell that the JCVI had suggested that occupational prioritisation could form part of the second phase of the programme and that she would contact them to enquire whether further guidance would be forthcoming. She would review the various workforce groups and produce a paper to the Cell at a future meeting.

The Cell noted the position and thanked the Head of Policy (Shielding Workstream) for the update.

Re-connection.

A5. The Scientific and Technical Advisory Cell ('the Cell') recalled that over the period from late November to mid-December 2020, Ministers had implemented a range of non-pharmaceutical interventions, which had the effect of introducing an extended 'circuit break', with a view to restricting the transmission of COVID-19 within the Island. These had included the closure of non-essential retail premises, hospitality settings and close contact services, the advice to work from home if possible, the requirement to wear masks in indoor public settings, restrictions on the size of gatherings, the decision to categorise the whole of the United Kingdom as a 'Red' area and advice to avoid intermingling with other households. Some of these were enshrined within legislation and others took the form of guidance and were supported by the ongoing test, trace and isolate policy.

The Cell received and noted a PowerPoint presentation, dated 29th December 2020, entitled 'Circuit re-connection', which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and hear from him in relation thereto. He indicated that the aforementioned measures impacted the economy and people's health and wellbeing and were, as a consequence, unsustainable in the long term, but Ministers would require sound and fact-based reasons for relaxing, or removing, them. Officers would be formulating a re-connection policy and, in so doing, would be cognisant of the timeline for the COVID-19 vaccine by cohort; would be mindful of the research into the effectiveness of lockdowns and circuit breaks in other jurisdictions, which had previously been presented to the Cell; would consider evidence from the Analytical Cell in relation to unlinked cases and clusters and analyse the perceived relative effectiveness and degree of risk associated with each measure individually. The criteria used in determining re-connection might include the 7-day case notification rate, the instantaneous reproductive number (R_t), the 7-day positivity rate and daily positivity rates in older adult populations – notably those aged over 70 years - and evidence of significantly reduced unlinked case clusters from the Analytical Cell. Hospital admissions had not been included in the aforementioned criteria, in light of the lagging, but would be kept under review.

It was proposed that a staged approach should be adopted to the re-connection, with the most recently imposed measures the first to be relaxed, such as permitting non-essential retail premises to open and close contact services to be resumed. In Stage 2, it was mooted that hospitality settings, which served food, should be re-opened and larger gatherings, in school clubs and places of worship, for example, permitted. In Stage 3, gyms and 'wet' hospitality venues could potentially re-open and physical distancing reduced to one metre. Only once sufficient Islanders had received the COVID-19 vaccine could other public health measures be further relaxed. The Interim Director,

Public Health Policy, reminded the Cell that certain restrictions, that were currently in place, were due to be reviewed by Ministers during the week commencing 4th January 2021, mindful that 11th January had been announced as the point at which things might possibly be subject to change.

The Consultant in Communicable Disease Control indicated that it would be important to include the stance that would be adopted towards monitoring and managing those Islanders who had received the COVID-19 vaccine and he had been in contact with colleagues in Public Health England in this regard. The Independent Advisor - Epidemiology and Public Health, suggested that once measures had been taken to protect the health system and vulnerable Islanders, it was questionable whether it was ethical to suppress economic and social activity. He opined that it could be misleading to use the R_t number as a criterion for determining re-connection and that the test positivity rate in the key risk groups would be preferable. He also indicated that the Analytical Cell would be likely to continue to identify some clusters of positive cases, because a certain level of transmission of the virus was likely to remain in the Island for the foreseeable future. In his view, there was no reason for those settings highlighted for Stage One re-connection to remain closed at the current time and he suggested that the risk posed by hospitality settings with food could be mitigated by appropriate spacing of tables. He reminded the Cell that the greatest risk of transmission was posed by inter- and intra-household mixing.

The Cell indicated that the plan for re-connection would need to be flexible, mindful of the speed with which the situation could change and that it would take a little time for the impact of gatherings at Christmas to be evidenced and for a greater understanding of the effect of the N501Y variant of COVID-19 to be obtained.

Islanders' mental health.

A6. The Consultant in Communicable Disease Control queried whether the amount of support that was being offered to Islanders with pre-existing mental health conditions and those who had been most adversely affected by the mitigating measures was being documented and whether the Scientific and Technical Advisory Cell ('the Cell') was confident that sufficient support was being provided to those who were 'shielding'. He indicated that the Cell had often discussed the importance of protecting people's mental wellbeing, but he was not aware that it had been provided with tangible information on this subject. He was, however, cognisant that a plethora of people had sought mental health support following the first wave of the pandemic.

The Managing Director, Jersey General Hospital, indicated that the impact of the first wave on people's mental health had been demonstrated by an uplift in Islanders accessing the Listening Lounge and Talking Therapies. The workload of those providing mental health support in the community had also grown and this was also the case at CAMHS (Child and Adolescent Mental Health Services). There was increasing evidence around the impact of isolation on people and he suggested that it would be helpful for a suite of indicators to be presented to the Cell at a future meeting, to inform its decision making. He stated that he would liaise with partners across Government and undertake this work.

The Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, suggested that it might be helpful to commission a survey of Islanders in respect of their mental wellbeing. It was noted that Statistics Jersey had included questions relating to this and people's finances during the pandemic in the Jersey Opinions and Lifestyle Survey, which had been distributed in June 2020. The Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, indicated that additional analytical support was in place within Public Health, so they could potentially engage with Statistics Jersey to undertake a survey on this subject.

Lateral flow devices.

A7. The Scientific and Technical Advisory Cell ('the Cell') received and noted a PowerPoint presentation, dated 29th December 2020, entitled 'Initial briefing note: *Innova* Lateral flow antigen tests', which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and heard from him in connexion therewith.

He informed the Cell that officers had been in discussions with the Department of Health and Social Care in the United Kingdom ('UK') immediately before Christmas and had been offered 65,000 Innova Lateral Flow Devices ('LFD') at no cost to the Island, subject to a rapid decision being made and mindful that it was not clear whether the option to accept them would be open at a later stage. Although cases for their use had not been considered via the Cell and Competent Authority Ministers, the allocation had been accepted.

The Innova LFDs had been approved for administration by health care professionals for some time, but home use had been endorsed by the Medicines and Healthcare products Regulatory Agency (MHRA) on 23rd December 2020. These devices had been employed for the mass testing initiative in Liverpool and had been found to perform effectively and detect at least 50 per cent of all PCR positive individuals and more than 70 per cent of individuals who had higher viral loads, whether displaying symptoms, or asymptomatic. The swab was taken from the individual's nose and then a solution added before being introduced into the lateral flow device, which produced a result within 20 minutes.

The Cell was reminded that Jersey had recently been undertaking more than 10,000 PCR tests per 100,000 population, which was very high in comparison with other jurisdictions. In light of the false negatives associated with the LFDs, it was not proposed that they should replace the PCR testing, particularly amongst cohorts where accuracy was important - such as in frontline health and care settings - but when combined with the same, could significantly reduce risk for targeted populations. The key advantages for Jersey were that the swab for the LFD could be self-administered - albeit slightly better results were achieved when this was done by a healthcare professional - and there would be low reliance on the Government's testing infrastructure, which had recently been under some pressure. The LFDs were packaged in boxes of 25, together with a couple of bottles of solution and a set of swabs, so were not designed for single use and could be employed for testing specific locality populations, key workforces, or sectors. In light of the discussion that had taken place with colleagues from the Children, Young People, Education and Skills Department at the current meeting (Minute No. A3 referred), the Interim Director, Public Health Policy, informed the Cell that he felt there was merit in them being used in the schools to test teachers and older pupils. They would detect a number of asymptomatic positive cases and provide some reassurance to parents, leading to fewer lost school days.

The Independent Advisor - Epidemiology and Public Health, supported their use in the schools and suggested that they could also be employed to test employees working in the hospitality sector, thereby contributing to increased confidence in those settings. The Consultant in Communicable Disease Control indicated that it would be important to identify the positive cases, that were not located through the LFDs, by PCR testing, but agreed that they would highlight the most infectious individuals. He opined that the LFDs should be employed for the general benefit of the Island and favoured their use in the schools and potentially for care home residents and visitors, noting that the swab could be taken by healthcare professionals in the homes, with the associated increase in accuracy. Whilst the employers from the hospitality sector could be made aware of the potential benefits of the LFDs, he felt that they should be required to fund their acquisition themselves. He reminded the Cell that whilst the LFDs provided false negatives, which made it essential that the use of PPE and good hygiene was maintained, they could also provide false positives, which might result in people being

sent home from school, or not being permitted to visit a care home resident.

The Interim Director, Public Health Policy, informed the Cell that he would prepare a plan for the Cell to review at its meeting on 4th January 2021. He noted the case for the use of LFDs in the hospitality sector and suggested that there might be sufficient swabs for a pilot project to encourage them to acquire the LFDs on a commercial basis, which the Government could assist them to negotiate.

Noting that the Cell's preferred option was for the LFDs to be used in the schools, the Chair of the Cell indicated that he would make reference thereto in the letter that it had been agreed that he should send to the Minister for Education at Minute No. A3 of the current meeting.

Matters for information.

A8. In association with Minute No. A2 of the current meeting, the Scientific and Technical Advisory Cell received and noted the following –

- a weekly epidemiological report, dated 24th December 2020, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 24th December 2020, which had been compiled by the Office of the Superintendent Registrar; and
- economic indicators, from Statistics Jersey, for week 51 of 2020 (week commencing 14th December).