SN

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(65th Meeting)

(Business conducted via Microsoft Teams)

5th July 2021

PART A (Non-Exempt)

All members were present.

Mr. P. Armstrong, MBE, Medical Director (Chair)
Dr. I. Muscat, MBE, Consultant in Communicable Disease Control
P. Bradley, Director of Public Health Practice
Dr. G. Root, Independent Advisor - Epidemiology and Public Health
R. Sainsbury, Managing Director, Jersey General Hospital
Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention
Dr. M. Garcia, Associate Medical Director for Mental Health
S. Petrie, Environmental Health Consultant
A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department
I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department
R. Corrigan, Interim Director General, Economy
N. Vaughan, Chief Economic Advisor

In attendance -

J. Blazeby, Director General, Justice and Home Affairs Department
Dr. M. Doyle, Clinical Lead, Primary Care
M. Knight, Head of Public Health Policy
B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department
S. White, Head of Communications, Public Health
M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department
Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department
L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
S. Martin
M. Rogers, Head of Children's and Young Peoples Services
K. Posner
C. Keir, Head of Media and Stakeholder Relations
Dr. N. Kemp, Senior Policy Officer, Strategic Policy, Planning and Performance
S. Nibbs, Secretariat Officer, States Greffe

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

64th Meeting
28.06.21

Minutes

The Scientific Technical and Advisory Cell ('the Cell') commenced the meeting by noting that there were no Minutes available for approval as yet by the Cell, and that draft Minutes for its meetings on 14th June, 21st June and 28th June 2021 were currently being reviewed by the States Greffe.

Intelligence overview including Analytical Cell Update and HCS service activity
STAC Monitoring update

A1. The Cell reviewed a PowerPoint presentation, regarding an Intelligence Overview, including Analytical Cell Update and HCS service activity, which had been prepared and was presented by M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, and L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department

M. Clarke provided a case update, confirming that there were had been 370 active cases of COVID-19 in Jersey as of Friday 2nd July 2021. Of these cases, 119 were linked to schools. In addition, 11 teachers had also been affected. There were 3021 direct contacts arising from the 370 active cases. 1245 direct contacts across the community were as a result of the cases linked to educational establishments.

It was noted that 151 cases had been identified through contact tracing and that 52 cases had arisen as a result of arrivals screening. There had therefore been an average of approximately 64 new cases per day most recently, The Cell noted that there were currently two Covid-19 related hospital admissions in the last seven days, but that no deaths had occurred due to the virus in that time. The 7-day rate was now 260.67 and the 14-day rate was 345.08. Increasing amounts of people were also seeking healthcare due to concern over potential COVID-19 related symptoms.

L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department provided an Analytical Cell summary. It was noted that there had been 151 cases connected to contact tracing, as well as a doubling of those individuals seeking health care who were then found to be COVID-19 positive.

During the weekend immediately preceding the meeting,72 new cases had been identified on Saturday 3rd July and 84 further positive cases had been identified on Sunday 4th July. Of this number, the majority of these were symptomatic, but a number of individuals tested positive who were asymptomatic. It was further noted by the Cell that some inbound travellers had not tested positive for COVID-19 until their Day-8 test in the Island. It was confirmed that these cases would be reviewed later that day and reported back on to the Cell at its next meeting.

M. Clarke presented the Public Health monitoring dashboard to the Cell. Early warning indicators had been noted before cases started to rise, and such a rise had also been indicated by more calls to the helpline. It was reported that a stomach bug had also been evident in numerous children, which presented some similar symptoms to COVID-19. As a result, all children affected had been tested for COVID-19 to err on the side of caution. It was reported that a technical issue had arisen with the collation of the attendance data from schools, so this was not available for review at the present time. In terms of inbound travel, it was reported that there had been a stabilisation in the number of inbound travellers arriving in Jersey over the previous two weeks.

The vaccine update confirmed that 70,335 first doses and 52,595 second doses of the vaccine had now been provided, giving a total of 122,930 immunisations. More

than 72 percent of those aged over the age of 18 had now received a first dose of the vaccine, and that 48 percent of the same age cohort had also received a second dose. Jersey still compared favourably against other jurisdictions across all age groups regarding the number of vaccines being given. Jersey could therefore demonstrate that 81 percent of adults of 18 years of age and over were now vaccinated, comparing very favourably to other locations, and was beyond its initial vaccination target of 80 percent of the qualifying population. The Cell viewed this as positive news and noted that this compared favourably to numerous regions of the United Kingdom.

In addition, it was noted that 95 percent of care home residents and 98 percent of care home staff had now been vaccinated, as had 99 percent of all front-line health and social care staff. More than 2,000 on-Island tests were being undertaken per day, and an average of 64 new cases per day were being confirmed, whereas at the beginning of June, only three cases per day were being registered. This contrast was noted by the Cell. A test positivity chart showing infection by age group was reviewed.

Having further regard to the 'Overview' slide, the Cell recognised that several clusters of infection had developed during June 2021, with cases steadily increasing. A review of the Public Health Monitoring dashboard confirmed that the helpline had received in excess of 400 calls per day, especially where the callers reported COVID-19 symptoms. Very few callers were in the 60 plus age group, which was reassuring due to their more likely clinical vulnerability in comparison to callers from younger age cohorts. The weekly update and testing rate in Jersey was confirmed at a rate of 16000 tests per week, per 100,000 members of the population. This had resulted in a positivity rate of 0.8 percent. This compared favourably to the UK, where a 1.8 percent positivity rate was being recorded.

The Cell discussed the instances of 'Long COVID' recorded in 'EMIS', the central server for Jersey based General Practitioners, noting that this condition had been recorded in respect of 50 patients. Of this number, 40 had been recorded as presenting with Post COVID-19 syndrome, and ten patients with ongoing symptomatic COVID-19.

L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department provided a Projections Update for the Cell, showing a Susceptible, Exposed, Infected, Recovered ('SEIR') modelling scenarios slide. The '~R' estimate on 4th July 2021 was noted as being between 1.8 and 2.2, which was the effective rate on Island for the extant week. Dr. G. Root, Independent Advisor - Epidemiology and Public Health, professed the view that the Cell was no longer limited to discussing generalised clusters of infections. He felt that it would be wise to focus on additional screening data, such as reviewing hospital admissions. This was agreed.

A Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, advised those present that C. Follarin, the Interim Director of Public Health, was due to relinquish her role as Chair of the Analytical Cell as of 6th July 2021 as part of the process of leaving the Interim Director of Public Health position. Dr. C. Newman, would take over as Chair of the Analytical Cell. Members were apprised that Dr. Newman had been consulting with key colleagues about the operation of the Analytical Cell. One of Dr. Newman's primary aims was to make it simpler to draw out more data and information for epidemiological study, such as pinpointing the vectors of transmission. Dr. Newman advised the Cell that the Analytical Cell was evolving into an Analytical and Epidemiological Cell ('AEC'). The enhanced membership of the AEC would now include L. Daniels and M. Clarke, and the AEC would move away from case-based discussions, towards theme-based

trends, and reviewing hospitalisations due to COVID-19. Dr. I. Muscat, MBE, stated that there remained a need to review individual cases and to ask those affected to ensure that they would isolate, as they could transmit the virus whether they were symptomatic, or not.

It was agreed that the Cell needed to continue to emphasise the importance of all eligible Islanders taking the vaccination that was offered. Whilst it was understood that there could be a temptation for members of the public not to become fully vaccinated as they were already achieving certain social freedoms, it was nonetheless essential for as many people as possible to ensure that they were doubly immunised. The Cell agreed that, ideally, the COVID-19 virus would move through those parts of the population that were ineligible for vaccination and ideally this would happen throughout the summer.

P. Bradley, Director of Public Health Practice, raised the issue of the work required to recognise which members of the population were being affected by serious disease arising from COVID-19 or Long Covid. Potential areas and cohorts of vulnerability were considered, including those who might be showing signs of vaccine hesitancy and clinical vulnerability. Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department, agreed with this approach, but also noted that this level of data was difficult to obtain in Jersey. However, the AEC team was working to identify populations of concern. M. Clarke agreed that there was a paucity of case data around the ethnicity of those accepting and refusing the vaccine presently, and that this had been the case for quite some time. This was noted as being an issue that the Cell had found challenging during both the first and second waves of the pandemic.

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, noted that GPs were also busy presently, with a wide variety of viral illnesses being noted, which were themselves distinct from COVID-19. This was agreed by Dr. M. Doyle, Clinical Lead, Primary Care, who stated that viral presentations were now being observed in the Emergency Department that were absent for most of the last year. Dr. I. Muscat, MBE, concurred that certain viruses were now "catching up" with the population, when previously, non-pharmaceutical interventions ('NPIs') such as masks had stopped the spread of such viruses last winter. It would remain important to keep such viruses under control during the forthcoming winter.

Returning to the issue of vaccine hesitancy, S. Martin [role] opined that The Cell needed to continue to consider the narrative of the messaging around COVID-19. It was noted, for example, that more than 80 percent of those people who were experiencing symptoms were not fully protected and this required further emphasis. Dr. I. Muscat, MBE, agreed and confirmed that the figure in question was 83 percent. Dr. Muscat, MBE, expressed further concern regarding how some members of the population were of the view that they did not need to be fully vaccinated.

R. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department, confirmed that her team had been working with and continued to work with charity and community groups and clinically vulnerable groups, as well as sector specific organisations such as the Farmers Union, and the hospitality industry, as well as ensuring that British Sign Language ('BSL') and translated videos were available so as to emphasise the message of immunisation.

Dr. G. Root agreed that the social and travel freedoms available would need to be emphasised regarding the importance of double vaccination. For example, a recipient would only be sent a "double vaccination certificate" to enable travel if they had received both immunisations.

M. Rogers, Director General of Children, Young People, Education and Skills proposed continuing to exercise caution in the language used by the Cell, so as not to cause unnecessary concern to head teachers and their staff. A. Khaldi summarised by stating that the discussion had been helpful and it would also assist to consider new forms of analysis in terms of what data was being analysed, as well as how this was being done. It was agreed that all members of the Cell were welcome to provide any further suggestions about the collection and analysis of data to both A. Khaldi and Dr. C. Newman.

Younger Adult Considerations

A2. The Cell, with reference to its Minute No. A4 of 28th June 2021, considered the transmissibility of the COVID-19 virus within the Young Adult population. A. Khaldi recalled that operational pressures had precipitated the recent change in policy in connexion with this cohort. There had been almost unmanageable demand placed on the helpline in recent days, which was also symptomatic of the understandable frustration in waits for COVID-19 tests, to then enable the removal of isolation requirements for Direct Contacts ('DCs'). The exceptional pressure on the helpline, *inter alia*, had demonstrated that a change of policy was required. Technical issues in providing test notifications were also discussed, as were the impact of those policies which had been unclear to Islanders and therefore affected family members differently. It was noted that the helpline was being accessed not only for symptom queries, but also for callers to seek clarification regarding the issuance of vaccine certificates.

It was averred that the public was trying to understand the rules related to COVID-19 and how those different sets of rules might apply. A. Khaldi confirmed that refreshed objectives had been discussed over the weekend with Ministers, but such objectives were by no means exhaustive. It was noted that the Cell and the associated Competent Authority Ministers had enjoyed the support of Islanders, however, that support had waned, and this now needed to be restored. The completion of the double vaccination programme remained a priority, as did protecting work forces, the protection of critical infrastructure, the maintenance of schooling and supporting the economy.

The Cell reinforced its agreement to maintain capacity and be mindful of clarity. It recalled that it had reminded Ministers previously that infection control at the border needed to be maintained was and the Cell re-affirmed its position on this matter. The Cell was mindful of its further aim to keep hospitalisation owing to COVID-19 low and manageable in terms of volume. The Cell averred that it remained essential to isolate positive cases. A. Khaldi raised a query regarding the capacity of the testing programme and also considered the matter of triple COVID-19 tests.

Reflecting on the extant travel policy, the Cell considered whether there was a need to continue to ask incoming travellers to isolate until they have received the result of their day zero test. (It was recalled that the current policy was to enable those travellers who were doubly vaccinated within the accepted protocols not to isolate until they received their COVID-19 test result). The question of the risk of seeding potentially "ebbing" due to the extent of transmission of COVID within the Island was also considered.

The Cell was asked to provide its views regarding considerations in connexion with young people. The Cell acknowledged that it was in a new phase of the COVID-19

pandemic, and that it would also have an opportunity to review, and reconsider, polices to guide ministerial decision making into next Winter.

Dr. N. Kemp, Senior Policy Officer, Strategic Policy, Planning and Performance, asked the Cell to bear in mind what were proportionate measures to propose when University students isolated on their return to Jersey. There followed a discussion regarding the refreshed objectives discussed during the weekend with Ministers. A. Khaldi expressed the view that the list of objectives needed to be divided into main and supporting objectives. P. Armstrong, MBE, Medical Director (Chair), thanked A. Khaldi for all his work on setting the objectives under discussion and for the time spent in consultation with Ministers.

Dr. G. Root expressed the view that allowing children to develop natural immunity to COVID-19 was a radical change in policy for Jersey. Dr. Root retained his opinion that the remaining non-pharmaceutical interventions ('NPIs') within the Island were not having an impact on transmission – and this this needed to be accepted more widely. He opined that the Cell and the Ministers advised by the Cell should do their "utmost" to protect highly vulnerable clinical groups and that this could be partly achieved by further examining and communicating with vaccine hesitant patients. S. Martin raised concerns about appearing to offer concessions to those who had only received one dose of the vaccine, due to the risk that those who were only partly vaccinated were still subject to risk. P. Armstrong reminded those present to remember the mental and social harms that extended self-isolation could bring to children and young people.

B. Sherrington noted that the fear of developing COVID-19 had been a driving force for older age cohorts to become vaccinated. It was agreed that it also needed to be emphasised to younger people that they should ensure that they were vaccinated and also that the communications drive around this should continue. Dr. C. Newman advised those present that certain members of the population were requesting a travel certificate which would only be provided after taking both vaccines, when the persons in question had only received one vaccine. Such requests were being refused, unless in exceptional circumstances.

P. Bradley opined that the clear objective should be to prevent serious disease and death due to COVID-19, whilst also noting that there would always be vaccine hesitant groups and members of the population. Dr. I. Muscat raised the point that it would be preferable, as far as possible, for the present wave of COVID-19 to avoid the winter season, as this was the time of year when influenza prevailed. He noted that if too many people became unwell at one point in time, there could be damage to the Island's infrastructure.

M. Rogers stated that it was important for the Cell to look as far ahead as possible, and that he was keen to know that it was working from a set of "relatively fixed" principles, that would nonetheless enable it to deliver upon key policies. He expressed the view that some politicians could be perceived as trying to "force" an inflection point, (of removing remaining non-pharmaceutical interventions), when the Island was not quite at that stage. M. Rogers stated that the Cell needed to maintain its pragmatic position and to be as helpful as possible around the question of non-vaccinated students returning to the Island.

R. Sherrington advised those present that the Joint Committee on Vaccination and Immunisation ('JCVI') was still considering the matter of children's vaccinations. It was likely that the JCVI would make an announcement later in the week in connexion with child vaccination. It was also likely that any such groups who would be vaccinated would be small in number, and the Cell had continued to follow JCVI

advice in this regard. It was not likely for such advice to change between the current date and September 2021, however, a watching brief would be kept.

A. Khaldi stated that, where there was felt to be political pressure exhibited towards the Cell, it may wish to have further analysis performed. It was averred by A. Khaldi that the current testing arrangements needed to be reviewed and a sharing of views on this point was welcomed, with the intention that the Cell could conclude the meeting on a point of certainty. The more difficult, second point, was the idea of enabling variations for single dose vaccinated recipients. A. Khaldi asked whether the Cell considered that the extant border policies regarding non vaccinated people travelling were correct, in terms of proportionality.

Dr. M. Doyle opined that those who had received the double vaccination were not a homogenous group. Dr. M. Doyle recalled that an average of two percent of Islanders were taking immuno-suppressant medication, and that the impact of the vaccine on such medication – and *vice versa* – was not set out clearly. However, the reduction in the protection afforded by the vaccine could be by as much as thirty percent when taking into account contra indications with regard to such medication. Dr. Doyle also reminded the Cell that the age of the vaccine recipient was another risk factor to be considered.

M. Clarke noted that there were presently a number of people in the younger population who were not fully vaccinated as yet and if they were to test positive in the coming days they would have to await the infection to leave them and would then be unable to access either the primary or secondary vaccine for four weeks. This factor could also have implications for the vaccine programme to reach its mid-August targets. P. Armstrong stated that the discussions being held underlined the point that receiving the vaccination was one of the most important things that the Cell had to keep considering and urging. As a matter of policy, any factors that might risk reducing the uptake of vaccinations would be opposed by the Cell.

A.Khaldi expressed the view that providing three tests for those under the age of eleven years (who had been flagged as Direct Contacts) seemed to be somewhat excessive. The ability to isolate those who were themselves infected and also infectious, would in itself have some suppressive effect. Dr. I. Muscat, MBE, stated that those under the age of eleven were more delicate than those aged over eleven, hence the triple testing. The number of positive cases in children of nine and under was and remained in, single digits. The idea remained not to stop transmission, but rather to slow it. Dr. Muscat, MBE, went on to state that it would be helpful if children were to contract the COVID-19 infection now, rather than during winter, due to the reasons of other viruses and illnesses prevailing during the winter season.

Dr. G. Root noted that a passive case detection system was emerging, but that he remained concerned about how this policy change was going to be communicated, especially with regard to children and the potential risks to them. Dr. Muscat MBE stated that it was not a policy change that was specific to children, but rather to do with the lifting of restrictions upon children as whole. As a result of this, infections were occurring in those who had not yet been vaccinated and also in those who were not yet eligible for vaccination. Dr. Muscat posed the question whether the Island should continue on its current trajectory, bearing in mind that those who were not eligible for vaccination would at some point be likely to be infected?

Dr. Muscat, MBE also considered what was “the way forward” for those who were not eligible for a vaccine. P. Bradley agreed that it was necessary to be clear about the rationale. Having a potential reduction in testing made good logical sense, however, communicating this would be difficult, especially to parents.

It was agreed that the Cell needed to retain the confidence of Islanders. S. Petrie agreed that "messaging was key", including clear communications from the track and trace helpline.

P. Armstrong advised the Cell that he felt he was hearing support from moving away from current practices and noted that it had been a helpful discussion.

Review of Safer Travel Policy

A3. The Cell undertook a discussion regarding the Safer Travel Policy, based on a briefing paper produced by N. Kemp, entitled: "Consideration of younger adult population". The scope of the paper was to consider the younger adult population following recent policy changes for fully vaccinated individuals and children and young people.

The Cell considered the background to its deliberations regarding the Safer Travel Policy. It recalled that, on 28th May 2021, the COVID Status Certification scheme commenced, which allowed 'Green Light' status for Islanders and visitors who had been fully vaccinated within the Common Travel Area (CTA) with a MHRA approved vaccine two weeks before travelling. This meant that such passengers required a day zero test only and no isolation if they were arriving from a Green or Amber area. Passengers with a Red travel history were classified Red, regardless of their vaccination status. Subsequent amendments to the policy had meant that, from 15 June fully vaccinated individuals has reduced testing and amended isolation rules. Changes had also been made to the Safer Travel Policy for children and young people. Children under the age of 18 were classed as Green arrivals, regardless of their parents' vaccination status or their 14-day travel history.

The following key considerations were discussed, and the Cell was invited to review the considerations set out below. Subject to the recommendations and advice from the Cell, policy officers would then develop the relevant policy options. The Cell's views were also requested on the future of testing and isolation requirements for direct contacts as protection through vaccination was due to increase.

1. The proportionality of remaining measures in place for young adults, both at the border and in those identified as direct contacts;
2. The recognition of the single dose of COVID-19 vaccination and its associated benefits, as well as whether or not to align with fully vaccinated adults.
3. Alternatively, modification could be considered for those who had received a single vaccine dose only.

It was noted that, should policy changes be made for unvaccinated younger adults, this would risk creating reverse discrimination towards older adults who were unvaccinated, for whatever reason. There followed discussion regarding the removal of the isolation requirement for returning University students only. This was deemed as a high-risk measure, on the basis that, as at 30th June 2021, 13 active cases were known to be in respect of university students. The ability of those identified as direct contacts to continue with their travel plans if they were in receipt of a negative COVID-19 PCR test in the 72 hours prior to travel was also discussed.

The current travel policy was considered, as were three further issues for discussion:

1. For those incoming passengers who were double vaccinated, what were the risks of reducing COVID-19 testing to be undertaken post arrival, and what were the merits or otherwise of re-introducing Day 0 isolation, until such time as a negative result was received from the traveller's first on-Island test?
2. If the inbound traveller was unvaccinated or partly vaccinated, whether or not Common Travel Area ('CTA') travel was too severely restricted given comparable infection rates;
3. With regard to unvaccinated or partly vaccinated passengers, the serious concerns remaining about affording variations for those with single doses of the vaccine only.

P. Bradley registered a conflict of interest about forthcoming travel discussions, due to the planned arrival of his family in Jersey at the end of July 2021.

A. Khaldi sought views from colleagues, bearing in mind the data provided by M. Clarke and N. Kemp, so as to enable policy options to be developed for Ministers as swiftly as possible. I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, was of the view that levels of further seeding needed to be mitigated. It was noted that what was being suggested was that the CTA would turn green and that the Island therefore might enable a 'green light policy' for those fully vaccinated visitors from such regions. I. Cope asked that, if the Cell was focusing on a risk-based approach, was there a case to move away from the UK traffic light system of Red/Amber/Green ('RAG') rating.

There followed a discussion about reviewing both the early and advanced indicators of infection. Dr. I. Muscat, MBE, noted that the indicators had been changed by the effect of vaccination and that the Cell also needed to be mindful of potential harm. Such indicators has been monitored, but all thresholds set in place have now been breached.

P. Armstrong expressed the view that this subject required further discussion and review. A. Khaldi confirmed that the Cell need to work on this matter as soon as possible, including the particular issues of those students who were due to return to the Island. K. Posner agreed that an early decision would be helpful, as a number of students would be returning over the next two weeks. It was noted that there could be a significant change to the travel policy which would require the Cell's strategic input, as soon as possible.

Vaccination update

A4. The Cell, with reference to its Minute A7 of 28 June 2021, received an update from R. Sherrington regarding COVID-19 vaccine boosters. R. Sherrington advised the Cell that the JCVI had announced its interim advice, which was a somewhat unusual step. A range of clinical trials were noted as ongoing at the present time, regarding the durability of vaccines beyond six months after their delivery into patients. The Cell noted that business planning was underway, and that Fort Regent had been secured for the booster vaccines to be provided.

The usage of different vaccines for distinct cohorts, such as those suffering extreme clinical vulnerability, those aged 70 years and over, those living in care homes, those who were working on the medical 'front line', and those who were immuno suppressed were discussed. It was likely that the advice to be followed would be for recipients of vaccines to seek a booster vaccination approximately six months after their most recent immunisation.

Potentially, clinically "at risk" children would also be considered for vaccination against COVID-19. Initial conversations regarding the most suitable approach to this proposal had been undertaken with the Children's Commissioner and relevant government departments. This was noted as a helpful course of action. Dr. I Muscat asked what the intention was regarding flu vaccines this year. R. Sherrington confirmed that current advice from JCVI was that the flu vaccine could be given at the same time as a COVID-19 booster vaccine.

M. Rogers requested the Cell's guidance regarding highly clinically vulnerable children and young people, for example those who were educated at Mont a L'Abbé School who had a number of underlying medical conditions. It was noted that those children who had been able to have the vaccine had benefitted from this, but those who were not able to be vaccinated remained vulnerable and there were concerns being raised about whether or not such children and young people should return to the school environment at the present time. It was agreed that further discussions on this point would continue following the extant meeting.

P. Armstrong thanked all those present for their attendance and contributions. The meeting ended at 1244 hrs.

End.