SEN

SCIENTIFIC AND TECHNICAL ADVISORY CELL

(68th Meeting)

(Business conducted via Microsoft Teams)

26th July 2021

**PART A (Non-Exempt)**

All members were present, with the exception of , M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, S. Martin, and Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department, from whom apologies had been received.

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

In attendance -

Dr. M. Doyle, Clinical Lead, Primary Care
M. Knight, Head of Public Health Policy
B. Sherrington, Head of Policy (Head of Vaccination), Strategic Policy, Planning and Performance Department
S. White, Head of Communications, Public Health
Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department
Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
J. Blazeby, Director General, Justice and Home Affairs Department
C. Keir, Head of Media and Stakeholder Relations
S. Devlin, Group Director, Children, Young Persons and Education Service
K. Huelin, States Greffe
S. Nibbs, Secretariat Officer, States Greffe

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

68th Meeting
26.07.21

Minutes

A1. The Scientific and Technical Advisory Cell ('the Cell'), reviewed the Minutes of the meetings held on 14th June, 21st June, 28th June and 5th July 2021. The Minutes were ratified, and it was noted that these would be provided to the Scrutiny Panel following the extant meeting.

Intelligence overview including Analytical Cell Update and HCS service activity.

A2. The Scientific Technical and Advisory Cell ('the Cell') reviewed a PowerPoint presentation, which had been prepared and was presented by L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department.

L. Daniels informed the Cell that there had been 3109 active cases of COVID-19 active on the Island, as of Friday 23rd July. The majority of cases during the past three weeks had been diagnosed following individuals seeking healthcare. The Analytical Cell summary showed that there were 14 patients being treated as in patients for COVID-19, and that of this number, eleven had been admitted with clinical Covid-19 as primary health issue. [It was noted that five of the in patients were fully vaccinated], however the two cases remaining in the Intensive Care Unit had not been vaccinated [and were also the subject of underlying health conditions]. It was confirmed that, out of the essential public work force, 41 Health and Social Services and Community staff were affected, as were several prison inmates and officers. Some staff from the test and trace team had also been infected by COVID-19. It was further noted that some cases amongst school aged children were still being picked up and that test positivity was now higher in Jersey than in the UK. The '~R' estimate was now between 1.4 and 1.7, which was lower than in previous weeks. As Dr. C. Newman was not present at the meeting, the remainder of the Analytical Cell summary was held over until the next meeting of the Cell.

The Cell was advised that helpline data was currently being reviewed and that a further update regarding the volume of calls and the reasons for those calls would be provided as soon as possible. With regard to Long Covid monitoring , 78 patients were currently recorded in EMIS, the Island-wide General Practitioners central record keeping system, which was an increase from 50 cases which were registered approximately two weeks ago,

The Cell as apprised that vaccine numbers had continued to rise and that more than 73,000 first doses and more than 62,000 second doses had been given. The running total number of vaccines therefore stood at a total of 135,379 doses. These numbers translated into 68 percent of total population coverage. Further, 85 percent of adults aged 18 and over in Jersey were now in receipt of their first vaccine. Such statistics compared favourably to the rest of Europe. The Cell was also aware of reports from the United Kingdom of cases levelling off (and in some regions, declining) This development was noted and being kept under review. However, the Cell noted that cases of COVID-19 were reportedly rising in France and also in Ireland.

Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention, asked the Cell to consider defining what was meant as "seriously ill" in terms of hospitalisation statistics. It was confirmed that such definitions would be covered by R. Sainsbury in the forthcoming hospital update. Dr. G. Root, Independent Advisor - Epidemiology and Public Health, suggested that the statistics available showed that cases in Jersey were also falling and that this was encouraging, as the position mirrored the slightly reducing numbers in the UK. Dr. G. Root was of the view that the Cell needed to reflect upon this decline and why the positive number of cases might be declining. Dr. G. Root expressed the view that it would be useful

if certain incidence data could be dis-aggregated regarding vaccinated and non-vaccinated positivity rates.
L. Daniels noted this proposal and confirmed that data quality issues were still being worked upon in this regard. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, agreed it that was somewhat encouraging news regarding declining infection rates in terms of both testing outcomes and case reporting.

It was agreed that the re-introduction of the wearing of masks had currently had too little time to have impact. However, Dr. I. Muscat, MBE, Consultant in Communicable Disease Control, opined that two factors were present. Firstly, Ministers had begun to re-introduce much stronger guidance, but public consciousness of rising case rates was also increasing. In turn, the social behaviour of Islanders was also affected by this knowledge. It was agreed that it was some of those components had contributed towards the extant position. A. Khaldi expressed some concern regarding reported rising test positivity in arrivals to the Island due to the risk of the seeding of potential variants of concern.

It was also noted by the Cell that serious disease was a "lag indicator", and that the Cell also needed to concentrate, to some degree, on care settings and infections therein where such infections may produce further risk. A. Khaldi also expressed his "significant relief" that the Island appeared to be in the position of increasing vaccination and declining infection at the current time. Dr. G. Root averred that it was important for the Cell not to overstate the use of masks, as this was a recent policy re-introduction. It was averred that the vaccination programme was the main reason that cases of COVID-19 had stabilised.

R. Sainsbury, Managing Director, Jersey General Hospital, provided the Cell with an update on current hospital capacity and clinical activity. The Cell was apprised that the discharge of three patients was planned for later that day, and that and that the majority of other clinical activity was manageable within the wards. Some patients were requiring oxygen support and the Cell was apprised that the Health and Social Services department was trying to bolster its respiratory community nursing team, as some cases of COVID-19 could be managed within the community.

R. Sainsbury confirmed to the Cell that two cases of COVID-19 in ICU were of concern. One of the patients was receiving non-invasive ventilation, and the other patient was receiving invasive ventilation. Both patients in question had previous medical complications, as well as COVID-19. It was noted that those patients who were unvaccinated were unfortunately in a worsening clinical position. The clinical situation of both ICU patients was being monitored closely. Dr. P. Bradley, Director of Public Health, enquired as to the ages of the patients in question, and it was confirmed that both patients were in their late 50s and their 80s, respectively.

It was further confirmed that there was currently hospital capacity of 69 percent and that and oxygen utilisation was relatively low. R. Sainsbury was therefore pleased to report that the week had started with the General Hospital in a good position. Dr. I. Muscat, MBE, stated that he thought it would be helpful for the public to receive messaging about hospital data relevant to COVID-19 on either a weekly or fortnightly basis. It would also be useful to estimate the number of people who had been rendered immune to the virus in the last six months, due to their contraction of COVID-19. However, it was noted that this natural immunity could also wane. Dr. I. Muscat, MBE noted that, unfortunately, Jersey did not have an Office of National Statistics (ONS) style antibody prevalence estimate, which would have assisted with assessments of naturally acquired immunity. It was also pointed out that there were possible higher reinfection 'odds' for the Delta variant, and in connexion with this,

the Cell had regard to the Delta risk assessment that had been circulated to the Cell in advance of its meeting.

In terms of increasing management of the treatment of COVID-19 in the community, it was discussed whether measuring oxygen saturation levels of COVID-19 patients, both in and out of hospital, would be helpful. It was agreed that this proposal could be discussed further, following the meeting.

C. Keir, Head of Media and Stakeholder Relations, reminded the Cell that the media were enquiring about data around the volume of inpatients who had received vaccinations and their age ranges - and if such details could be provided, it would be likely that the media would report such information. R. Sainsbury expressed the view that the reporting of patients who were hospitalised with COVID-19 could be misleading if this was done on a daily basis, due to the constantly changing amounts of admissions and discharges. A weekly report was favoured, in order to take into account the flow of hospital admissions and discharges over a fixed period of time. It was agreed that the specific approach could be discussed in further depth following the Cell's meeting. The Cell agreed that the continued need for transparency in such matters was important.

The Cell returned to the issue of Long COVID and considered whether there was any further meaningful detail that could be added to the data that was currently available. Dr A. Noon opined that a database and / or clinic should be organised in order to review this patient group centrally. Dr. M. Doyle expressed agreement with the proposal and stated that as this was a disparate group, it would be helpful to have some further clinical oversight of this cohort, It was noted, for example, that some patients had ongoing respiratory symptoms and others exhibited mental health symptoms, both of which appeared to have been caused by COVID-19.

Dr A. Noon asked whether or not the United Kingdom had any guidance and data regarding what was classed as a 'critically ill' COVID-19 patient, that Jersey could also follow. Dr. R. Sainsbury explained that circumstances in Jersey were slightly different in comparison to much to the UK, noting that, because there was bed availability in the Jersey General Hospital, it was more likely that COVID-19 patients would be brought in for observation and oversight, whereas in the UK, patients with milder cases of COVID-19 might not be admitted into hospital. It was noted that the Island's consultant respiratory physician and team would be keen to link in with Emergency Department and primary care colleagues so that further knowledge and data could evolve. R. Sainsbury was of the view that it would be sensible to have a Jersey group focusing on this, and this was agreed by the Cell. Dr. I. Muscat, MBE, noted that it may be the case that Jersey's definitions were distinct from those used in the UK, due to the way that COVID-19 conditions had been managed in the Island, to date.

**Addressing infection rates: Outline Intervention Proposal - Potential Changes to Isolation Length**

A3. The Cell had regard to a presentation entitled 'Addressing infection rates: Outline Intervention Proposal', prepared by J. Lynch, Policy Principal, and A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department. Mr. Khaldi provided the presentation and summarised that the proposal was to reduce the current 14-day isolation period that was imposed when an individual tested positive for COVID-19, to ten days. It was confirmed that such a change would bring isolation practice in Jersey into line with isolation practice in the United Kingdom The Cell noted that there had been concerns raised in the Island that the extant 14-day isolation period was disproportionately long, and that the policy failed to take into account that the infectious nature of COVID-19

was much more likely to prevail within the first few days of its diagnosis.

Dr. I Muscat, MBE, was supportive of the proposal on the basis that it would bring the Island into line with the United States Centre for Disease Control and Prevention guidance. It would also be consistent with UK guidance and especially helpful to those arriving in the Island from the UK, who had already completed their ten day isolation period before arriving in Jersey.

Dr. G. Root expressed his support for the proposal. However, he asked the Cell to consider that, if the Cell was supportive of a 'balance of harms' approach, was it proportionate to maintain a ten-day isolation period? It was suggested that the position could be reviewed in by the Cell in one week's time, for consideration of a review of reducing the proposed isolation period to seven days at a later date. A. Khaldi was supportive of this point and Dr. P. Bradley agreed that keeping in step with international guidance was important. Dr. Bradley also favoured a review date and felt that this could take place in one month's time. It was clarified that the starting point for isolation was with effect from the first positive PCR test undertaken. Dr. I. Muscat, MBE emphasised that the risk of infection from COVID-19 was much stronger in the first few days following the initial diagnosis.

P. Armstrong, MBE, Medical Director (Chair), summarised that there was support for the proposed change from a 14-day isolation period to a reduced ten-day period. P. Armstrong proposed that the Cell should keep the period of isolation under review. Dr. A. Noon asked whether clinical staff were still witnessing any asymptomatic COVID-19 presentation but with positive results following a PCR test. Dr. I. Muscat confirmed that this was the case, however, this scenario accounted only for one third of cases.

Vaccine Update

A4. B. Sherrington, Head of Policy (Head of Vaccination), Strategic Policy, Planning and Performance Department, provided a Vaccination update to the Cell. In terms of provisional progress statistics, the Cell was reminded that85 percent of the Island's population of eighteen years and over had now received their first vaccine dose and that 72 percent of the population had received their second dose. It was noted that there were now 3,438 people to be vaccinated in the first instance, until the vaccination team reached its target of vaccinating 80 percent of the Island's adult population by 2nd August 2021.

B. Sherrington apprised the Cell that her team and the Communications Unit had worked to provide messaging about obtaining the vaccine through a number of different channels. This included the use of social media which especially promoted the soonest availability of new walk-in clinics, as well as ensuring that vaccine information and the availability of walk-in appointments in the Portuguese language was available in shops particularly used by this section of the community. The Cell was also advised that the Communications team had re-posted the 'COVID vaccines in pregnancy' video on social media, so as to encourage expectant parents to receive the vaccine. Gary Burgess was also providing video and press coverage regarding the importance of receiving the vaccine. Electronic copies of the walk-in clinic leaflet had been provided to both Caritas and Connect Me, for onward circulation to relevant stakeholders. In addition, walk through video had been filmed and was due to go live that day.

The Cell was further advised that walk-in clinics would commence that week, with an open invitation to follow for walk-in only slots at the Fort Regent vaccination centre at the weekend. The Cell was asked to bear in mind that the vaccination team

could, however, only provide such walk-in in clinics when the vaccine supply available was greater than the demand placed on the team in terms of pre-booked appointments.

Additional work undertaken to facilitate such clinics and to reach the 80 percent coverage target, was the use of accelerated second doses (5,016 total doses were given between 16th and 22nd July, this figure consisting of 896 first doses, and 4,120 second doses. To enable walk-in clinics, the supply and demand of vaccines had been analysed, as had the busy and non-busy periods of vaccination bookings. It had been concluded that demand for vaccines was less than vaccine supply between Monday and Friday at between five and six p.m., and more generally during the weekend. An additional vaccine supply was also anticipated as being available at the end of the next week.

It was noted that advice regarding the vaccination of children from the Joint Committee on Vaccination and Immunisation (JCVI) had been clarified. The Pfizer-BioNTech BNT162b2 COVID-19 vaccine had been authorised for use in persons aged 12 years and over in the UK, until more data becomes available regarding the status of other vaccines. Only those young people would be eligible for the vaccine if they meet one of the following criteria:

- Were aged 12 to 15 and had a severe neuro-disability, Down's syndrome, immunosuppression, or a severe learning disability;
- Were aged 16 to 17 years of age and lived with an immunosuppressed person.
- In addition, the JCVI had advised that 17-year-olds who were within three months from their 18th birthday should also be offered the vaccine.

It was noted that the JCVI had considered the evidence and health benefits for those aged between 12 and 17 (who did not fall into the categories above), being vaccinated and had concluded that such benefits were small. The JCVI was currently unable to articulate any such benefits or risks more fully, but it was clear that the JCVI was not currently recommending the immunisation of healthy minors as routine practice.

However, those children with severe neurological disabilities, immune suppressing conditions or respiratory conditions, as well as young people with Downs Syndrome who were between 12 and 15 years of age, were recommended to be vaccinated. In such instances, the Pfizer vaccine was recommended for use.

B. Sherrington expressed the intent for the vaccination team to work with key stakeholders, such as the Island's Paediatricians, General Practitioners and the Children's Commissioner to put this proposed plan into practice. It was agreed that the vaccinations team would need to clarify what 'immune suppressed' meant in terms of various medical conditions for those aged 12 to17 years of age. It would also be recommended that those aged between 16 and 17, who lived with someone who was immuno-compromised, should also be offered the vaccine, in order to maintain the safety of the clinically compromised person in question.

B. Sherrington also confirmed that the vaccination team was working with Sylvia Roberts, Head of the Civil Division within the Law Officers Department, to take advice on issues relating to consent and competency when relevant children and young people were provided with the vaccine. In terms of next steps, a holding press release would be prepared, as would communications for children and their parents who were within the above-stated categories. Further information would also be sought from the UK for use in communications, as well as materials that could be

adapted for use in Jersey.

Dr. I. Muscat asked whether there was an estimate for when the Under-18 vaccination programme could start to be rolled out. B. Sherrington confirmed that the team required different aspects of the work to be provided, which included communications from the UK as well as changes required to the Patient Group Directions (PGD) so explained that, at present, no timeline could be set.

STAC discussion

A5. The Cell, not having any further items of business to consider, concluded the meeting at 1150 hrs. P. Armstrong, MBE, Medical Director (Chair), thanked all those present for their contributions.

End.