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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(81st Meeting)

(Business conducted by electronic mail)

6th December 2021

PART A (Non-Exempt)

All members were present, with the exception of Dr. M. Doyle, Clinical Lead, Primary Care, Ms. M. Clarke, Head of Public Health Intelligence, Strategic Policy, Planning and Performance Department and Ms. B. Sherrington, Senior Nurse Adviser in Public Health, from whom apologies had been received.

Professor P. Bradley, Director of Public Health (Chair)
Dr. I. Muscat, MBE, Consultant in Communicable Disease Control
Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention
Dr. G. Root, Independent Advisor - Epidemiology and Public 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
Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department

In attendance -

R. Williams, Director, Testing and Tracing, Strategic Policy, Planning and Performance Department
S. Martin, Chief Executive Officer, Influence at Work
O. Powell, Senior Behavioural Science Consultant, Influence at Work (items A1-A4 only)
E. Baker, Lead Nurse, Infection Prevention and Control, Health and Community Services
J. Lynch, Principal Policy Officer, Strategic Policy, Planning and Performance Department
J. Mason, General Manager, Health and Community Services (items A1-A3 only)
Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
K. Sharman, Office of the Chief Executive
L. Plumley, Secretariat Officer, States Greffe

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

Minutes.

A1. The Scientific and Technical Advisory Cell ('the Cell'), received and noted the Minutes from its meetings of 15th and 22nd November 2021, which had previously been circulated. The Minutes were confirmed subject to minor updates being made and final approval from the Chair. It was noted that the Minutes of the 29th November 2021 meeting were being finalised and would be presented to the Cell for approval at its next meeting. A reminder was issued with regards to the need to ensure that personal information relating to individuals remained confidential.

Intelligence overview, including Analytical Cell update and HCS activity.

A2. The Scientific and Technical Advisory Cell ('the Cell') with reference to Minute No. A2 of its meeting of 29th November 2021, received a PowerPoint presentation dated 6th December 2021, entitled 'STAC Monitoring Update' which had been prepared by Dr. L. Daniels, Senior Informatics Analyst, and Dr. C. Newman, Principal Policy Officer, both of the Strategic Policy, Planning and Performance Department.

The Cell was apprised of the current situation with regards to public health monitoring, noting that as at Friday 3rd December 2021, there were 1,381 active cases of COVID-19 recorded in the Island, from which 5,285 direct contacts had been identified. This represented a significant reduction in the number of direct contacts arising, whilst the number of active cases had remained stable, and was potentially attributable to changes in the contact tracing and testing policies for educational settings. The age ranges, gender and vaccination status of the active cases were shown. Around 1,500 tests were being undertaken on a daily basis and an average of 130 cases per day had been identified since 22nd November 2021, with the majority of cases in those aged under 20 years and in those aged between 30 and 59 years. Three quarters of the active cases were symptomatic, and it was noted that seeking healthcare represented one of the main reasons for testing and test positivity rates of over 30 per cent had been observed for this group.

The on-Island test positivity rate (excluding inbound travel) had increased to 11.4 per cent, partly driven by increased use of Lateral Flow Tests ('LFTs') and the test positivity rate for those aged under 18 years had increased to 17.6 per cent since the previous week whilst the rate for those aged over 60 years had remained at 3.5 per cent. A slight increase in the test positivity rate for the schools LFT programme had been observed and now stood at 0.96 per cent, though it was noted that people were more likely to report positive than negative results. As at 3rd December 2021, the 14-day case rate, per 100,000 population, had increased to 1,628 and the 7-day rate had decreased to 780. It was noted that the test positivity rate for inbound travel had increased in the past week to 2.86 per cent.

The Cell reviewed the age range and vaccination status of cases in hospital since 28th June 2021 and noted that as at 6th December 2021, there had been 11 patients in the Hospital with COVID-19. It was confirmed that the Hospital remained resilient and that safe levels of care were being maintained. The Cell was made aware that a number of COVID-19 patients who were 'medically fit for discharge' were not able to be discharged until they had completed isolation due to policies in the care settings to which they would be returning.

Details were provided of the positive cases linked to health and care settings, Government departments and schools. The Cell noted that a number of year group closures in schools had arisen due to staff shortages and one of the members of the Cell opined that this reflected a lack of resilience in the education system. A cluster of cases had occurred in the Prison, where steps had been taken to mitigate the spread of infection. The impact of additional restrictions was discussed, recognising the potential effects on prisoners' mental health and the importance of vaccination. The

Cell requested that an update be provided following a multi-disciplinary case management meeting due to take place later that day.

One new COVID-19 related death had been registered in the previous week and classed, along with 2 other deaths registered since 1st October 2021, as part of the '4th wave', bringing the total number of deaths during the pandemic to 81.

Details regarding the COVID-19 and flu vaccine programmes were shared and high rates of coverage for booster doses and flu were noted for older age groups. For those aged 12 to 15 years, 33 per cent had received their first dose and 52 per cent their flu vaccine whilst 55 per cent of those aged 16 to 17 years had received their first dose.

The Cell was apprised of the situation in the United Kingdom ('UK') and Europe. 246 cases of the emerging 'Omicron' variant of concern had been identified in the UK, spread across the country. The 'UK Health Security Agency Risk Assessment' for the variant, dated 3rd December 2021, was shared, which estimated that the Omicron variant was at least as transmissible as the variants currently circulating. As yet, there was insufficient data available to estimate the severity of infection associated with Omicron and the mutations observed were suggestive of reduced protection from natural and vaccine derived immunity and reduced effectiveness of some therapeutics. Confidence levels in the predictions were noted to be low due to further data and information being needed. Analysis from South Africa, where the variant had first been reported, showed that in the province of Gauteng, where around 25 per cent of the population was fully vaccinated, Omicron cases, test positivity and hospitalisation levels had risen exponentially since the Omicron wave had begun. It was noted that vaccination rates in Jersey were substantially higher than those in South Africa.

The Cell noted that whilst a substantial increase in cases had been reported, the vaccination and hospitalisation figures were cautiously encouraging, notwithstanding the uncertainties surrounding the potential impact of the Omicron variant and the need to ensure the resilience of the health system through the Winter.

The Cell discussed the topic of fomites as likely sources of transmission and it was agreed that a review of the evidence on the subject should be presented at a future meeting.

The Cell noted the position and thanked officers for the update.

Omicron update.

A3. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 29th November 2021, received a verbal update regarding the Omicron variant of concern from Dr. I. Muscat, MBE, Consultant in Communicable Disease Control. A large number of mutations had been observed in important areas that influenced transmissibility, naturally acquired and vaccine derived immunity and the likely effectiveness of therapeutics, although further information was awaited to determine how the virus behaved 'in-vivo'. Omicron was first detected in South Africa, where a large proportion of the population and consequently the majority of those admitted to hospital were not fully vaccinated. Symptoms reportedly included significant fatigue and muscle ache, but not the loss of taste and smell commonly associated with COVID-19. No deaths due to Omicron had yet been reported.

The majority of COVID-19 cases in the United Kingdom ('UK') were due to the Delta variant and only 246 cases due to the Omicron variant had been identified so far. The cases were widely scattered across the country which suggested multiple seeding and surveillance via the 'S gene' target failure observable in some widely used Polymerase Chain Reaction ('PCR') tests indicated that the variant was circulating, although wastewater surveillance showed little evidence of Omicron at present.

The 'UK Health Security Agency Risk Assessment' for the variant, dated 3rd December 2021, was shared. It was noted that confidence levels in the predictions were low due to further data and analysis being needed. With regards to transmissibility, phylogeny suggested a recent emergence and Omicron was noted to be transmitting rapidly and successfully for such a young variant. It was estimated to be at least as transmissible as the variants currently circulating and increased transmissibility compared to Delta was considered biologically plausible. There was not sufficient data as yet to assess the severity of infection associated with Omicron.

The mutations observed in the variant were suggestive of reduced protection from naturally acquired immunity and there was limited supporting epidemiological evidence for this assessment at present. T cell data was awaited and analysis from South Africa suggested a reduction in protection from previous infection. With regards to vaccine derived immunity, the mutations were suggestive of reduced protection although supporting evidence was needed. It was noted that 'wild type' vaccine had continued to be effective against the Alpha and Delta variants and that the lead time for producing vaccines in response to variants was around 100 days.

The Cell was informed that data was awaited with regards to the impact of Omicron on therapeutics, but direct acting agents were unlikely to be affected. It was anticipated that the antiviral drug Molnupiravir would be available in Jersey prior to Christmas and trials had shown that it halved the risk of hospital admissions and deaths from mild to moderate COVID-19 in individuals with at least one risk factor associated with poor disease outcome, when administered within 5 days of the onset of symptoms. It was acknowledged that treatment pathways would need to be agreed in relation to the effective prescription of the same and other therapeutics in development, such as Paxlovid.

It was established that no confirmed cases of Omicron had been identified to date in the Island and the Cell had regard to the current border testing requirements, with a number of members noting that it was not impermeable, and that the arrival of variants including Omicron, should be considered an inevitability. In light of this, the Cell emphasised the need for continued focus on the vaccination programme due to the gradual waning of immunity after vaccination, which booster doses would protect against. It was noted that people were worried about having to isolate over Christmas and being unable to go on holiday as a result, and consequently an increase had been noticed in school absence requests to avoid this eventuality. The Cell agreed that public health messaging should be reviewed to help inform behaviours in the run up to Christmas, with one member noting a wish for attendance at school to be firmly encouraged.

The Cell noted the position and thanked Dr. Muscat, MBE, for the update.

COVID-19 Winter Strategy update.

A4. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 29th November 2021, received a presentation dated 6th December 2021, entitled 'Winter Strategy: Implementation Update' prepared by Mr. J. Lynch, Principal Policy Officer, Strategic Policy, Planning and Performance Department and heard from him in connexion therewith.

It was recalled that the Winter Strategy encompassed a shift towards a model of personal responsibility, particularly with regards to testing, as individuals could now self-administer and report the results of Lateral Flow Tests ('LFTs'). Underpinning this were guidance and voluntary measures designed to encourage behavioural changes and the reduction of risk. Access to information and technology had been developed and enabled Islanders to understand changing requirements and supported the testing and vaccination programmes. Risk monitoring had evolved to include metrics other than case numbers alone and helped to inform resilience and contingency plans.

The Cell was apprised of the measures that had been implemented over the period September to December 2021, noting activities across a number of programmes including Test and Trace, Safer Travel, Communications, Vaccination and Non-Pharmaceutical Interventions ('NPI'). Common themes around the operational implementation of these activities were shared. It was noted that staff availability combined with rapid policy changes and variable volume pressures, had posed challenges, however the agility of the physical and digital infrastructure was praised, with both able to be scaled up at short notice to respond to evolving requirements. It was noted that thought would need to be given to a longer term, sustainable 'business as usual' operation as COVID-19 moved towards becoming an endemic disease. Since September 2021, public sentiment in relation to the contingency measures had been mixed, with a degree of restriction fatigue in evidence. A summary of the latest measures taken in response to the Omicron variant was shared and it was noted that the recent increase in infection rates, exacerbated by the uncertainty around the new variant, appeared to have triggered an increase in self-mitigation behaviours.

It was noted that despite the concern regarding the Omicron variant, vaccination remained the most effective protective measure at present, and thus increasing uptake, particularly of booster vaccinations amongst priority groups and more widely, should remain a priority. The Cell emphasised the need for a continued focus on the vaccination programme and discussed how communications could be used to encourage uptake. It was suggested that compelling human stories be considered, and officers undertook to investigate the possibility of the same.

The Cell noted the position and thanked officers for the update.

Vaccination update.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 29th November 2021, received a presentation, entitled 'COVID-19 Vaccination Programme, Update to STAC/CAM' dated 6th December 2021 prepared by Ms. E. Baker, Lead Nurse, Infection Prevention and Control, Health and Community Services. It was recalled that a recommendation had recently been made by the Joint Committee on Vaccination and Immunisation ('JCVI') that eligibility for booster vaccinations should be extended to all adults aged over 18 years and that the interval between the second dose and booster dose be reduced to 3 months. Consequently, the Cell was apprised of the updated COVID-19 booster dose trajectory and delivery plan. Around 18,500 individuals in higher risk groups would be targeted as a priority, and a stepped approach for the approximate 17,500 eligible individuals in lower risk groups would be implemented, with a target rate of around 850 vaccinations administered per day. Vaccinations would be offered at the Vaccination Centre and by the mobile unit undertaking visits to private homes and care homes.

It was noted that it would be desirable to encourage uptake amongst pregnant women and that whilst up-to-date figures were being obtained, the vaccination rate for this cohort appeared to be low, at around 30 per cent, although this was similar to the

United Kingdom rate. The Cell also noted that efforts should be made to increase overall vaccination rates amongst those aged 12 to 15 years, 1,500 of whom were due to receive a second dose. It was confirmed that the number of unvaccinated individuals was an estimate based on population data. The Cell was in agreement that vaccination was one of the most important and effective measures to manage the effects of the pandemic.

The Cell wished to formally minute its thanks and appreciation in respect of all the work undertaken by the many teams working in response to the pandemic.

The Cell noted the progress of the vaccination programme and thanked officers for the update.

Code of Practice.

A6. The Scientific and Technical Advisory Cell ('the Cell'), noted a document dated 3rd December 2021, entitled 'Code of Practice for the Jersey Scientific and Technical Advisory Cell ('STAC')' and a letter of the same date from the Director General of the Strategic Policy, Planning and Performance department to the Chair, both documents having been circulated previously.

It was recalled that a review by the Jersey Audit Office published on 29th April 2021, had observed that although the Cell had been formed as part of the response to COVID-19, there could be a need in future to form other STACs in response to emergencies of a different nature and it was therefore recommended that a Code of Practice for future STACs be developed and implemented.

It was noted that the Cell operated in accordance with the broad principles that underpinned the new Code of Practice, which reflected those found in the 'Code of Practice for Scientific Advisory Committees' and the 'Provision of scientific and technical advice in the strategic co-ordination centre: guidance to local responders.' However, some adjustments would be required to fully accord with those principles, including that discussions should be unattributably recorded in Minutes of meetings.

The Cell noted the position and confirmed its approval of the Code of Practice.

Matters for information.

A7. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A2 of the current meeting, received and noted the following –

- a weekly epidemiological report, dated 2nd December 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 2nd December 2021, which had been compiled by the Office of the Superintendent Registrar;
- a report, on COVID-19 monitoring metrics, dated 3rd December 2021, prepared by the Health and Community Services Informatics Team;
- a report on COVID-19 vaccination coverage by priority groups, dated 2nd December 2021, which had been prepared by the Strategic Policy, Planning and Performance Department; and
- a report on Flu vaccination coverage by priority groups, dated 2nd December 2021, which had been prepared by the Strategic Policy, Planning and Performance Department.

There being no further business to discuss, the meeting was concluded at 12.30pm.