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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(84th Meeting)

(Business conducted via Microsoft Teams)

29th December 2021

PART A (Non-Exempt)

All members were present with the exception of Professor P. Bradley, Director of Public Health, Dr. C. Newman, Principal Policy Officer, Strategic Policy, Planning and Performance Department, Dr. M. Doyle, Clinical Lead, Primary Care, and Ms. B. Sherrington, Senior Nurse Adviser in Public Health, from whom apologies had been received.

Dr. I. Muscat, MBE, Consultant in Communicable Disease Control (Acting Chair)
A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department
M. Clarke, Head of Public Health Intelligence, Strategic Policy, Planning and Performance Department
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
I. Cope, Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department

In attendance –

E. Baker, Head of Vaccination Programme, Health and Community Services
J. Mason, General Manager, Health and Community Services (for a time)
S. Martin, Chief Executive Officer, Influence at Work
S. White, Head of Communications, Public Health
R. Corrigan, Director General, Economy
K. Briden, Acting Director General, Justice and Home Affairs Department (for a time)
R. Williams, Director, Testing and Tracing, Strategic Policy, Planning and Performance Department
J. Norris, Principal Policy Officer, Strategic Policy, Planning and Performance Department
Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
S. Huelin, Senior Policy Officer, Strategic Policy, Planning and Performance Department (for a time)
K. Posner, Director of Policy and Planning, Children, Young People, Education and Skills Department
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 meeting of 20th December 2021, which had previously been circulated. The Minutes were approved by the Cell.

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 20th December 2021, received a PowerPoint presentation, entitled 'STAC Monitoring Update', dated 29th December 2021, which had been prepared by Ms. M. Clarke, Head of Public Health Intelligence and Dr. L. Daniels, Senior Informatics Analyst, 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 24th December 2021, there were 1,512 active cases of COVID-19 recorded in the Island, from which 5,141 direct contacts had been identified. The majority of cases were in those of working age, with those aged 20 to 30 years making up the highest proportion. 816 cases had been identified in individuals seeking healthcare, 339 through Lateral Flow Tests ('LFT'), 190 through contact tracing, 76 through arrivals screening and the remainder through various screening programmes. The age ranges, gender and vaccination status of the active cases were shown, and it was noted that 76 per cent were symptomatic.

Around 2,000 tests continued to be undertaken on a daily basis and between 24th and 28th December 2021 an average of 290 daily cases had been reported, however no testing had taken place on 25th and 26th December 2021. In excess of 400 daily positive cases had been reported after Christmas, with 509 cases noted on 28th December 2021, which exceeded the high of 400 daily cases recorded on 16th July 2021 during the peak of the '3rd wave'.

The test positivity rate had increased significantly in recent days and, in the Island, one in 3 tests was positive, compared with around one in 10 during the peak in July. The 7-day case rate, per 100,000 population, for all age groups (except those aged under 18 years) was now higher than it had been in July 2021, including for the over 60 years cohort, which had increased over the course of December 2021 from approximately 200 to 757. The case rate had grown most markedly in those aged between 18 and 39 years and 40 and 59 years. The test positivity rate for individuals seeking healthcare had increased significantly in the last 2 weeks and was currently over 60 per cent, whilst there had also been an increase for direct contacts from approximately 7 per cent to over 10 per cent and a slight increase for inbound travellers.

The Cell reviewed the clinical status, age range and vaccination status of cases in hospital since 28th June 2021 and noted that as at 29th December 2021, there were 18 patients in the Hospital with COVID-19, an increase from the figure reported on 24th December 2021 when there had been 12 patients.

Details were provided of the positive cases linked to health and care settings, Government departments and schools, which were noted to have increased.

A further 2 deaths had been recorded, bringing the total to 89, with 11 deaths registered since the start of the '4th wave' on 1st October 2021.

The Cell noted that 295 patients were currently recorded in the EMIS clinical IT system as suffering from 'Long Covid'.

The Cell was apprised of the results of social media sentiment analysis, noting growing feelings of distrust between Islanders and the Government, (a point which was particularly related to the lack of an exercise policy for Omicron cases initially

which had subsequently been addressed), concern about the impact on staffing in local businesses, support for mandatory mask wearing and a sense of 'restriction fatigue'. A campaign aimed at encouraging vaccination amongst pregnant women had not been well received due in part to the stark message and demographic on the platform on which it had been issued. A member of the Cell noted that the campaign, though hard-hitting, was factual and might benefit from a review of how it was presented as well as referencing the supporting data behind the message. It was noted that Islanders continued to express a desire for more information on hospitalised cases.

During the week ending 19th December 2021, Jersey's testing rate, per 100,000 population, had been 9,200, compared to the United Kingdom ('UK') rate of 15,500, which included LFTs. The test positivity rate locally had been 8 per cent compared to 5.9 per cent in the UK.

Details regarding the COVID-19 and flu vaccine programmes were shared and it was noted that as at 19th December 2021, over 200,000 doses of COVID-19 vaccine had been administered, of which 45,383 were third 'booster' doses and 41,936 flu vaccinations had been delivered. It was noted that 97 per cent of those aged over 80 years and 98 per cent of those aged 75 to 79 years had received a booster vaccination, whilst 24 per cent of 16 and 17 year-olds had now received their second dose of the COVID-19 vaccine and 40 per cent of 12 to 15 year-olds had received their first dose. Overall, as at 23rd December 2021, 56 per cent of adults in Jersey had received a booster dose, which compared favourably with the UK rate of 54 per cent. Reports of influenza like illness in primary care for the week ending 26th December 2021 had decreased to 24 and the trend appeared similar to previous years.

The Cell was apprised of the situation in the UK, noting that over the 7 days to 28th December 2021, cases had increased by 30 per cent to over 100,000 cases per day; hospitalisations had increased by 8 per cent and deaths had decreased by 27 per cent. It was noted that case rates were increasing across most of Europe but decreasing in Germany and the Netherlands.

Comparisons of Jersey's vaccination uptake rate for those aged 12 years and over to those of small market towns in the UK were shown and it was noted that the local booster uptake rate of 52 per cent compared favourably to the 50 per cent rate in Bournemouth, Christchurch and Poole, but was lower than the 60 per cent recorded in Somerset West and Taunton, and the 54 per cent rate in Aylesbury Vale. A member of the Cell commented that this underlined the fact that, being a well-resourced Island, Jersey could be doing better, and another member questioned whether a comparison with Guernsey and the Isle of Man could be shown.

The Cell was provided with an update on Hospital capacity which confirmed that safe levels of staffing and care were being maintained and that there was sufficient capacity at the present time. An increase in staff reporting positive LFTs and subsequent delays in accessing Polymerase Chain Reaction ('PCR') tests was noted, which impacted the ability to return to work promptly. The Cell was informed that there was no movement of patients to the community sector at present, which might become problematic if the situation persisted.

It was noted that daily case numbers were now approaching 500 per day, though the lack of testing on 25th and 26th December 2021 was a confounding factor as was the increasing number of direct contacts being tested. One of the members of the Cell emphasised the importance of access to prompt PCR testing for Health staff and it was agreed that this should be addressed as a matter of urgency, particularly as staff at the Accident and Emergency department were undertaking LFTs both at the beginning and end of their shifts. One of the members of the Cell noted that the

situation was currently fast changing and requested that updated figures be circulated to the Cell as they became available, particularly with regard to the impact on staffing. In response to an observation by a member that increased attendance at the Accident and Emergency department had been noted on 26th December 2021 by people presenting with conditions that did not require emergency treatment, the Cell was informed that communications were being prepared regarding when to attend the department and reminding people that General Practice and pharmacies were open and should be used as a first resort where appropriate.

Though vaccination rates amongst those aged over 75 years were noted to be extremely high, with coverage estimated at 100 per cent for both first and second doses, a member of the Cell observed that the rates were based on population estimates, and they had personally, in the last few days, encountered in a professional medical capacity 3 individuals older than 75 years who had not received any vaccinations at all, so there remained some older, unprotected people amongst the population. The member noted that the Cell would need to consider neutralising antibodies as a treatment option at a future meeting.

One of the members of the Cell noted that hospitalisations remained low relative to case numbers, which had increased significantly and whilst this underscored the importance of the vaccination programme, it was important to look at forward risk and the impact on Hospital capacity. The member expressed a modicum of positivity in relation to the risk of widespread severe disease, which appeared to have been kept at bay.

The Cell was informed that work was ongoing with regards to public messaging around registering for and undertaking of LFTs, which were presently reliably detecting positive cases, with the majority of people testing positive using an LFT subsequently receiving positive confirmatory PCR test results. A member of the Cell noted that it would be helpful for a conversion rate from positive LFT results to positive PCR test results to be shared. The Cell noted that encouraging self-booking of PCR tests rather than waiting for a call or appointment following the registration of a positive LFT result would be desirable and help to speed up the testing process. The continuing trend for a minority of people not to attend pre-booked test appointments was contributing to the availability of PCR tests, and a degree of over-booking could be necessary to counteract this. A request had also been made for Health staff with previous experience of working in the Covid Safe team to be deployed there once more to temporarily increase capacity.

Summarising, the Chair noted that ensuring PCR tests were readily available to Health staff was a priority, LFT testing continued to be a valuable testing tool and its availability should be increased, further thought should be given to the vaccination campaign for pregnant women, vaccination would continue to be an important focus for the time being and in due course it could become apparent that further boosters would be needed due to the waning effect of the protection they conferred.

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. A2 of its meeting of 20th December 2021, received the 'UK Health Security Agency Risk Assessment' for the Omicron variant, dated 22nd December 2021, and noted that 3 United Kingdom ('UK') analyses supported a moderate reduction in the relative risk of hospitalisation for Omicron cases compared to the Delta variant. Infection severity was assessed as 'Green' with a low confidence level due to the small number of Omicron cases currently in hospital and the limited spread into older age groups at present. There was insufficient data to comment on

severity of illness once in hospital or mortality.

The 'UK Health Security Agency Technical Briefing 33', dated 23rd December 2021, which had been circulated prior to the meeting, estimated that Omicron was now responsible for 71 per cent of UK cases overall, with a 2 day doubling period being seen across most regions. Relative to Delta, Omicron was currently more concentrated in young adults aged 20 to 29 years. Although the risk of hospitalisation for Omicron cases was lower compared to Delta, this assessment was based on a small number of hospital admissions and as the age range of the case mix changed, there was no guarantee that Omicron would be intrinsically milder for the immune naïve.

There was preliminary evidence that the waning of vaccine effectiveness against symptomatic infection occurred more rapidly with Omicron than Delta, with a 15 to 25 per cent reduction in booster vaccine effectiveness after 10 weeks. This would be relevant to populations who had received booster doses at an earlier stage, however protection against severe disease was more likely to be sustained, especially after a booster dose. An increase in re-infections was noted due to the immune evasion properties of Omicron and it was noted that these cases were not currently included in UK daily case reporting but would be from January 2022 so an increase in UK case numbers was likely to result.

A member of the Cell queried the nature of the re-infections, wishing to know whether they were the same or different variants and was informed that the data did not differentiate, however it seemed likely to be Alpha, Delta or wild type primary infection followed by re-infection with Omicron. Another member of the Cell noted that research was being carried out to establish whether Omicron provided a protective effect against Delta, which if borne out would be a positive finding. The same member posited that in terms of case numbers, Jersey appeared to be lagging behind London by 1 to 2 weeks, where a plateauing of infections seemed to be occurring, though another member noted that it was difficult to definitively state this at the present time given the pattern in London.

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

Critical services update.

A4. The Scientific and Technical Advisory Cell ('the Cell'), heard from Ms. K. Briden, Acting Director General, Justice and Home Affairs Department, in respect of the current levels of resilience within the Island.

Ms. Briden indicated that she had chaired a meeting of the Strategic Co-ordination Group ('SCG') on 22nd December 2021, including representatives from the utility companies and travel partners. The objective of the meeting had been to ensure preparedness in light of the recent increase in cases of COVID-19 and assess the current levels of resilience, which were relatively good, with Heads of Service not reporting significant impacts, although there was a longstanding issue around resilience within the Ambulance Service, so that it could be adversely impacted as case numbers grew. Monitoring would be undertaken, as previously, through sickness absence, feedback from business resilience leads and partners and reporting would be by exception, as and when concerns arose. It was noted that high instances of cases in the Meteorological Office had been reported, where such absences could impact the provision of 24/7 weather forecasting services and subsequently the operation of the airport. A further review would be undertaken on 5th January 2022 and information could be provided to Cell as required.

One of the members of the Cell noted that the situation in Health was changing on a daily basis, with staff having to take absence at short notice for COVID-19 related reasons, and therefore welcomed the focus on resilience monitoring. Ms. Briden

confirmed that Health staff were included in the statistics presented at SCG, however she noted that the data relied on effective individual absence reporting, which was currently a mixed picture, as well as intelligence received from the business continuity leads. Discussions about stopping essential services would take place at SCG if necessary and in the meantime local Directors General would be responsible for taking decisions regarding the provision of services.

The Cell noted the importance of maintaining the Island's resilience and thanked Ms. Briden for the update.

COVID-19 Winter Strategy update, Schools, New Year's Eve.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A4 of its meeting of 20th December 2021, heard from Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and Mr. K. Posner, Director of Policy and Planning, Children, Young People, Education and Skills Department in connexion with the response to current epidemiology.

It was recalled that the Island was presently in 'Step 1' of the Winter Strategy contingency policy, which relied on voluntary action by individuals, rather than in 'Step 2', which would introduce more legally binding restrictions. The Cell was asked to consider the position given the current high rates of infection and the consequent impact on the Island's resilience.

A member of the Cell noted that although infection rates were currently high, it seemed that Step 1 measures remained appropriate given that widespread severe disease was not apparent at the present time. The risk to business continuity was more proximate however the Cell would be considering a reduction in the isolation period for positive cases later in the extant meeting, which if agreed, would go some way towards mitigating the risk to the Island's resilience. In addition, early January 2022 was anticipated to present an opportunity to reduce infection rates in a rapid and decisive way, as a consequence of the re-introduction of the mandatory wearing of masks in public indoor settings from 4th January, together with work from home guidance where possible, continued use of protective measures such as LFTs, the ongoing vaccine programme and a reduction in social activity after the Christmas and New Year festivities.

The Cell turned to consideration of whether delaying the start of the school term by one week would be desirable, as a way of amplifying the effect of the above factors. A member of the Cell noted that although it might seem an attractive option, the threshold for justifying the loss of face-to-face learning was necessarily high and it would have implications for working parents, especially at such short notice. Mr. Posner reminded the Cell of the circumstances surrounding similar discussions one year previously, when the decision had been taken to delay the start of the school term in January 2021 by one week, to allow time for school staff to plan and be tested prior to re-opening the schools. It was important, particularly for vulnerable children, for schools to re-open and the current situation was not comparable due to the control measures now in place. The biggest challenge would be staffing levels, with the likelihood that increased staff absence would result in class closures, as had been the case on a number of occasions during December 2021. Decisions with regard to class closures, however, could be taken at a school level rather than imposing a blanket decision on closure or delay. It was noted that the Children, Young People, Education and Skills Department was reviewing the possibility of introducing ultraviolet filtration units and high-efficiency particulate absorbing filters in schools and further details would be shared with the Cell in due course. One of the members of the Cell questioned whether it would be sensible to reduce gatherings in schools and it was confirmed that schools experiencing high numbers of cases had taken steps such as stopping assemblies and relevant guidance had been

issued to schools. This strategy would continue, and controls could be tightened if cases increased. One of the members suggested that re-introducing mask wearing in schools could be desirable given current transmission rates, whilst another expressed strong support for schools to re-open as usual, given that there were no compelling reasons to justify a delay.

With regard to New Year's Eve celebrations, the Cell was asked to consider whether particular measures were needed or if specific advice should be issued. One of the members of the Cell opined that given the current position with regards to the low levels of severe disease and likelihood, based on data from South Africa and London, the peak would be short-lived, it did not appear necessary for specific mitigation measures to be advised at such a late stage, though people could be asked to be sensible. One of the attendees agreed, noting that re-iterating current guidance would be helpful but measures asking people to change their plans were unlikely to be successful. It was noted that there was an ongoing public messaging campaign with regards to New Year's Eve focusing on advice to undertake Lateral Flow Tests. One of the members concurred, noting that people were experiencing restriction fatigue and although the peak could be short-lived, a degree of disruption to essential services was likely.

The Cell noted the position.

Isolation policy.

A6. The Scientific and Technical Advisory Cell ('the Cell'), received and noted a draft paper, dated 24th December 2021, entitled 'Variation to the isolation period for fully vaccinated positive cases', which had been prepared by Mr. A. Khaldi, Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department, and heard from him in connexion therewith.

The Cell was informed that the isolation policy in England had been changed in the previous week, to enable fully vaccinated individuals to be released from self-isolation after 7 days (as opposed to 10 days previously) subject to evidence of two negative Lateral Flow Tests ('LFTs') taken 24 hours apart, with the first test not to be taken before the sixth day. It was noted that self-isolation rules in England and Jersey were different as the vaccination status of household direct contacts was taken into account in England in determining whether they were required to self-isolate. The threshold for limiting individuals' liberty should be high and self-isolation was a measure that had been introduced on an exceptional basis in the wider interests of public health, so it was appropriate to consider opportunities to limit that control, whilst maintaining public health. Aside from benefits associated with civil liberties, a reduction in the self-isolation period would be conducive to the mental health of isolating Islanders and increase the resilience of Island businesses and essential services.

The principal risk associated with early release from self-isolation, before the current 10-day point, related to continuing infectiousness and the Cell was shown a diagram that demonstrated a number of factors in considering that risk, on which the data was emerging, particularly with regard to the Omicron variant of concern. Polymerase Chain Reaction ('PCR') tests could detect remnants of the virus after the infectious period had passed, whilst LFTs were a better proxy for determining when the period of infectiousness had ceased. It was noted that a study had been undertaken in respect of the ability of LFTs to detect COVID-19 at lower viral loads and this suggested an approximate sensitivity of 80 per cent. The risk of asymptomatic infectiousness at day 7 was therefore considered to be low.

The risk of Islanders' increased expectation that self-isolation would be psychologically 'anchored' at 7 days, when in fact it would be contingent on the outcome of LFTs, was more difficult to quantify. The legal requirement to self-

isolation formed an important and relatively well-respected part of Jersey's COVID-19 mitigations. A variation to the policy therefore should continue to be clear, and capable of being recognised as a 'must comply' measure.

The Cell was apprised of a number of policy options for consideration. Firstly, no change to the policy, which, given the possibility that Jersey would experience a large wave of infection with consequent workforce pressures in the very near future, was not considered desirable at the present time. Secondly, releasing all those in self-isolation at 7 days contingent on negative LFTs, which had the benefit of being operationally simple though the release process, would need consideration. Thirdly, releasing at 7 days only those who were 'Fully Vaccinated', contingent on negative LFTs. It was noted that the approach in England was only available to persons who were fully vaccinated, adding a further layer of incentivisation to vaccination take up. This approach also reflected the weaker protection against infectious disease within unvaccinated persons. In Jersey, this approach would add to the administrative process, requiring checks on vaccination status for, at times, over 100 isolation releases per day. Finally, additional release requirements could be imposed: in England healthcare workers were required to perform daily LFTs for the remainder of their 10-day period, at days 6, 7, 8, 9 and 10; and in Guernsey reduced social activity for days 7 to 10 had been stipulated. It was open to Jersey to consider whether additional safeguards were proportionate or necessary for some or all of those released from isolation at day 7.

With regards to the detail of the release process, a number of options were outlined and the proposal that individuals should be required to submit an electronic form containing a declaration that they had been symptom free for 48 hours, register 2 negative LFT results and make a declaration of vaccination status, appeared to be the most workable in practice. The Cell was asked to consider the key principles of a robust process to drive safe behaviour rather than defining the precise detail of the methodology for early release.

A member of the Cell noted that early release would improve resilience by around 30 per cent and an attendee remarked that it therefore would make sense to implement a reduced self-isolation period, though it would be of marginal benefit if it applied only to those who were fully vaccinated. Requiring people to respond to the initial email notifying them that they were required to self-isolate could increase their sense of agency and reinforcing this by text messaging may be helpful, as the response rate was noted to be greater for this method of communication.

Another member of the Cell noted evidence which suggested that the Omicron variant was less severe and given the greater degree of protection conferred by vaccination, the risk was now lower and it was therefore apt to reduce the self-isolation period. Restricting this to fully vaccinated individuals would be beneficial in terms of vaccine uptake. With regards to reducing the self-isolation period even further, the member noted that the United States had reduced their requirement to 5 days and expressed their support for this position, whilst recognising it would be politically difficult to implement. The member therefore supported the reduction of the self-isolation requirement to 7 days for fully vaccinated individuals. Another member of the Cell indicated their support for this position, noting that a decision to further reduce the self-isolation period could be taken at a later stage if it was supported by evidence.

The members of the Cell agreed that further study should be undertaken by Public Health officers regarding a reduction of self-isolation to 5 days to assess the risk more precisely.

With regards to the operational implications of releasing fully vaccinated individuals

at day 7, the Cell was informed that determining vaccination status would be a manual process, and given the current case levels, the policy would have to proceed on the basis of trust and self-declaration, with a degree of sample checking being undertaken by the Covid Safe team. The quantum of such verification would be kept under review, depending on resources and evidence of compliance. It was ultimately hoped that the process could become more automated over time. The change in policy could be implemented relatively quickly if Competent Authorities Ministers ('CAM') agreed.

The majority of the members of the Cell were in agreement to recommend to CAM that the self-isolation policy should be reduced to 7 days for fully vaccinated individuals subject to specific safeguards and procedures to be detailed by Public Health in the policy.

Vaccination update.

A7. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A3 of its meeting of 20th December 2021, received a PowerPoint presentation, entitled 'COVID-19 Vaccination Programme, Update to STAC/CAM' dated 29th December 2021 which had been prepared by Ms. E. Baker, Head of Vaccination Programme, Health and Community Services.

The Cell was informed of steps being taken to accelerate delivery of the 'booster' vaccine programme, which included increasing capacity to over 1,000 appointments per day, with a planned further increase to 1,250 by 3rd January 2022; an increase in the number of vaccinators on shift to over 20, working in 5 pods. Over 1,000 appointments were available daily over the following week and text message reminders had been sent to 26,000 Islanders on 23rd December 2021. Mobile units continued to visit private homes and care homes, and visits to the prison and Shelter were planned. A timeline for the accelerated booster vaccine programme showed that the target date of mid-January 2022 was on track to be achieved, though it relied on Islanders coming forwards for vaccination, and a meeting to discuss the communications strategy would be taking place later that day. Provisional vaccination data was shared which indicated that 58 per cent of eligible Islanders had received their booster dose vaccine.

A member of the Cell noted that from anecdotal observations, it appeared that people were delaying vaccination until after Christmas due to concerns about the impact of any potential adverse effects over the festive period and it was to be hoped that this would no longer be a relevant factor going into January 2022.

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

Matters for information.

A8. 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 23rd December 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 23rd December 2021, which had been compiled by the Office of the Superintendent Registrar;
- a report, on COVID-19 monitoring metrics, dated 23rd December 2021, prepared by the Health and Community Services Informatics Team;
- a report on COVID-19 vaccination coverage by priority groups, dated 23rd 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 23rd 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 12.35pm.