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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(85th Meeting)

(Business conducted via Microsoft Teams)5th January 2022**PART A (Non-Exempt)**

All members were present with the exception of Ms. B. Sherrington, Senior Nurse Adviser in Public Health and Dr. M. Doyle, Clinical Lead, Primary Care, 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
 M. Clarke, Head of Public Health Intelligence, 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
 J. Norris, Principal Policy Officer, Strategic Policy, Planning and Performance Department
 Dr. L. Daniels, Senior Informatics Analyst, Strategic Policy, Planning and Performance Department
 K. Posner, Director of Policy and Planning, Children, Young People, Education and Skills Department
 E. Baker, Head of Vaccination Programme, Health and Community Services
 J. Mason, General Manager, Health and Community Services
 S. White, Head of Communications, Public Health
 L. Plumley, Secretariat Officer, States Greffe

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

Minutes.

A1. It was noted that the Minutes from the meeting of the Scientific and Technical Advisory Cell ('the Cell'), which had been held on 29th December 2021, were being finalised by the States Greffe and it was hoped that they could be presented to the Cell for approval at its next meeting.

It was recalled, with reference to Minute No. A6 of its meeting of 6th December

2021 that the Cell had approved an updated 'Code of Practice for the Jersey Scientific and Technical Advisory Cell ('STAC')' which provided for discussions to be unattributably recorded in Minutes of meetings. Consequently, the Chair, Professor P. Bradley, Director of Public Health, noted that the Minutes should clearly state when advice was being given by a member of the Cell, whilst recognising the valuable contributions made by the invited observers to its meetings, and politely requested that members consult the Chair in advance if they wished to invite additional representatives to attend meetings.

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 December 2021, received a PowerPoint presentation, entitled 'STAC Monitoring Update', dated 5th January 2022, 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 3,492 active cases of COVID-19 recorded in the Island, from which 5,095 direct contacts had been identified. The figures represented the highest case numbers seen so far, with the 14-day case rate, per 100,000 population having reached 4,069. The majority of cases were in those of working age, with those aged 20 to 30 years making up the highest proportion, followed by those aged 30 to 39 years. Seeking healthcare continued to be the most common reason for testing in new cases, accounting for 1,703 cases; 1,110 had been identified through Lateral Flow Tests ('LFT'); 336 through contact tracing; 185 through arrivals screening and the remainder through various screening programmes. It was noted that the number of cases identified through contact tracing was expected to decrease following a change in policy, whereby direct contacts were advised to undertake LFTs for 10 days rather than undertaking a Polymerase Chain Reaction ('PCR') test and that there had been an increase in the number of cases identified through arrivals screening. The age ranges, gender and vaccination status of the active cases were shown, and it was noted that 50 per cent were symptomatic, 9 per cent were asymptomatic and the symptom status of 41 per cent of cases was not known.

Approximately 2,000 tests were being undertaken on a daily basis, and over the week to 3rd January 2022, the average daily incidence rate had increased from 170 to 360 cases per day. The overall test positivity rate had increased to 27.5 per cent and the Island rate (excluding inbound travel) to 32 per cent. The 7-day case rate, per 100,000 population, had reached 4,754 for those aged 18 to 39 years, which was significantly higher than it been at the peak of the 'third wave' in July 2021 and had also increased markedly for those aged 40 to 49 years to 2,500 and for those aged over 60 years to 1,482.

The test positivity rate for individuals seeking healthcare had decreased slightly over the last week, but remained high at over 60 per cent and the rate for direct contacts had increased to over 20 per cent whilst a slight increase had been observed for inbound travellers to 6 per cent.

The Cell reviewed the clinical status, age range and vaccination status of cases in hospital since 28th June 2021 and noted that as at 4th January 2022, there were 23 patients in the Hospital with COVID-19. A number of cases in care homes were noted.

Details were provided of the positive cases linked to health and care settings,

Government departments and schools.

The Cell noted that 310 patients were currently recorded in the EMIS clinical IT system as suffering from 'Long Covid'.

During the week ending 19th December 2021, Jersey's testing rate, per 100,000 population, had been 9,900, compared to the United Kingdom ('UK') rate of 14,750, which included LFTs. The test positivity rate locally had increased to 24.8 per cent compared to 10.9 per cent in the UK.

The Cell was apprised of the results of social media sentiment analysis, noting concerns around rising case numbers and that the reduction of the isolation period for fully vaccinated individuals from 10 to 7 days, though welcomed by Islanders, had been perceived by some as unfair or discriminatory. Requests for the vaccine status information of positive cases continued to be made and concerns remained over the safety of the vaccine for pregnant women, based on the perception of a lack of long-term data, though some positive engagement had been noted.

The Cell was informed that work to complete a local report on the vaccine status of positive cases in those aged over 12 years was being finalised and would be issued shortly, based on aggregated data for the period July to November 2021. It was noted that the report found that unvaccinated people were more likely to test positive for COVID-19 than those who had been vaccinated.

Details regarding the COVID-19 vaccine programme were shared and it was noted that as at 29th December 2021, 209,935 doses of COVID-19 vaccine had been administered, of which 51,471 were third 'booster' doses and 42,113 flu vaccinations had been delivered. It was noted that 99 per cent of those aged over 80 years and 100 per cent of those aged 75 to 79 years had received a booster vaccination, based on the latest available population estimates from Statistics Jersey, whilst 28 per cent of 16- and 17-year-olds had now received their second dose of the COVID-19 vaccine and 46 per cent of 12- to 15-year-olds had received their first dose. It was estimated that 77 per cent of care home residents, 69 per cent of carers working in care homes and 71 per cent of front-line health and social workers had received a booster vaccination, though it was noted that the assessments were coded Red or Amber due to questionable or moderate data quality.

Overall, as at 23rd December 2021, it was estimated that 60 per cent of adults in Jersey had received a booster dose, which compared favourably with the UK rate of 59 per cent. It was noted that the acceleration of the booster vaccination roll out meant that coverage estimates were changing rapidly. A slowing down in the uptake of the booster vaccine had been observed over the last 4 weeks both in Jersey and in the UK.

The Cell was informed that as at 2nd January 2022, 42,113 doses of flu vaccine had been administered and reports of influenza like illness in primary care for the week ending 2nd January 2022 had decreased to 14.

The Cell was apprised of the situation in the UK, noting that over the 7 days to 4th January 2022, cases had increased by 50 per cent to over 200,000 cases per day whilst hospitalisations and deaths had increased by 50 per cent. The 14-day case rate per 100,000 population ranged from 2,134 in Scotland to 3,376 in Northern Ireland, whilst the rate in Jersey was presently over 4,000. In London, overall cases appeared to have reached a plateau, although case rates were continuing to rise in those aged over 60 years. It was noted that although the number of COVID-19 patients in hospital in London had been increasing, the number of such patients in mechanical

ventilation beds had not increased to the same degree.

It was noted that case rates were increasing in parts of Europe including Spain and Northern Italy, but had decreased in Central Europe.

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 levels of staff sickness was noted, which along with delays in accessing PCR tests had resulted in a Green status for nursing and an Amber status for doctors on the Safecare platform at the present time. The Hospital visiting policy had been changed to reduce the number of visitors to a maximum of 2 per patient and a degree of frustration and increased aggression towards staff had been noted as a consequence. Public health guidance was awaited to support the discharge to the community of a small number of patients who were medically fit for discharge, but had not yet completed their isolation periods.

The Cell was informed that Primary Care had had a challenging holiday period, with a number of General Practitioners absent due to illness and practices were being encouraged to work together to support each other. Significant pressures were noted across the Primary Care network.

Within the Testing and Tracing team, high levels of COVID-19 sickness had been reported, however testing capacity was being increased at the Airport so that up to 300 appointments could be offered subject to the number of flights arriving. An increase had been noted in requests for tests from the education sector prior to the start of term and high rates of non-attendance for booked test appointments continued to present a challenge in terms of ensuring the prompt availability of appointments. A member of the Cell commented that greater reliance ought to be placed on the use of LFTs given the current level of prevalence, transmission rates and effectiveness of the tests. An observer informed the Cell that LFTs now constituted the first line of testing and that PCRs continued to be offered to people reporting a positive LFT result, as well as in specific instances including inbound travellers, workers in care and educational settings, and visitors to care homes and the Prison. The aforementioned member expressed the view that LFTs should also be used in these instances due to the fact that PCR testing offered little advantage over LFTs. A member of the Cell noted that PCR confirmation of previous infection was required in terms of certification for many jurisdictions so would continue to be required in that context.

A member of the Cell commented that the New Year presented an opportunity to review the data presented to the Cell, with a greater focus on areas experiencing significant pressures. The Chair agreed that it would be helpful for the reporting to the Cell to include information regarding the impact on Primary Care, Testing and Tracing and critical services, which officers undertook to co-ordinate. Additionally, the member noted that the public requests for information regarding the risk of serious illness ought to be addressed given the data that was available locally and in the UK.

The topic of the appropriate swabbing technique for LFTs was discussed, and the Cell was informed by one of the members that the advice from the UK and manufacturers remained that a nasal swab should be performed and the ability to deploy repeated, regular testing across a large swathe of the population represented a major strength in terms of wider public health objectives. The Cell noted that a communications campaign regarding the use of LFTs and the appropriate swabbing technique had been prepared and would be issued shortly.

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It was recalled, with reference to Minute No. A2 of its meeting of 20th December 2021, that a sub-group of the Cell had met to discuss the publication of local information demonstrating the protective effect of vaccination with regards to hospitalisation. The principal concerns were related to the relatively small number of hospitalised cases and the fact that data quality issues were exacerbated when dealing with smaller numbers. The data would need to be aggregated for publication and thought given to the minimum number of cases needed to address the concerns.

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. A3 of its meeting of 29th December 2021, noted that the 'UK Health Security Agency Risk Assessment' for the Omicron variant, dated 22nd December 2021, was still current and that an update was expected to be issued later in the week.

An extract of the 'UK Health Security Agency Technical briefing: Update on hospitalisation and vaccine effectiveness for Omicron', dated 31st December 2021, was shared, which estimated that Omicron was now responsible for 95 per cent of cases in the United Kingdom ('UK'). The Cell was informed of the results of studies which had been undertaken examining the association between both variant and vaccination status and risk of hospitalisation. The reduced overall risk of hospitalisation for Omicron compared to Delta was confirmed and the studies found a substantial (over 80 per cent) reduction in the risk of hospitalisation for Omicron cases after 3 doses of vaccine compared to those who were unvaccinated. The risk of presentation to emergency care or hospital admission with Omicron was approximately half of that for Delta and the risk of hospital admission from emergency departments with Omicron was approximately one-third of that for Delta. Vaccine effectiveness against symptomatic disease was found to be lower for Omicron than for Delta with waning by 10 weeks after the third vaccine dose, however there was insufficient data to assess the duration of protection against hospitalisation, which was expected to last longer.

The Cell noted that although infection rates were high, resulting in some societal disruption, hospitalisation rates were lower than in previous waves.

Face coverings
in schools.

A4. The Cell received a paper, entitled 'Face coverings in classrooms policy', dated 4th January 2022, which had been prepared by Mr. J. Norris, Principal Policy Officer, Strategic Policy, Planning and Performance Department, and was apprised of the Minister for Children and Education's decision to require secondary school pupils and staff, and primary school staff to wear face coverings in classrooms, a policy which would be kept under review based on the COVID-19 situation in schools over the course of January 2022.

The Cell noted that the measure was intended to respond to the risks posed by the Omicron variant of COVID-19 in schools at the start of term, helping to minimise disruption and to ensure the continuity of face-to-face learning. It was consistent with the approach adopted in secondary schools in England from the start of the Spring 2021 term, and which had been implemented in Scotland and Wales in the Autumn 2021 term. Headteachers had been consulted and were supportive of the change. A member of the Cell asked when the position would be reviewed and was informed that it was intended as a short term measure which would be kept under constant review given the potential impact it could have on pupils' and staff members' wellbeing.

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

Vaccination
update.

A5. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A7 of its meeting of 29th December 2021, received a PowerPoint presentation, entitled 'COVID-19 Vaccination Programme, Update to STAC/CAM' dated 5th January 2022 which had been prepared by Ms. E. Baker, Head of Vaccination Programme, Health and Community Services.

The Cell was informed of the progress of the COVID-19 vaccination programme, noting that as at 5th January 2022, an estimated 61 per cent of Islanders over the age of 18 had received a COVID-19 booster dose vaccine and the uptake rate amongst those eligible, namely those aged over 18 years who were double vaccinated (76,475 individuals), was 69 per cent. The accelerated booster timeline, the aim of which was to offer vaccination appointments to all adults by the end of December 2022, had been met, however a slowing down in the rate of uptake had been noted, both locally and in the United Kingdom ('UK'). The Cell was apprised of steps being taken to counter this development, including a campaign which was being developed in collaboration with the communications team with input from the behavioural science team. A review of operational delivery plans was also being undertaken, with consideration being given to location, accessibility and the delivery model. It was noted that booster vaccine uptake for frontline health staff had increased to 75 per cent, following the implementation of an action plan in response to a staff survey where personal safety and easy access to vaccination clinics had emerged as key factors.

It was confirmed that the objective to increase booster uptake rates would extend to all eligible age groups, including young people and officers from the Children, Young People, Education and Skills Department would be included in the development of the communications campaign. It was noted that the vaccine uptake rate amongst young people in Guernsey had increased following the case of a young person admitted to hospital with COVID-19, which had been the subject of media attention, and that best practice was being sought in conjunction with the vaccination working group which included representatives from the UK and Crown Dependencies. A member of the Cell noted that it may be helpful to remind those who had been reticent to receive a vaccine due to worries about experiencing potential side effects over the Christmas period, to come forward now that the festive period was over. It was noted that walk-in vaccination clinics were being promoted and the campaign to encourage pregnant women to attend for vaccination was ongoing.

The Cell noted the importance of the continued focus of the Vaccination Programme on encouraging vaccination uptake and thanked Ms. Baker for the update.

Matters for
information.

A6. 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 30th December 2021, which had been prepared by the Strategic Policy, Planning and Performance Department;
- statistics relating to deaths registered in Jersey, dated 4th January 2022, which had been compiled by the Office of the Superintendent Registrar;
- a paper, entitled 'Update from UKHSA on the reduced isolation period from 10 days to 7, using lateral flows' dated 4th January 2022, which had been prepared by the Public Health Directorate;
- a report on COVID-19 vaccination coverage by priority groups, dated 30th December 2021, which had been prepared by the Strategic Policy, Planning and

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- Performance Department; and
- a report on Flu vaccination coverage by priority groups, dated 30th 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 11.40am.