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SCIENTIFIC AND TECHNICAL ADVISORY CELL

(57th Meeting)

4th May 2021

(Meeting conducted via Microsoft Teams)

PART A (Non-Exempt)

All members were present, with the exception of R. Naylor, Chief Nurse, Dr. S. Chapman, Associate Medical Director for Unscheduled Secondary Care, Dr. M. Patil, Associate Medical Director for Women and Children, Dr. M. Garcia, Associate Medical Director for Mental Health and S. Skelton, Director of Strategy and Innovation, 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
C. Folarin, Interim Director of Public Health Practice
Dr. G. Root, Independent Advisor - Epidemiology and Public Health
R. Sainsbury, Managing Director, Jersey General Hospital
Dr. A. Noon, Associate Medical Director for Primary Prevention and Intervention
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
N. Vaughan, Chief Economic Advisor

In attendance -

R. Corrigan, Acting Director General, Economy
R. Williams, Director, Testing and Tracing, Justice and Home Affairs Department
S. Martin, Chief Executive Officer, Influence at Work
B. Sherrington, Head of Policy (Shielding Workstream), Strategic Policy, Planning and Performance Department
S. White, Head of Communications, Public Health
C. Keir, Head of Media and Stakeholder Relations, Office of the Chief Executive
M. Clarke, Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department
Dr. C. Newman, Senior Policy Officer, Strategic Policy, Planning and Performance Department
Dr. N. Kemp, Senior Policy Officer, Strategic Policy, Planning and Performance Department
J. Lynch, Senior Policy Officer, Strategic Policy, Planning and Performance Department
Senior Sister R. Young, Executive Support
K.L. Slack, Secretariat Officer, States Greffe

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

Safer Travel Policy.

A1. The Scientific and Technical Advisory Cell ('the Cell'), with reference to Minute No. A5 of its meeting of 19th April 2021, recalled that it had discussed the Safer Travel Policy in the context of a variation to the risk assessment at the borders, based on the vaccination status of arrivals. It was informed that Competent Authority Ministers had met on 28th April and had heard the concerns of the travel industry, via representatives from Visit Jersey and Ports of Jersey, on connectivity over the forthcoming Summer *inter alia* due to a lack of certainty around the Safer Travel Policy. It was noted that weak supply-side confidence from carriers was leading to potential shortfalls in capacity, whilst the lack of certainty and clarity for passengers resulted in hesitation in bookings, or cancelled reservations. As a consequence, Ministers had asked the Cell to meet and provide advice on what risks any alterations to the Policy might pose, on the basis of the scientific evidence.

It was envisaged that the Cell would consider relevant evidence, assess potential risks and, where possible, reach conclusions on the basis of the evidence. It would then be for the Competent Authorities to balance any perceived public health risks with their connectivity and economic objectives for the Summer. The Cell was reminded that despite being aware of some Ministers' preferred options, this should not temper its views and it was key that, as ever, it should advise on the risk in an independent manner.

The Cell accordingly received and noted a PowerPoint presentation, dated 4th May 2021, entitled 'Safer Travel Policy – STAC discussion', which had been prepared by the Interim Director, Public Health Policy, Strategic Policy, Planning and Performance Department and heard from him in connexion therewith. He reminded the Cell of the relevant decisions that had been taken to-date by Competent Authority Ministers, *viz* to resume the Red / Amber / Green ('RAG') classifications for Britain and the Crown Dependencies on a Lower Tier Local Authority ('LTLA') basis from 26th April, to reinstate the same for the rest of the world no earlier than 17th May, whilst aligning with the United Kingdom's ('UK') analysis in relation to Variants of Concern ('VOCs') and to introduce a 'step down' from Amber to Green for fully vaccinated arrivals with effect from 1st June. It was recalled that the current Safer Travel Policy had generally commanded consensus amongst the members of STAC and the request for reconsideration would provide an opportunity – albeit in short order – to consider the changing balance of suppression, surveillance and prevention (afforded by vaccination) over 2021, in relation to the border, whilst cognisant that this balance would alter over time.

The Interim Director, Public Health Policy, informed the Cell that there were various options for reform of the Safer Travel Policy that were available to the Competent Authorities and that having liaised with Senator J.A.N. Le Fondré, Chief Minister and Senator L.J. Farnham, Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture, they had indicated – subject to the receipt of advice from the Cell – that they favoured one single main change to increase clarity, they wished for the Safer Travel system to be simplified in order to foster greater confidence and for connectivity with the Common Travel Area ('CTA') to be prioritised over the rest of the world, mindful that the majority of those travelling to the Island were resident in the CTA and they wished to align with the UK RAG.

The Cell was provided with the various options and details of the supporting analysis that had been undertaken in formulating the proposals.

<u>Regions</u>

The Cell was informed that, rather than retain the RAG categorisation at LTLA level, the aforementioned Ministers favoured a potential move to a national classification for England, Wales, Scotland and Northern Ireland and to retain the RAG categorisation at a regional level for France and Eire until such time as those jurisdictions had improved vaccination uptake and had reduced infection rates. It was noted that, on the basis of

the current RAG, Northern Ireland would be classified as Amber and the other nations Green.

The Cell was provided with maps, which set out the RAG with effect from 4th May 2021 at LTLA level and at regional level, with Northern Ireland, Scotland and Wales as independent regions and England divided into 9 areas. This demonstrated that, based on the figures from 28th April, Northern Ireland and Yorkshire and Humber would be classified as Amber and other regions as Green, which meant that 22 per cent of the UK population would move to a more lenient classification (most notably in areas of Scotland, the North West of England and London), 2 per cent would experience a stricter classification (some areas of Yorkshire and Northern Ireland) and for 76 per cent there would be no change.

When considering whether to retain the RAG at LTLA, regional or national levels, a risk assessment had been undertaken based on 10,000 arrivals from across the UK (which had been the peak number of weekly arrivals during the Summer of 2020), with case rates from 28th April. The estimated total positive cases would be between 7 and 22, which would be detected at the border through testing and the estimated seed cases (which would not be identified through testing) would be between 2 and 4 at LTLA levels. The risk of seed cases would increase 1½ times to between 2 and 6 by classifying at regional levels and to a greater extent (between 3 and 8 cases) by applying a national classification.

The general view of the Cell was that there could be a move to reporting at a regional level, with some favouring reporting at a national level, supported by a more targeted 'red card' system. Whilst a move from categorisation on a LTLA level to regional level was felt to have little impact on the quantum of risk, this arguably grew with a transition to reporting on a national level. The Interim Director, Public Health Policy, indicated that Ministers would be asked to make the decision having taken account of the advice.

Timing

It was mooted that there should be one single major change to the Safer Travel Policy on 28th May, which was noted to be just before the schools' half-term break. The Consultant in Communicable Disease Control suggested that there might be merit in moving towards regional RAG classification at that juncture and then to a national RAG at the end of July, once most of the local and UK population would have been fully vaccinated.

The Chair of the Cell reminded members that they had formerly recommended undertaking a pilot 'step down' scheme for fully vaccinated arrivals, so the move to a single major change would represent a departure from what had previously been agreed. It was noted that new evidence from Public Health England, which demonstrated that one dose of the vaccine could reduce household transmission of the virus by up to half, could provide some reassurances in this regard. The Interim Director, Public Health Policy, indicated that 28th May was sufficiently close to 1st June when it had been agreed to introduce vaccine status certification. Between 43 and 45 per cent of Islanders were now protected as a consequence of the vaccine programme, but by the end of June this increase to approximately 70 per cent, at which point it would be possible that herd immunity might have been attained. However, it would be for the Competent Authority Ministers to decide when to make any change and it would not be without risk, on which they would need to be sighted. The Associate Medical Director for Primary Prevention and Intervention suggested that now that the most vulnerable in society were fully vaccinated, the risk of death and severe disease was greatly reduced and he opined that if the decision to make changes to the Safer Travel Policy were to be delayed to the end of June, this could result in the Island missing out on tourists who would be identifying their preferred destination for the summer holidays at this time.

Testing

It was proposed that those arriving from areas categorised as Green within the CTA should be required to undergo tests at days zero and 8, but for the RAG to be retained for other travellers. The Interim Director, Public Health Policy, informed the Cell that this would obviate those visitors who would be spending a week or less in Jersey from having to visit the 'drive through' testing centre during the course of their stay. The Cell was informed that for all arrivals, 80 per cent of active cases were currently detected as a consequence of the day zero test, 15 per cent at the day 5 test and 5 per cent at the day 10 test.

The Cell was provided with details of the number of potential seed cases, per 10,000 travellers, based on the current testing regime for Green arrivals, compared with testing at days zero and 8 and day zero only, with no self-isolation requirements. These resulted in respective results of 99, 98 and 60 per cent of active cases being detected, but there would potentially be between 2 and 5 seed cases that would not be identified through testing. It was recalled that those people who were incubating the infection would not have the virus present in their throat, so would test negative on arrival and for most people the average incubation period was 5 days, but this could increase to 14. With regard to the potential number of days that an infectious person could be circulating in the community, this increased from between 9 and 25 under the current testing regime, to 14 and 40 with testing at days zero and 8 and thence to 25 and 70 with a day zero only test. Under the current testing regime, the number of seed cases that would not be identified before a departure at day 7 would be between zero and one, but would increase to between 2 and 5 under the other regimes. In these cases, there would be no opportunity for the Contact Tracing Team to identify the individuals and their direct contacts. In response to a query as to how many people might be infected from the seed cases, the Cell was informed that this could not be quantified exactly and would depend on the infection rate, against a backdrop of the COVID-19 vaccine, which afforded an enhanced defence against seeding.

The Consultant in Communicable Disease Control indicated that he supported day zero testing and no isolation for fully vaccinated arrivals from Green areas, but suggested that those not fully vaccinated should be required to isolate until receipt of a negative PCR test. He understood the rationale for testing at days zero and 8, but suggested that anyone leaving before the 8th day should be required to take a PCR test as part of the departure procedure, in order to replace the day 5 test. This would not inconvenience the traveller, because they would be travelling to the airport or harbour in any event and would enable some positive cases to be detected and their direct contacts traced, which could lead to some potential super-spreading events being identified. He suggested that his could be run as a pilot scheme in the first instance and opined that there would be no difference for the Contact Tracing Team to make contact with an active case, who had returned home to the UK, than if they were in a hotel in Jersey. It was noted that discussions would need to take place with the Director General and the Director, Testing and Tracing, Justice and Home Affairs Department, in respect of the operational implications of the suggestion. Other members of the Cell suggested that exit testing for departing passengers was an interesting suggestion but could potentially be difficult to police and enforce.

In summary, it was felt, on balance, that arrivals from areas categorised as Green could be subject to testing at days zero and 8 with the feasibility of exit testing to be explored further, recognising the practical difficulties that might arise with exit testing and that a pilot might be helpful.

Status certification

It was suggested that any fully vaccinated individual (who had received 2 doses of an approved COVID-19 vaccine more than 2 weeks previously) and who arrived from within the CTA would only be required to undergo a PCR test on arrival in the Island,

but would not be mandated to self-isolate until receipt of the result thereof and would not undertake a further test at day 8. The policy in respect of any minors accompanying fully vaccinated passengers had not, as yet, been determined and would be presented to the Cell at its next formal meeting.

Based on an assumption that the COVID-19 vaccine had a first dose efficacy of 80 per cent and a fully vaccinated efficacy of 95 per cent, the Cell was informed that by early May approximately 43 per cent of the population would be protected as a consequence of 49 per cent first dose coverage. By the end of June, all eligible adults would have been offered the first dose of the vaccine and approximately 68 per cent of the population would be protected, increasing to 71 per cent by the end of July as all eligible adults would have been offered the second dose. It was noted that there was no consensus on what level of coverage might constitute 'herd immunity', but it was believed to be over 70 per cent, based on various factors, including the success of the vaccine at preventing transmission of the virus, whether immunity declined over time and variants of COVID-19 that were more transmissible or had the ability to evade the protection afforded by the vaccine. In summary, over the period from May to June, the estimated proportion of the population that would be protected would increase from *circa* 40 to 70 per cent.

The Cell was provided with details of a risk analysis that compared various regimes in relation to vaccinated and unvaccinated arrivals, based on a ratio of 70 per cent arriving from Green areas, 20 from Amber and 10 from Red and which estimated the total weekly positive passengers based on various travel volumes and the seed cases that would evade detection through testing. It was recalled that the introduction of a 'step down' for vaccinated individuals did not represent a substantially higher risk. Applying a blanket Green for vaccinated people would increase the risk of seeding by 5 and if the Amber categorisation was removed for unvaccinated travellers, there would be little increase in the number of seed cases with weekly travel volumes at 1,000 and 3,000, but with 10,000 arrivals per week there would be an uplift in the same. The Cell was informed that the rationale for undertaking the modelling based on the removal of the Amber category was that it could potentially provide more certainty and clarity around thresholds for putative visitors.

The Consultant in Communicable Disease Control indicated that the COVID-19 vaccine would not only reduce the transmission of the virus from the vaccinated individual onwards, but the potential recipient would be afforded protection through vaccination. Accordingly, there was a significant cumulative effect of individuals being fully vaccinated, which would be achieved locally towards the end of July and at a similar time in the UK. The Independent Advisor – Epidemiology and Public Health, suggested that there was strong real world evidence that one dose of the COVID-19 vaccine would impact transmission of the virus and severe disease. According to the aforementioned research by Public Health England, it resulted in up to a 50 per cent reduction in transmission in households where there were vaccinated individuals, so the risk would be lower in the community, mindful that former were acknowledged vectors of transmission. In his view, it was likely that herd immunity had been achieved, mindful that around 50 per cent of the population had been vaccinated, some people would have acquired immunity as a consequence of having contracted the virus and as Summer approached, there would be a reduced risk of transmission. It was acknowledged that not everyone was at equal risk of contracting COVID-19, so the focus should be on the most vulnerable. Community transmission within Jersey was low and there had been no 'local' cases for approximately one month, whereas a cluster might have been anticipated as a consequence of the relaxation of on-Island measures.

The Associate Medical Director for Primary Prevention and Intervention noted that it was a positive move to adopt a step down approach for those fully vaccinated passengers arriving from within the CTA, but suggested that a decision would need to

be made in relatively short order in respect of fully vaccinated people arriving from Europe, mindful that many people living in Jersey had friends and family in countries such as Portugal and Poland, whilst cognisant that the vaccination rates in those jurisdictions were currently at lower levels than in the Island and the CTA.

The Interim Director, Public Health Policy, informed the Cell that it would not be possible to develop an international verification scheme by 28th May, so as an initial step, it was intended that people arriving from within the CTA would be required to make a self-declaration in respect of their vaccination status and provide proof thereof.

UK RAG

On the basis that the UK's Joint Biosecurity Centre had an enhanced ability to analyse the risk posed by areas in a more sophisticated way than was possible locally, taking into account a range of issues, *inter alia* test positivity rates, infection rates and VOCs, it was proposed to align to the UK's RAG assessment of other countries outside the CTA. The exception would be where direct connectivity from Jersey to such destinations as France or Madeira allowed for a bespoke local approach to be adopted. It was noted that the UK Government was due to announce its position on the RAG within the coming days and that whilst it was not the same as that employed locally, it was anticipated to be sufficiently similar to make it understandable and accessible for people.

The Interim Director of Public Health Policy informed the Cell that depending on the view taken by Competent Authority Ministers in respect of the level at which the RAG should be applied, it might be appropriate to move on 28th May from reporting on a 14-day case rate, per 100,000 population, to the 7-day case rate that was currently employed by the UK. The Principal Officer, Public Health Intelligence, Strategic Policy, Planning and Performance Department, indicated that when consideration had been given to reporting on 7-day case rates at a LTLA level, there had been a great deal of variation in the figures, due to the shorter reporting time and smaller geographical areas. However, when reporting at a regional or national level there would be less fluctuation. The Independent Advisor – Epidemiology and Public Health, agreed that it made sense to align with the UK where possible but suggested that a degree of caution should be exercised on the basis that there would be some political priorities in that jurisdiction that might differ from those in Jersey and could potentially impact the risk rating.

Safeguards

In the event that the Competent Authority Ministers decided to support the more expansive options with respect to the Safer Travel Policy, the Medical Officers of Health, Public Health and the Cell would need to have the ability to address high infection rates and VOCs, which could result in a reversion to assessment of the CTA at a postcode level in order to pinpoint and deal with any sub-regional risk. It was noted that irrespective of the decision taken on the level at which to assess the RAG, officers would continue to monitor the CTA at an LTLA level for this purpose.

The Independent Advisor – Epidemiology and Public Health, suggested that whilst the public health risk currently posed by COVID-19 was relatively low, as a level of herd immunity was approached, or had been attained, this did not take into account the VOCs, which posed a threat and it was, accordingly, important to have a flexible mechanism in place to deal with them at pace. He favoured the proposed changes to the Safer Travel Policy, including testing at days zero and 8 for Green arrivals, being promoted as a policy for the Summer only, with a review towards the Autumn, particularly if case numbers appeared to be increasing. The Consultant in Communicable Disease Control agreed that it was important to be able to act to address any concerns in an agile manner and suggested that there were 2 types of variants, namely those that were known about and those that weren't and the latter would only

be identified several months after they had taken effect. High levels of infection had the potential to harbour unknown variants, as had been experienced in the Island with the Kent VOC before Christmas. That VOC had greater transmissibility and the potential Achilles heel, against a backdrop of high vaccination levels, was not the risk of COVID-19 causing severe disease in younger people, but in those who were elderly and compromised and despite having been fully vaccinated had experienced primary or secondary vaccine failure, so it was important to be cognisant of them.

The Interim Director of Statistics and Analytics, Strategic Policy, Planning and Performance Department, suggested that 2 reasons why people might not travel to Jersey would be cost and ease, which would not be impacted by changes to the Safer Travel Policy. From evidence provided to a Scrutiny hearing, it appeared that people were booking hotels, but not flights, because they wished to have confidence around their status before so doing, but the airlines were then cancelling flights, due to lack of reservations and certainty. He mooted that other policy options, such as underwriting the costs of the flights could address this issue. He indicated that the hospitality industry only accounted for between 3 and 4 per cent of the economy and employment and it was important to avoid the risk of reimposing non-pharmaceutical interventions ('NPIs') for the whole economy for such a small percentage. Accordingly, he opined that the evidence would require careful analysis. The Acting Director General, Economy, stated that whilst the hospitality sector was a modest employer and contributor to the GVA (Gross Value Added), many hotels had function rooms which were used for Island events, such as conferences, weddings and family gatherings and they made a wider contribution to the quality of life in Jersey. Without them, the attraction of the Island would be diluted for both business visitors and those choosing to relocate to Jersey.

Having discussed the foregoing, the Cell was thanked for its input on the proposed changes to the Safer Travel Policy and acknowledged that the decisions would ultimately lie with Competent Authority Ministers, but that it was key for there to be adequate 'system brakes' that could be applied by the Medical Officers of Health, Public Health and STAC, as required.