

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY C.S. ALVES OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 2nd JUNE 2020**

**Question**

Will the Minister provide details of the medical health advice that was made available to the Government for its determination of the most suitable approach to deal with the Covid-19 crisis, including details of any different strategies that were considered and the relative merits, disadvantages, potential effects and possible outcomes of each one?

**Answer**

Medical advice has been provided to Ministers throughout the COVID-19 pandemic. It is documented in a number of forms:

- Presentations and verbal advice at meetings of the Competent Authorities Ministers and Emergencies Council is documented in the minutes and supporting documents for those meetings;
- Medical advice on the introduction and/or extension of Regulations or Orders is contained in specific advice letters to the relevant Minister from the Medical Officer of Health;
- Summaries of advice from the Scientific and Technical Advisory Cell (STAC) are provided on specific issues as requested by Ministers, and summarised in STAC minutes;
- Epidemiological analysis of the virus in Jersey is updated weekly, with key data published on gov.je.

Ministers continue to have ongoing direct discussions with both the Medical Officer for Health (Dr Susan Turnbull) and the Deputy Medical Officer for Health / Consultant in Communicable Diseases (Dr Ivan Muscat) as strategic options are considered.

The return of the Medical Officer for Health following a period of sickness absence has also increased public health capacity and enabled her and, at times also Ivan Muscat and Patrick Armstrong (Chair of STAC), to attend briefings to explain the medical advice to the public and partners.

Medical advice is provided with reference to the emerging evidence and latest responses taken in other jurisdictions, as well as advice and evidence issued by the World Health Organisation, Centres for Disease Control in the US and Europe, and Public Health England. Ongoing assessment is made to compare Jersey with numerous other jurisdictions depending on the issue in hand – including, but not restricted to, the jurisdictions of the UK and Ireland, other Crown Dependencies, European jurisdictions, Australia, New Zealand, Japan, Taiwan, Singapore and South Korea.

Medical advice on each aspect of the strategy is underpinned by a review of these sources, for example (and not limited to):

- Respiratory, hand and environmental hygiene
- Social/physical distancing
- Evidence on vulnerability to complications from COVID-19 Self-isolation for those with symptoms
- Household isolation if one person has symptoms
- Schools closure
- Voluntary stay at home / avoidance of shops, closure of leisure etc
- Introduction of lockdown
- Use of face coverings

- Time spent outside and the activities allowed
- Newer measures to interrupt transmission – such as ‘bubbles’, limits on meeting non-household members
- Testing, app-based tracking and tracing (which contextualised for example the approach taken in jurisdictions like Singapore).

Our assessments and the general literature on the subject indicate that the approach taken in Jersey has been essentially similar to that taken by many other countries, although the timing of introduction was sometimes different. Decisions on timing were made in accordance with our knowledge of the progression of the pandemic locally meaning that some of our interventions were later or indeed earlier than those in other places.

A summary of the Government’s synthesis of the evidence and appropriate strategy for Jersey is already published in the Report provided to the Government’s [COVID-19 Elimination Strategy \(P.61/2020\): Second Amendment](#). The Government’s COVID-19 Strategy Update, to be published on 3<sup>rd</sup> June, will also contain further evidence summaries that inform both medical advice and Ministers.