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Safer Travel Guidelines Review Panel

Public Hearing

Witness: The Chief Minister

Friday, 21st May 2021

Panel:
Deputy R.J. Ward of St. Helier (Chair)
Deputy I. Gardiner of St. Helier
Deputy M.R. Higgins of St. Helier

Witnesses:
Senator J.A.N. Le Fondré, The Chief Minister
Dr. I. Muscat, Deputy Medical Officer of Health
Mr. A. Khaldi, Director, Public Health Policy
Ms. R. Williams, Director, Testing and Tracing
Mr. T. Walker, Director General, Strategic Policy, Planning and Performance

[08:48]

Deputy R.J. Ward of St. Helier (Chair):
Good morning, everybody, and welcome to the Safer Travel Guidelines Review Panel public hearing with the Chief Minister. Some very quick introductions: my name is Deputy Rob Ward and I chair the panel. Deputy Gardiner.

Deputy I. Gardiner of St. Helier:
Good morning. Deputy Gardiner, St. Helier 3, and I am a member of the panel.

Deputy R.J. Ward:
Chief Minister.

The Chief Minister:

Good morning. Senator John Le Fondré, Chief Minister.

Deputy R.J. Ward:

Then if some of the officers want to introduce themselves.

Director General, Strategic Policy, Planning and Performance:

Tom Walker, Director General for Strategic Policy, Performance and Planning.

Director, Public Health Policy:

Alex Khaldi, Director of Public Health Policy.

Director, Testing and Tracing:

Rachel Williams, Director of Testing and Tracing.

Deputy R.J. Ward:

Excellent, thank you. If anyone else joins us ... I know Dr. Muscat was going to join us. I think everybody knows who Dr. Muscat is now, but he can introduce himself as he comes in.

The Chief Minister:

Unfortunately he just had to take a call, but he is on his way.

Deputy R.J. Ward:

Completely understandable. I would first of all just like to thank you for your time. We know how busy everybody is, but obviously the process of Scrutiny has to continue and so we want to use the time as effectively as possible. To start off then regards the Safer Travel Policy, and this really is what we are focusing on, the panel appreciates that the risk level for COVID-19 as a result of inbound travel has reduced. However, it remains the case that the timing and number of variable factors are there. There is a low rate of travel at the moment, but there is an expectation - and the Minister for Health did say - that it is expected to increase sharply from June. Can you outline all of the factors that you are considering from 28th May to ensure that this rise in travel, coupled with the local relaxation of restrictions, does not lead to a rise in transmission of COVID-19?

The Chief Minister:

I will give a high level and then I shall definitely hand this I think to Alex and Dr. Muscat, who you may have just seen on my screen has come in, but then his phone has just rung again. We do keep an eye obviously on the overall risk factors. I think it is important to say that there will not necessarily be no risk going forward. There is always going to be an element of risk and it is whether it is within

tolerable levels and therefore what I suppose I am trying to say ... sorry, there was just something came up in the chat. What I was going to say is that it may mean that the numbers themselves, they could go up slightly. I think we are at 4 today, they could go up. If they went up very, very slowly, that is not necessarily an increase in risk. It depends on the circumstances as to when you are capturing the positive case and how they are isolating and all the other circumstances that go around it. Again at a high level, and as we just reiterate, we go around the balance of risk, which is the risk obviously from COVID, the overall let us say wider health risks/well-being and then obviously an economic risk is factored into there in the context of when we are at very low rates, so there is a whole balance of things that come together. Now, I think that hopefully sets the high-level picture. Alex, do you want to go first? Let me just mute my mic.

Director, Public Health Policy:
Within Public Health, and indeed within the Scientific Technical Advisory Cell, we have looked closely at what we call seeding risk, which is the risk of, through arrivals at our ports, the amount of virus that could, according to our modelling, evade our pretty strong testing and isolation system at the border. As the Chief Minister says, there is no system in the world short of a complete border closure which protects in a fool-proof way against any kind of risk. But what we have also been doing is looking at different kinds of risk and the risk of serious disease is now substantially lessened as a result of the excellent progress of the vaccination programme. We still require strong border protection at a point at which that vaccination programme is not yet complete, but given most now of the over-50s and vulnerable people on the Island have been vaccinated twice, we have considered the risk of serious disease to have substantially dropped, not been eliminated, of course, but to have substantially dropped. It is in that context that it is possible to consider how a higher volume of passengers arriving in our ports could be done safely or achieved safely over the summer months and that is what we have set about doing.

Deputy R.J. Ward:
So it is that risk of serious disease that you believe has receded enough to allow a slightly increased risk of transmission. Would I be correct in equating those 2 things?

Director, Public Health Policy:
I think there is a judgment to make about the extent to which serious disease is now a significant factor as the vaccination programme progresses, but what I would be very clear about is that the system we are going to be transitioning to is not less secure than the system that we have been in previously, Deputy Ward. Indeed, the work that is being performed on what we have called the emergency brake is intended to be able to spot and deal with in a more timely and sophisticated way threats from infection rates, particularly in the context of more transmissible variants.

Deputy R.J. Ward:

We were going to ask you obviously some questions about the mechanism around the emergency brake, but that leads us nicely, I think, on to a question we had regards obviously the emergence of the Indian variant, as it is referred to. What consideration was there given to perhaps a further delay on easing travel restrictions to perhaps after the half-term period because of that variant? Did that have any impact and make you think perhaps it has increased the risk level beyond that which is reasonable?

The Chief Minister:

Can we just continue a little bit on the wider areas of the risk, because it fills the bigger picture, if you see what I mean, and then comes specifically to the Indian variant? Obviously the other bit just to remember is that if we are saying we are easing access coming in through the borders by initially the red, amber, green - and obviously there are slight changes to the system at the end of the month - we have always said that the protection to the Island is a series of layers, so no one layer by itself gives you 100 per cent protection, but the idea is that the combination of all the layers is the one that gives you the overall balance. If the virus gets one through layer, hopefully you will pick it up either in the next one or the next one. The idea is that the various layers of protection that we put in are the ones that overall keep the risk to within tolerable bounds. Many of you will know this, but it is worth just again saying it, the contact tracing side is incredibly important, obviously making sure that isolation is monitored and then obviously the overall enforcement of that guidance about the COVID safe visits that are going into businesses. That is again making sure that people are still complying in the guidance territories and obviously part of the revised strategy is again about increasing testing. Obviously I will use the wrong terminology, but I will use the surveillance testing, and we talked about sewage as being one of the latest ones, which gives you an idea in theory, so it is a trial basis of what the background level of infection is and where do you start seeing any changes in it. Hopefully again that is about having early warning. So there is a whole range that come together.

Deputy R.J. Ward:

I will just ask one thing on that, because I think we do understand the sort of merging of different areas and you referred to them as layers. In terms of the isolating, if the majority of the U.K. (United Kingdom) is green and people will not have to isolate, is that one of the layers that has therefore been removed? I think that is one of the concerns that has arisen. We understand, talking about these layers, one of them being isolation, but in effect there will not be any isolation because there will be very little travel from amber areas or red areas because they are all classified as green.

The Chief Minister:

I think 2 things there. One is do not forget it is only if you have been double-vaccinated you do not isolate on your first test if you are coming from a green area in the Common Travel Area. There is no change at the present for anywhere else. It is purely Common Travel Area that we have made the changes to because of the ... or, sorry, we are proposing to make the changes to because of the good level of vaccination that is going on there, but we do continue to monitor things. Again, it is purely the Common Travel Area. It is purely if you have been double-vaccinated is the proposal that you do not have to isolate when you get to your first test, again because the general view that those individuals present less risk than people who have not been double-vaccinated. On the risk side, I think it would also be an appropriate time - and we must not forget we have got to come back to the Indian variant as well - that Ivan gives an indication of the levels of risk and the kind of seeding risks versus then how you contain it, if that makes sense, from the changes in the travel side, if that helps.

[09:00]

Deputy R.J. Ward:

I understand what you mean by the double-vaccination. Just to say though that - and this is a sort of catch-22 to some extent - people are coming from green areas, they are receiving their tests back quickly, we hope, so they will not be isolating for very long, so we are reliant upon purely that first test being negative and then out to the community. I just wondered whether that is a layer that basically should not really be referred to as strongly because it is not there anymore, just to get that balance of factors clear.

The Chief Minister:

I do not like the comment "it is not there anymore" because you are still testing them and you are making sure you know what that result is, so there is a measure in place and that is, broadly speaking, what we had, if you think about it, in the summer of last year. In fact, in summer last year you did not have to isolate pending the results of the first test. It was only about October/November we introduced that because of the turnabout times. I mean, I do not know if it is relevant. Bearing in mind Dr. Muscat is here now, I do not know if, for the record, we should just note that. Just give your name et cetera. I think for the recording it helps.

Deputy Medical Officer of Health:

Sure. Apologies for being 5 or more minutes late.

Deputy R.J. Ward:

No problem at all. We understand how busy you are. A lot of people have been interested in the rationale between moving the date of the second phase from the 17th to the 28th May. Can you just briefly explain that rationale, just so that we have a clarity on why that move was made?

The Chief Minister:

It was around clarity. It was also around a recognition that it was a change in the regime and therefore we thought best that we gave sufficiently advance notice for that, but also it did allow again vaccinations to progress further within the Island. So by putting it slightly later, if you like, it just kind of reinforced, hopefully, getting better outcomes fractionally by just going back that slightly bit later in the context of as well we are now in a context of low risk, as in low numbers of cases on-Island and the significant improvement that to date we had seen in the U.K. and particularly in the Common Travel Area, that you are then bringing in the balance of other risks which was about making it easier for people to connect. In fact, I heard a story today about children who were receiving medical treatment I think in the U.K., it would make it easier for them to travel. There is a whole range of connections between Islanders here and families and for all sorts of other reasons with the U.K. Obviously if it makes it easier, that does improve the well-being area. There is also obviously the simpler one can make it in the context of the economic assistance, it does help the hospitality industry in a context of low risk for people coming in in the context as well.

Deputy R.J. Ward:

So effectively you bought some time to increase that vaccination process, which you believe therefore increased the level of overall safety, so it, if you like, amplified that factor of vaccination. Am I right in saying that?

The Chief Minister:

Yes, I think that would be fair.

Deputy R.J. Ward:

Yes, okay. This is a summer travel policy. The policy is likely to change, is it, once it is decided to switch to what might be an autumn or winter policy? Do you have a picture of what will happen after summer - if we ever get some summer weather, it would be nice - after the summer policy runs out? Is that again going to be linked to vaccination levels?

The Chief Minister:

I think the short answer is yes in terms of the latter comment. The longer answer is, as with everything here, I think we have learnt not to gaze too far into the future in terms of the crystal ball because one does not know what is going to come out, but the expectation ... and Alex and I can reconfirm that the expectation is I think we have everybody double-vaccinated by ... it is mid-August, says he. I think that is for everybody over 18, so that then is a factor that comes through. I think there is an expectation that there is probably going to be some form of booster at some point probably later in the year and then obviously we will have to see what the conditions are with what

is happening around the world - I was going to say globally, but around the world - and you will again break that down between Common Travel Area, Europe and wider. I think at this stage it is too early to say. We have kept a very close eye on matters as they change. We continue to do so. Obviously if we felt risks were increasing unacceptably, then one would take action if you need to. That is what we have done all the way along. As we have always said, there is no rulebook on this and it has been very much an issue of balancing all of the risks at each step. If it helps, I can pass to Alex, who may add further in terms of the kind of future for beyond summer.

Deputy R.J. Ward:

I will just say I am conscious of time and we have got a lot to get through, just there is so much to cover, as you know. Can I ask a quick question which may link into that? It was explained in the 10th May announcement that we are going to have a bespoke arrangement regards assessments by the U.K. Joint Biosecurity Centre in the definition of R.A.G. (red, amber, green) ratings, I believe. What is being done to ensure that those travelling to and from the Island understand how the allocations are made so that is not confusion as to why they are being classified as such?

The Chief Minister:

Alex, do you want to deal with that specifically?

Director, Public Health Policy:

Deputy Ward, the Joint Biosecurity Centre has a number of factors that it takes into account, including test positivity, testing rates and quality of testing, variants of concern and other factors to come up with the R.A.G. classifications that have been well-publicised in the context of the U.K. over recent weeks. What I could commit to for the panel is to provide panel members with a briefing on those factors and how they are formulated in terms of the R.A.G. system, but our general view was that in the context of a bigger scientific capacity, able to conduct much more sophisticated analysis, it was prudent for Jersey - except for those areas where we have direct connectivity - to use that Joint Biosecurity Centre formulation for our rest of the world position in relation to R.A.G. But if you would like, I can provide panel members with a briefing on how the U.K. formulates those classifications.

Deputy R.J. Ward:

That is interesting. I think the main thing that we are asking is just to confirm that the worldwide ratings will be based upon the Joint Biosecurity Centre into the future. You are saying that is because they have a more in-depth analysis of worldwide situations, so that you, as the Government, can trust that and take that on board?

Director, Public Health Policy:

That is correct. My understanding is that next week the U.K. Joint Biosecurity Centre will be publishing some of their analysis, so that will be more freely available shortly. But that is absolutely correct, Deputy Ward.

Deputy R.J. Ward:

Sorry to interrupt, I have got a train of thought going here. One of the concerns is the U.K. has previously been criticised for failing to introduce the restrictions in a timely manner. Do you have any concerns about that? Because if we become more reliant upon that classification, any future errors in that field will impinge directly into Jersey as well. I think there is something distinct about travelling from Jersey first, having to go through the U.K., that people need to understand where those classifications are coming from and the speed of change.

Director, Public Health Policy:

I think that is an excellent point, Deputy Ward. Timeliness would be our only reservation. As you would imagine, that has been the subject of discussion within Public Health and the S.T.A.C. (Scientific Technical Advisory Cell). Our understanding is that these ratings will be confirmed on a 3-week cycle, but we are also monitoring areas where there is connectivity to Jersey, such that if we felt that the U.K. Joint Biosecurity Centre analysis was lagging some events that we were concerned about, we would advise Ministers accordingly, so your point is, may I say, a very good one, but one that we are taking into account in our alignment to that analysis.

Deputy R.J. Ward:

I have got a couple more questions before I move on Deputy Higgins, who has joined the meeting, so it is good timing. You mentioned the emergency brakes, which I think is something that everyone is asking questions about. Can you detail the policy that will be used to apply emergency brakes as needed? We all obviously hope it is not needed, but particularly to jurisdictions where rapid travel changes and infections were detected. We have seen through the history of this pandemic sudden changes, so how will that emergency brake work? Can you put some clarity on that for us? Thank you. Anyone?

Director, Public Health Policy:

Sorry, I was a bit late there. Yes, so the first thing to say is that the emergency brake analysis will be run at least on a twice a week basis, maybe more where we are concerned. So you have been used to a weekly cycle of classification under the old system. We will be moving to something which is much more responsive, Deputy Ward, to changes and fluctuates in intelligence. The method itself of calculating where the emergency brake might be applied is also more sophisticated than hitherto. Obviously we are looking at infection rates, and where infection rates are high that is a marker that we take into account, but we are also looking at the speed of change in particular areas and bearing

in mind of course that notwithstanding the national classifications - and I am talking about the U.K. here - we will still be running the lower tier local authority area analysis for the purposes of operating the emergency brake. So we are looking - and it is relevant in the context of the Indian variant currently - for where there has been a big jump in cases, so that is factored into the analysis and then finally through our links with Public Health England and other national public health bodies, as well as deep dives into local media and so forth. We are applying a soft intelligence factors to application of the emergency brake, so what you will see in due course is areas in the U.K. where we are applying that emergency brake approach using those factors, but doing so and running the analysis on a twice a week basis. Then, Deputy Ward, what would happen is Ivan, as the Medical Officer, would then take that readout to the Minister for Health, who would then be in a position, we think currently with 24 to 48 hours' notice, to apply that emergency brake to those particular localities.

Deputy R.J. Ward:

You just anticipated my next question, which was how quickly will it be implemented, so 24 to 48 hours. I am conscious of time, so Deputy Higgins, are you ready to ask your set of questions on variants?

Deputy M.R. Higgins of St. Helier:

Yes, thank you.

Deputy R.J. Ward:

I will hand over to you. Thank you very much.

Deputy M.R. Higgins:

Thank you. Probably the biggest concerns for all authorities currently is the Asian or the Indian variant, which has been designated as a virus of concern. We know that the U.K. Government is coming under heavy criticism for not stopping flights to India effectively and allowing the virus to gain a hold in Britain. We know that numbers are rising quite considerably. Can you tell us, first of all, what you know of the Indian variant and what measures you are taking against it?

[09:15]

The Chief Minister:

I will do the high level. If you do not mind, I will do it the other way around, so I will do the very high level in terms of actions we have taken and then if it is helpful, I will hand over to Dr. Muscat to the overall position around the Indian variant. So essentially both myself and the Minister for Health had a briefing on Monday and we were very appreciative we were able to postpone the Scrutiny hearing that was scheduled for Monday, because it enabled officers just to go away and do some

further work. But essentially that was the reason on Monday we took the decision to accelerate the vaccination programme for the over-50s. By that, I mean that - and hopefully Alex or Ivan can correct me on the numbers - approximately of a cohort of around 59,000 people, there are about 8,000 who have not had their second jab, who have had their first - I should probably say "vaccination", but anyway - and there is about a further 4,000 who have not taken up their first dose. So basically, certainly basing out of Monday, and hopefully we can get an update, is that we are capable of getting those individuals vaccinated, should they so wish, in basically the 2 weeks, i.e. before the end of May, but that we needed to put that in place. That does mean slightly changing priorities, but again, that depends on the vaccinations being used, but we needed to get the messaging out and the contacts in place to start following up on those who had not yet taken up the opportunity. So that was an action we did take on Monday quite specifically to increase the protection for the groups that are deemed to be ... I use the words "most vulnerable", i.e. the over-50s, which certainly unfortunately these days does also include me. But I think Dr. Muscat perhaps can add somewhat further particularly around the issues surrounding the Indian variant.

Deputy Medical Officer of Health:

Thank you, Chief Minister, Deputy Higgins. So the number of cases of the Indian variant have been increasing in the U.K. with a doubling time perhaps of a week, possibly a bit less, and the recognised numbers at the moment stand at about 3,400, which is double what we saw towards the end of last week. The characteristics of the variant, as you very probably know, are that it is considered to be 50 per cent more transmissible than the Kent variant. It may have an effect on vaccine efficacy. If it does, this is less than the South African strain, but may be more than the Kent strain. That is being analysed further. There is in vitro evidence that the vaccine may be less effective, but not significantly so, and we need to work out what that means in vivo. The severity of infection due to the Indian variant does not appear to be greater than with Kent. As usual with COVID, the severity of infection does increase with age and this is no different with the Indian variant. Because of the way the vaccination programme has rolled out in the U.K. and the infections in the young seem to be more common and they will of course transmit among themselves because of the way they interact, but as a result of transmission, there will also be a force of transmission into the over-50s and if there is either primary or secondary immune failure or indeed no immunisation, then infection can occur in the over-50s and the at-risk groups. It is because of this latter point that there has been a particular emphasis from J.C.V.I. (Joint Committee on Vaccination and Immunisation) and others to ensure that the complete vaccination in the over-50s and at-risk groups with 2 doses of vaccine to cover the vaccine efficacy element as soon as possible. As the Chief Minister said, our programme in Jersey has been redesigned to ensure that we double-vaccinate the over-50s and the at-risk group by the end of May. We are also putting a lot of effort into connecting with the 4,000 individuals within that group, so that is the priority groups 1 to 9. That is 59,000 people, just to put it into context. So of those 59,000 people, 4,000 have not received one dose of vaccine and we are

focusing on that 4,000 as well. The programme for rapid vaccination in those groups has not altered the programme for vaccination in the under-50s. We are still on course to vaccinating all those individuals, double-vaccinating them, fully vaccinating them by mid-August. The limiting factor there and what had changed the programme there was the change in advice about using the Pfizer vaccination in the under-40s and of course that then limits the degree of rollout that we have. Having said that, if the threat of infection rises, then the AstraZeneca vaccine can be used down to the age of 30. We have not made that decision yet because the threat is not there currently. So that is one element. The other element is how will we respond in terms of connectivity, both internally and across the border. We really need to wait and see what the Indian variant means. So the closest parallel we have is Kent. Kent emerged last summer and suddenly raced forward and overtook the wild type variant across the U.K. so that it was and remains the predominant strain in the U.K., but that was in the complete absence of vaccination in autumn last year. This year, while you would expect the Indian variant to also race ahead, overtake and replace Kent, simply because it is more transmissible and simply on the basis of straightforward Darwinian sort of evolution, if there is the interrupting force of vaccination which it has to circumvent, and no one quite knows exactly how it will behave with the hurdle of a fair degree vaccination in the U.K. So we need to keep an eye on it and to determine how it will affect our thinking about non-pharmaceutical measures. The final point I would make is that when we think about vaccination, we need to think about it both in terms of the effect it has on people coming to Jersey while fully vaccinated and the effect it has in the Jersey population who are also fully vaccinated. So fully vaccinated arrivals, for example, will be less likely to be infected and less likely to transmit, and fully vaccinated Islanders will be less likely to be infected and if they should become infected, less likely to transmit. That is all sorts of encouraging. It is quantifying all that requires us to keep a close eye on reality.

Deputy M.R. Higgins:

Just following on from that then, you have mentioned that children can get this Indian variant and can pass it on. I know that the effects of the virus on the elderly are more severe, but we need to be aware of when the Indian variant has arrived in the Island. Can you tell me what sort of testing you are doing or are you relying purely on the U.K. to identify if we have the variant within the Island?

Deputy Medical Officer of Health:

All positive results are assessed for sequencing and sent for sequencing if we think we may get a result. By that I mean you need a certain amount of virus in your positive result to get sequencing through. If you only have a very, very small viral load, there is no point in sending something for sequencing because it will just not be sequenced. If you have a modest or high viral load, then you can get sequencing back and we send those samples away. To date
we have been sending all those samples away. We have not noticed an Indian variant, we have only noticed the Kent variant. What has changed in the last week or so is that we have made

arrangements with a particular laboratory to get our sequencing results back within about 48 hours. We have started using this venue just this week.

The Chief Minister:

If you like, I suppose the analogy we would use, because we discussed this ... was it last week we discussed it? I cannot remember. We discussed the principles and you will recall last year, probably in April - cannot remember - when we had quite a slow-ish turnaround in terms of getting the results in and over time we then took measures in place to speed up that process prior to then getting the on-Island testing. Essentially what I asked was that can we do that same to the sequencing process so that we can get the results quicker and that is obviously what has been going on.

Deputy M.R. Higgins:

I must say I am pleased that you are bringing forward the testing and speeding up the process, because relying on the U.K. could take weeks in the past. There is, however, a new genomic testing kit which is being used, which can rapidly identify whether the virus is present and can also be used for screening people with cancer and so on. Has any consideration been given to acquiring such equipment ourselves?

Deputy Medical Officer of Health:

The answer is yes. We are looking at sequencing on-Island. That will take a bit longer to set up than attaching ourselves to a rapid turnaround laboratory, which we could do sort of at the drop of a hat, so to speak, while looking at what else is available that we could undertake on-Island. That would help us not just in relation to COVID, but also from a microbiological perspective in typing other organisms potentially to determine if there are outbreaks into other germs. So it is an attractive proposition and we are looking at it, but what we wanted was an immediate result, so we have done that as a first step. Back to the Chief Minister’s analogy, we have gone from a slow turnaround P.C.R. (polymerase chain reaction) result last year to a rapid turnaround P.C.R. result via the U.K. and then on-Island testing with a 6 to 12-hour turnaround via OpenCell and the one-hour turnaround for emergency admissions. So we are on the same type of pathway and going for what is immediately available in the first instance.

Deputy M.R. Higgins:

I am pleased to hear what you have just said, it is very reassuring. Can I go back to the point about children though? We are reading more and more that children are becoming more and more susceptible to getting the virus. Certainly evidence from the United States suggests that. What are we going to do with regard to children? I know we vaccinate down to a certain level. Are we planning on going any further in giving younger children the vaccination?

Deputy Medical Officer of Health:

You are absolutely right, the more transmissible variants appear to affect the young more than the less transmissible variants. The severity of the disease remains age-related, as we said earlier. The Pfizer has been approved by the F.D.A. (Food and Drug Administration) in the United States for use in children down to the age of 12. Secondary schoolchildren tend to be more affected by COVID and to transmit COVID more than primary schoolchildren and infants. We hope that the M.H.R.A. (Medicines and Healthcare products Regulatory Agency), which is the F.D.A. equivalent in the U.K., will follow suit.

[09:30]

There are some trials also going on in the U.K. in relation to vaccination in 12 to 18 year-olds. We hope that those results and the F.D.A. information will give us a green light for use in children down to the age of 12 sometime in summer or at the latest in early autumn. We are already thinking and planning how we would vaccinate children over the age of 12 this coming sort of September, perhaps in conjunction with flu vaccination, which as you know we routinely roll out to schoolchildren every autumn.

Deputy M.R. Higgins:

I will just ask one more question because you have covered most of the areas I was going to address. There is the potential for a new vaccine coming out to deal with the likes of the Indian and other variants that may cause concern and there has been talk in the U.K. of booster jabs. Has this been considered and will we be rolling out further vaccinations of a new vaccine in let us say the autumn as well?

Deputy Medical Officer of Health:

The shorter answer is yes. The U.K. have bought 60 million doses of Pfizer to use as a booster, as I understand it, for the over-50s and those at risk. They have not said whether it would be a tweaked vaccine to better deal with the variants that will be used in the booster vaccine or not as yet, but I do know that the vaccine companies have applied to the various authorities for them to be able to have the vaccines authorised in the absence of clinical trials, which take a long time, but simply on the basis of in vitro testing, much in the same way as the authorities already do with the yearly flu jab. So it is the same type of jab on a year-by-year basis, but with a slightly different colour to the innards of the vaccine, so that is in hand. Again, we have now had some 3 to 4 meetings trying to work out how to best roll out the COVID vaccine - bearing in mind it is Pfizer and the need to store it in certain ways and so on - at a rapid rate, possibly in conjunction with flu vaccination this coming autumn, so it is very much on the cards and we are planning for it to ensure that there is no delay when it arrives.

Deputy M.R. Higgins:

Thank you. You have been very comprehensive with your answers. I may have missed some of the questions I was going to ask, but we will send those on to you in writing. I will pass back to the Chair now, thank you.

Deputy R.J. Ward:

Thank you very much. We are going to talk about vaccines. Deputy Gardiner, I think you were going to take this section on the question paper. Are you okay with that?

Deputy I. Gardiner:

Yes.

Deputy R.J. Ward:

Thank you.

Deputy I. Gardiner:

Good afternoon and thank you for all the information that was provided up until now. One quick pick-up on the previous answer about the vaccination between 12 and 18. Are you considering the group between 12 and 18 as one group or is consideration given for the group 16 to 18 and maybe this vaccination can be brought earlier?

Deputy Medical Officer of Health:

I think Pfizer is authorised to the age of 16 and for the sake of simplicity J.C.V.I. has simply said vaccinate down to the age of 18. That would be a consideration, but first we need to get down to the age of 18, so the timetable I previously outlined of full vaccination being offered down to the age of 18 being achieved by mid-August stands. As we get closer to that point we will have to consider not just the boosters and the 12 to 18 year-olds, but also the wherewithal to start the ball rolling for the 16 to 18 year-olds, as you rightly indicate.

Deputy I. Gardiner:

Thank you. I will move to vaccination passports. Can you please detail how the certification for double-vaccinated passengers from the Common Travel Area will work and the documentation required by travelling Islanders and those who travel into Jersey?

The Chief Minister:

I think for that level of detail I will hand it straight over to Alex, if that is okay.

Director, Public Health Policy:

Deputy Gardiner, there are effectively 3 things that we are working to that would hopefully answer your question. The first is the production of evidence to Islanders such that they can prove their vaccination status. An announcement will be made reasonably shortly about that proof of vaccination being provided to Islanders so that they can use it in terms of travel to other jurisdictions where certification of vaccination is required. I am sure you will appreciate I do not want to interfere with the communications plan around that, which as I say is due to be done in the coming days. The second component is the verification at our border, Deputy Gardiner, of Islanders in terms of allowing them the variation to the Safer Travel Policy, which is currently published on the website. I am very pleased to confirm that we will be able to execute a simple look-up on the vaccination record to ensure that 100 per cent of Islanders perhaps visiting another jurisdiction and coming back will be able to avail themselves of that variation without the need to produce any physical proof of any kind. The third component, which your question referred to, is the verification of certification at our border from travellers from elsewhere initially within the Common Travel Area. We are at an advanced stage of working through how that will work. As you might imagine or know, the Common Travel Area is made up of the nations of the U.K. plus other Crown Dependencies and of course the Republic of Ireland, all of which are delivering separate certification processes for their citizens. I am confident that we will be able to acknowledge and verify all those different standards of proof at the border in order to enable in most circumstances double-vaccinated passengers to take advantage of our system. I hope that helps, Deputy Gardiner.

Deputy I. Gardiner:

It does help. Just a quick pick-up about the first one, the evidence for certification for Islanders who would like to travel, you said "shortly". Will it be available before 28th May when international travel will be opened or will it be introduced later?

Director, Public Health Policy:

I can say that it will be introduced shortly and that the pending communications around that will set out very clearly to Islanders what they can expect and when.

Deputy I. Gardiner:

My question is for Islanders who are listening to us. They know that international travel is opening on 28th May and would appreciate some clarity to know what to expect and when, a timeline.

Director, Public Health Policy:

Indeed, and soon a communication will be made available to let Islanders know what that situation is, Deputy Gardiner. At this point in time I do not want to cut across that, because as you would appreciate, it has to be communicated in a clear and careful way. I can tell you that will be happening very shortly.

Deputy I. Gardiner:

How will the administration and the regulation of vaccinated passengers from outside of the Common Travel Area be done? What options were considered for the certification of vaccination from outside the Common Travel Area?

Director, Public Health Policy:

Currently, Deputy Gardiner, ministerial policy covers the Common Travel Area only. What I can say is that subject to the success of that initial phase colleagues in External Relations and in our operational teams are pursuing contact with other jurisdictions with a priority to those with whom we have direct connectivity to ensure that, subject to ministerial decisions, we are able relatively quickly after delivery of COVID status certification within the Common Travel Area to move to other jurisdictions. Of course what we have done in relation to the Common Travel Area and why we focused on it first is because of the superior progress in vaccination rates in those areas. I think it is highly appropriate to consider where other jurisdictions with whom we have more connectivity should be considered in terms of a second phase. As I say, no ministerial decisions have been taken on that yet, but we are pursuing bilateral conversations with those jurisdictions.

Deputy I. Gardiner:

What legal advice has been sought on the potential for claims of discrimination from those who are unable to be vaccinated for whatever reason?

Director, Public Health Policy:

We carried out a full consideration and research into the ethical and legal issues associated with COVID status certification. Indeed, the way that COVID status certification will work is that we are not going to be denying anybody anything. We are asking people to opt into the Safer Travel scheme and if they can demonstrate evidence of vaccination that meets our requirements then a variation can be granted. In addition, we consulted on and researched the ethical issues associated with doing that. What I would say is that there seems to be large international consent for or public sentiment in favour of a vaccination status being applied at the border, I think in terms of what are sometimes called COVID passports. In terms of internal events or premises then I think the picture is much more mixed. We presented those issues to Ministers and asked Ministers to take a balanced judgment based on the evidence. Of course given the public health considerations and given the need for Islanders to connect particularly within the Common Travel Area from a well-being perspective to people in their families or who they are closely associated with on balance Ministers felt that it was a proportionate action to take to allow vaccinated passengers to avail themselves of greater variation at the border. Vaccination status is dependent on being vaccinated and that must be clear within the policy because we are trying to protect public health on the Island

first and foremost. In that context we can only grant variations to the Safer Travel Policy where that public health risk is diminished by virtue of vaccination.

Deputy I. Gardiner:

I appreciate the answer. How would a vaccination certificate be affected by a prevalence of new variants and the emergency brake system? How can they be kept up-to-date and useful?

[09:45]

Deputy Medical Officer of Health:

You are right, the certification needs to be dynamic. The initial certificates that again we could produce rapidly are secure paper-based certificates, but as we go forward we anticipate moving to a digital system that will allow for an easier dynamism that takes into account the timing of the vaccine and the durability of immunity in relation to that vaccine and therefore sets an expiry. Of course we do not have any numbers to go with that yet, but we want to have the flexibility to have that. It will by the same token allow for the requirement for boosters to permit continuing validity of the certificate and those boosters may very well include boosting vaccines that cover any new variants. The converse will also hold, of course, that if it happens that there is a variant that completely negates vaccination, and hopefully there will not be such a variant, but if that is the case then of course vaccination certificates will no longer hold and we will have to revise our stance in relation to them in a wholesale fashion. We accept the importance of flexibility and the ability of certificates to evolve to capture changing situations.

The Chief Minister:

I think it is worth emphasising as well - and hopefully I have got this the right way around, otherwise you will definitely be taking me to pieces - the principle is that R.A.G. testing applies. You isolate now on your test from a green area until you get the result, but your vaccination certificate basically just means you do not have to isolate. You are still going to be tested. It is the facilitation, if that makes sense, but we are still having the controls in place to make sure that we are keeping an eye on what is going on.

Deputy I. Gardiner:

The last question from me before I pass to the Chair, will children of vaccinated individuals count as being at the same risk as their parents? What will happen for a family where 2 parents have been vaccinated and children are not?

The Chief Minister:

The high-level comment is that we are working on that presently. I think there is some more paperwork to come through, but hopefully we will get an announcement on that shortly. We just need to firm up on a couple of things, but we are broadly speaking seeking to resolve that position.

Deputy R.J. Ward:

Thank you. I am conscious of time. We were going to ask some questions that we have roughly called "lessons learned" because we know that things have changed rapidly during the last year, but learning from that is such an important thing as we move forward. We would like to find out more about the decision to maintain the green allocation at 50 cases per 100,000. Was there any opposition to that, to maintaining that level, rather than changing it?

The Chief Minister:

Hopefully the relevant people can nod, but certainly what the competent authorities have informed us is that the majority view of S.T.A.C. was to maintain it at 50.

Deputy R.J. Ward:

It was not a unanimous view but a majority view?

The Chief Minister:

Yes.

Deputy R.J. Ward:

We have seen before that S.T.A.C. has had quite an attendance. Is there a core of S.T.A.C. that that majority view came from? They could be people who were brought in to talk to S.T.A.C. from all sorts of areas or is that the clinicians within S.T.A.C. that had that majority view?

Deputy Medical Officer of Health:

There is a core group within S.T.A.C. so, if you like, members with then people who attend to either bring in detail or information from other areas or views from other areas that might be affected by the thinking that goes on in S.T.A.C. The decision-makers, the votes for want of a better word, come from the core members.

Deputy R.J. Ward:

The notes at least answer some questions regarding that, which have been ongoing. The Constable of St. John on 11th May asked a written question that S.T.A.C. minutes are published as soon as possible and reasonably practicable. The publications in the last few weeks of all S.T.A.C. minutes was from the period of January to March 2021. Are you able, Chief Minister, to give a firmer commitment to the time within which future minutes will be published?

The Chief Minister:

I know there is someone who is on the hearing who has been very silent at the moment, which is Tom Walker, who directly understands the process and perhaps he could shed some light on the process of approval and release. I do emphasise the point that part of the difficulty in here is everybody also doing practical jobs as well and therefore it is the time for them to get the minutes through and making sure they are happy with them before they are released. It is not something that Ministers have any control over, and I can categorically state that Ministers have actively encouraged minutes to be released at various points. That is not a criticism in any shape or form, absolutely not, but it is the reality of we have a superb team, but equally we have a small team in dealing with something that is very pressurised. Tom, would you like to add something on the timing of release?

Director General, Strategic Policy, Planning and Performance:

Thank you, Chief Minister. I think that is a good summary. In terms of the release of S.T.A.C. minutes the chair of S.T.A.C. is very keen to preserve the safe space for members of S.T.A.C. to have the discussion so he would not intend at any point to release the minutes of S.TA.C. while the policy debate is live. His intention is to release the minutes as soon as practicable once S.T.A.C. have concluded the matter and Ministers have decided the policy. Preservation of safe space is important to the operation of S.T.A.C. so that the medics, scientists and technical experts can all have a debate among themselves. Then, as the Chief Minister said, beyond that it is simply a matter of the practicalities and the reality that the Medical Director of the hospital, who is the Chair of S.T.A.C., has both a busy patient workload but also a full workload as Medical Director. He does it as promptly as he can once the policy debate has been resolved but it is reliant upon him being able to fit that in around his patient work, which I think we would all agree should come first.

Deputy R.J. Ward:

Yes, and that is a very succinct discussion and argument regarding the release of minutes. What you are saying is you cannot give a guarantee of when those minutes will be released and there may be delays, quite large delays still?

Director General, Strategic Policy, Planning and Performance:

The gap between the discussion and the release of the minutes has 2 components. The main component is around preserving the safe space for S.T.A.C., so even if the Chair had all the time in the world then some of those debates take longer than others. Sometimes the debate is over in a couple of weeks. Sometimes S.T.A.C. continue to have the debate for a prolonged period because the evidence is not clear and they need to come back to some matters in successive meetings, having thought about and absorbed more evidence. That is the main reason that there is a gap

between the meeting of S.T.A.C. and the release of minutes. Then the lesser reason is around the practicalities of how soon the Chair can review the minutes and then send them over to me. They come to me and then I publish them on gov.je.

Deputy R.J. Ward:

Would you agree that the reason that there is a requirement for a timelier release of S.T.A.C. minutes is that it would provide more timely justification decisions and boost public confidence in the decisions? That is all we want to see. That is the reason why. It is not just a question of releasing the minutes. It is about public confidence in the decision-making process.

Director General, Strategic Policy, Planning and Performance:

Yes, I think once the decisions are made then the Chair's aim is to release those minutes as soon as possible. I think that is good practice for scientific committees. It is standard practice across the British Isles for scientific committees to release their minutes once the policy matter has been settled. That is what the Chair is aiming to do, and he gets close to it, to be fair to him. There is not much of a delay usually but sometimes the practicalities of doing that do add a few more weeks on to the process. Certainly we are trying to release them as soon as possible once the debate is settled.

Deputy R.J. Ward:

We do tend to see them in batches as well. I think it would be more sensible to release rather than in large batches of documentation. You can see why people are concerned about the release of those minutes, given that it is the basis for making really important decisions for the Island and how it fits into other areas such as competent authorities and so on. That mechanism needs to be understood. Deputy Higgins, did you have a question on that particular point or right at the end? You put a thing in chat and I want to confirm.

Deputy M.R. Higgins:

Just one or 2 follow-ups. One of them does relate to the minutes here.

Deputy R.J. Ward:

Do you want to do that now then?

Deputy M.R. Higgins:

Yes, I will. Does the Director of Medical Health have secretarial backup? Do you have secretaries recording what is done in the meeting so that the minutes in that sense are almost immediate and he can have a copy to peruse? That is one concern. Secondly, if measures are being announced and there are no minutes, surely anything that is being announced as policy must be settled, otherwise we would not be changing it. Why are those parts of the minutes not being released?

The Chief Minister:

I will let Tom deal with the detail. Can I just make one point though that in terms of S.T.A.C. is not a decision-making body? It is an advisory body. Perhaps Ivan can confirm.

Deputy M.R. Higgins:

No, I would accept that but ...

The Chief Minister:

Sorry, Deputy Higgins. It was a comment made previously, not by you, that S.T.A.C. was a decision-making body and I wanted to clarify that was not the case. Perhaps Ivan can elaborate.

Deputy Medical Officer of Health:

That is exactly the case. I think we try to weigh up the evidence and pieces of information that are available to us and put them in the context that we perceive and then come to what we think would be an appropriate way forward for people in Government to then look at and consider within the much wider context that governs Jersey.

Deputy M.R. Higgins:

I fully understand that. Obviously we have a perception problem with the public. Politicians are not trusted by the public. We know that. Medical people tend to be and, for example, you are held in very high regard by politicians and the public. It would be useful, however, for us to be able to know what the medical opinion was so that we can balance the political considerations, which may also be valid and I accept that politicians have to look beyond the medical. For example, we have things about the economy and other things. Is there any reason why that information should not be given? Another point, going back to the point that Deputy Ward mentioned about the recent decision on the numbers and asking whether it was a majority or minority opinion in S.T.A.C., was it the medical opinion that we should change or we should stay?

The Chief Minister:

I am going to hand all that level of detail down to Tom.

[10:00]

Director General, Strategic Policy, Planning and Performance:

Sure. I might let Ivan come back on the balance of opinion, because I do not sit on S.T.A.C. and Ivan does, along with Alex, so they can probably give you a flavour. To take your questions in order, Deputy Higgins, the minutes are recorded by the States Greffe in the same way that they minute

other formal bodies, so the States Greffe do an excellent job of producing the minutes and you have seen from what is published that you get the real richness of the discussion because the professional minute-takers from the States Greffe are there and they do that, so that is very good. Then after that the minutes follow the usual process in that they go back to the group in draft form and quite often members of S.T.A.C., the medics, scientists and others around the table have comments to make on them and so there is a usual process that you go through with any minutes when the members of the committee provide corrections and clarifications. Then the States Greffe finish their part of the process after that and we have a set of minutes that are agreed by S.T.A.C. as being a true and accurate record. After that the Medical Director, the Chair of S.T.A.C., then puts aside some time every so often ...

Deputy R.J. Ward:

Sorry to interrupt. I think we are spending a lot of time on talking about a process, which I think we clearly understand now. What is the average number of people who attend a S.T.A.C. meeting?

Director General, Strategic Policy, Planning and Performance:

I think the terms of reference published online show you the exact number of members and the exact number of standing invitees. In any one meeting there are usually 2 or 3 members who send their apologies.

Deputy R.J. Ward:

Yes, but how many on average? This is important, because let me give you a range of figures. If there are 45 people at a meeting it is going to be difficult to get 45 people to agree minutes. If there are 5 people at a meeting it is a lot easier to agree the minutes. We fully understand. All we are saying is timely release of the S.T.A.C. minutes does provide confidence in the decision-making process because it is advisory and therefore people want to understand the advice that Government are given. Often, as Deputy Higgins has said, the decision is being made before the advice is seen in the S.T.A.C. minutes and it does not help the situation. Perhaps we would just say that anything you can do to speed up that process will be much appreciated.

Director General, Strategic Policy, Planning and Performance:

The point is well made and we would not disagree with that. Yes, we will do what we can to speed that up.

Deputy R.J. Ward:

So if we can talk about a couple of other learning points. We have noticed and have had concerns that those working at our borders at the moment are working long hours and are quite strained in terms of the work they are doing. We absolutely appreciate the incredible work that the people in

the front line are taking on tirelessly to provide the best possible service. What is in place for the increase in numbers of travel, for example, in June and later on in the year to guarantee that we have a mechanism that has got enough people, resources, facilities for those working there, i.e., hot and cold running water, a toilet to go to, some food and so on, so that that process, which is so important as one of the layers of protection that you have talked about, works smoothly? Are we staffed well enough? Have you planned enough ahead for that?

The Chief Minister:

I will hand over to Rachel Williams to give you some further information. To follow up very quickly on your earlier question there are approximately 10 core members of S.T.A.C. and about 20 invitees.

Deputy R.J. Ward:

Thank you. Go on, Rachel. Are you on the call? There does not seem to be an answer there. We seem to have lost her. I will ask something else then. Sorry, we did not get that. Would you like to start again?

Director, Testing and Tracing:

Is that better?

Deputy R.J. Ward:

That is better now. We can hear you now. Thank you.

Director, Testing and Tracing:

We have over 100 staff working just in our testing services at the moment and around a month ago when we were starting to get ready for the expected increase in volumes of passengers we did a number of things. We reached out to those university students who worked with us last summer to see who would like to come to work with us again when they are back home for the summer. We went back to Back to Work where we got a lot of additional staff last year and in fact it has been one of our successes that a number of people that we have had through Back to Work have found a new passion and a new career through working with our testing centres. We also put out an advert, so we have had almost 200 people who have expressed an interest in coming to work with us at the testing centres. We just yesterday ran an induction session for the first tranche of new joiners up at the airport, so those people are now working with us, and we have got 4 or 5 people standing by working through lots of interviews in the coming days and over the next 2 weeks to make sure that we have got the right numbers of staff, whether that is swabbers, administration, marshals, packers, drivers, so the right numbers of staff who are with us, inducted, trained and ready to go, ready for when we are expecting those significant increases in volume. For us it has been humbling and quite pleasantly surprising that we had that number of applications. Anecdotally what we hear is that a

lot of people have experienced the testing centres themselves and have heard about what a great place it is to work and have therefore come forward and said: "We really want to work with you" and we look forward to welcoming our university students back home and back to working with us to earn some money over the summer period. In terms of your question about the facilities that our staff have got, Ports of Jersey have given us some great facilities down at the harbour so we now have a number of rooms that we can use for our staff indoors, nice and warm, toilets, kitchen facilities, fridges, microwaves and the like, and up at the airport we are just about to finalise the bringing back in of additional staff rest areas and staff breakout areas, in addition to the kitchen and seating areas that we already have, so that we can continue to support our staff and give them areas that they can have a break in when they are in between their testing. Also, as you say, to have a break because it is hard. It is hard when you are working flat out for 8 hours a day. It is important that people get a chance to have that break to keep themselves fresh. We also continue to look at rostering so that wherever possible we can avoid people working long hours. We must have a work-life balance; we have to keep people fresh and we have to keep people motivated. Our experienced centre managers are used to doing that and will continue to do that, working with us.

Deputy R.J. Ward:
Sorry, Deputy Higgins, I did not mean to cut you off there. Do you want to ask your question? Apologies, Deputy Higgins.

Deputy M.R. Higgins:
Thank you, Chair. I did ask a number of questions that Tom Walker was answering first, but we had the question to Dr. Muscat regarding whether the minority or majority opinion from S.T.A.C. was from the medical people or from all the other advisers. We understand that they give advice and we have to look at the political consideration in which things are done, but it is useful to have that clarification. Thank you.

Deputy R.J. Ward:
Do you want to do that now?

The Chief Minister:
Apologies, I thought we had given that clarification.

Deputy Medical Officer of Health:
I think most core members are medics. What I will need to do to answer your question accurately is to go back to the minutes to look at the detail within them and come back to you in writing.

Deputy M.R. Higgins:

I appreciate that, but what I would say in future, please, if we are getting advice it would be useful to see what the medical advice is. Again, we understand political advice is given as well. There are many considerations, not just medical, that are taken in all these decisions. We accept that, but for clarity and for transparency that information should be made available to Members and to the public. I hope in future there will be in the minutes that are released or even when the decisions are made that we can understand that sort of detail. Thank you.

Deputy R.J. Ward:

Sorry about that being a little bit out of tune. I think I was reading through the questions that were coming. We talked about the borders and I am conscious of time and we have got some questions on funding. Deputy Gardiner, do you want to ask a couple of questions on funding at the end here?

Deputy I. Gardiner:

Yes, please. Would the Minister advise what the cost is for Government for each COVID test that passengers have when they arrive in Jersey?

The Chief Minister:

In terms of the individual test now we will need to come back to you and give that in writing. Part of the issue is that we have been looking at changes in technology and I think that is in the process of being put in place hopefully or decided and then put in place, which then will reduce that overall cost going forward.

Deputy I. Gardiner:

Thank you. The Minister stated to the panel in writing that the funding model to support Safer Travel is under continuous review and there was currently no intention of introducing charging for incoming passengers. However, during the press conference on 19th March the Deputy Chief Minister said the potential for charging for testing would be considered. Would you give some details about these discussions up to date, for example, has it been considered that visitors will pay a contribution rather than the full cost or any other options?

The Chief Minister:

The fundamental point at this stage has been trying to get the costs down and I think the intention at the moment is sometime in August we hope to have a far cheaper but still as effective system coming through. As you will probably expect, and certainly my interpretation is that over the last by then 18 months the technology has changed significantly and therefore that brings the cost down. The deliberations that continue at this stage are the balance between opening up and encouraging people to come to the Island or, more importantly, allowing that reconnection between families locally and other parts of their family particularly in the Common Travel Area versus being a right up

front and one of the first to initiate charging versus full cost recovery versus a contribution. At this stage the view that we have taken is that we want to get things up and running, we want to see what is happening around the world because there is not much point focusing particularly on the hospitality side that we, for the sake of argument, charge everybody, say, £100 a test or whatever it is and you find that one of the other jurisdictions that has opened up is not charging anything because they recognise the economic benefits from bringing people in. As I said, that does ultimately go into well-being. You then also have the issues around at what point getting the policies right do you start charging, but then who do you charge? Do you just charge visitors or do you charge everybody? If you are charging visitors do you charge people who are going away on holiday, for the sake of argument, versus going to see their family? You get into all sorts of areas and I think as we have learned trying to keep it simple is important. Deputy Higgins has put a comment in the chat that I think will be one of those considerations. I suspect in the longer term charging will come in. I suspect equally - and when I say "longer term" I think medium term might be better - our fundamental focus is making sure that if we can bring the costs down that is the first benefit and then you have got a reasonable basis to see what costs look like and at what level it is appropriate to charge going forward. I think it will be coming. I think it will come during the course of this year, but I do not think it will be coming in the next 2 months. That is my guess at this stage, but it is something that we are keeping under active review.

[10:15]

Deputy I. Gardiner:
I appreciate that. Interestingly enough, if you look around the world most of them require P.C.R. tests to be presented upon arrival, which can reduce the cost for our public if you ask for the visitors to present a similar test. Has a P.C.R. test on arrival been considered as an alternative?

The Chief Minister:
At the moment we do accept any P.C.R. test from a validated and credible source. I think it is within the previous 72 hours.

Deputy I. Gardiner:
Can that become a standard that anybody who arrives as a visitor should present a test and we can save on spending?

The Chief Minister:
Are you saying to make it mandatory? That then brings into the cost factor as well and equally at the moment I think it is from within the C.T.A. (Common Travel Area) versus having something as things potentially do open up for people coming in from beyond the C.T.A. and making sure that is

valid. There is a whole range again about trying to keep the systems simple, understandable, but also as strong as you can.

Deputy I. Gardiner:
Thank you. The final note is that business cases are being finalised for the final quarter of 2021 and the Minister for Treasury and Resources has provided for £15 million in quarter 3 and quarter 4. Please detail how this figure has been calculated and what is included in those costs.

The Chief Minister:
Can I hand over to Rachel Williams on that?

Director, Testing and Tracing:
Absolutely, so the business cases for quarter 3 and quarter 4 2021 are being finalised and submitted now and they include all of the relevant costs, just as the previous business cases have. That includes the cost for staff, consumables, for test processing, for infrastructure, for example, hiring the portacabins and the drive-through facilities, transport costs. Those business cases include all of the relevant costs and that is for both testing and also for COVID safe, so that is the contact tracing, monitoring and enforcement and the COVID safe support to business and also for Modernisation and Digital to continue to support our I.T. (information technology) systems.

Deputy R.J. Ward:
I am conscious of time and I would like to ask one general question, if that is okay, Deputy Gardiner. Chief Minister, I suppose the overall question is are you confident that with the opening of borders, with the relaxation of measures on Island, with the variable of a new variant, that we are in a position where we will not see further measures in the future and further lockdowns? I note that there is a report of a school in Bedford that has gone to remote learning because of a huge surge in the Indian variant cases among its young population. I think the whole Island wants some reassurance that the measures that are being taken together here are going to help us remain in the good position that we are in at the moment and not revert back to any form of further restriction. I am going to avoid the word "lockdown" because I do not think we want to talk about that. We really hope that is not the case. Are you confident that everything you have got in place is good enough to ensure the safety of the Island?

The Chief Minister:
Sorry, I was starting at the beginning and thinking that the difficulty there was it was a very big crystal ball we were gazing into, but your last comment, am I confident that everything we are doing is what we can do for the best of the Island? Yes. As we have said, it is a whole range of measures and a balance of risk. The whole range of measures are the really good vaccination programme that is

going out, the testing at the border, the contact tracing and community testing internally and all the various other measures that we have got in place. We know we have put support into business. As we know, the community as a whole has responded really well and hopefully will continue to do so. If you put that in the round with that in place we are in a good place going forward, but I always do add a caution, which is that we deal with what we have seen to date but we do monitor and see and keep a very close eye on what is going on around the world. As circumstances change we react accordingly, but to date I believe we are about as well placed as we can possibly be in the context of what we are dealing with.

Deputy R.J. Ward:
Into the future are you willing to act if you see that changing and to ensure that we remain in that good, strong place as an Island and, more importantly, safe for our population?

The Chief Minister:
We have always acted swiftly. We have always taken into account the advice that we have acted upon and we always act for the interests of the Island. I do emphasise the whole point there again, it is that balance of risk between the health impacts of COVID, the wider health impacts and that goes into well-being, it does then go into economic impact because that also affects things like mental health. In the round there are a whole range of issues that we must factor in. Connectivity outside is an important factor for the community and that is something we factor into our considerations as well.

Deputy R.J. Ward:
I am aware that we have gone over time. I do not know if there are any questions from any of the panel members just very quickly at the end that they want to ask.

Deputy M.R. Higgins:
I would like to ask a very quick question. Are the Ministers and the medical people still reinforcing the view that people should be wearing their masks, washing their hands and doing all the other things and that we are not just relying on vaccination?

The Chief Minister:
No, those basic measures are still actively encouraged, and Deputy Higgins is absolutely right and certainly the handwashing and basic hygiene factors will be with us for quite a long time still. Mask wearing is certainly with us for the next few weeks. We are having some considerations at what point we can release that. It has a relatively low impact effect on us, but it does achieve a good impact or one of the good impacts in terms of combatting the virus going forward.

Deputy M.R. Higgins:

I have got one final question and Dr. Muscat can help me with this one. Our understanding in the past was vaccination does not stop you spreading the disease but helps you if you contract it in that it minimises the effect and therefore you should not have the worst part or the worst effects of COVID. Is that still the case?

The Chief Minister:

Just before I go to Ivan, the other factor on this was ventilation, which for those who are currently shivering in my office we emphasise. Ventilation is another important factor that I hope people will continue going forward. I will pass over to Dr. Muscat for your last question.

Deputy Medical Officer of Health:

Thank you, Deputy Higgins. You are right, initially we only had information about the protective effect of vaccination, that is protecting the individuals who are vaccinated from acquiring the infection and developing disease due to infection, because the trials that were undertaken to approach the authorities for rubber-stamping the vaccines and allow them to be used, distributed and so on were designed with that end point in mind only. Since then however it has become apparent through a number of studies, a Scottish household study involving more than 100,000 people, a Public Health England household study again involving more than 57,000 household contacts that if you are vaccinated you are protected against catching infection, we already knew that, but if you are protected from catching infection you cannot pass it on, so that is point one. Put that to one side. For the 10 per cent or so that have not responded fully to the vaccine they can get infected, but if they have been vaccinated only half of them can transmit. So quite independent of protecting you from infection the vaccine also prevents transmission in 50 per cent of those who become infected despite the vaccine, so it does prevent transmission in that fashion. You also need to add to that whether you can transmit it onwards bearing in mind that the people around you are vaccinated. So if the people around you are vaccinated then anyone with transmission will hit upon 90 per cent of people who cannot catch infection and 10 per cent who catch infection, but only half of them can transmit onwards beyond that initial contact. The point is that vaccinating the whole population is beneficial for those reasons.

Deputy M.R. Higgins:

Another reason why we should encourage everyone to be vaccinated if they possibly can.

Deputy Medical Officer of Health:

For the eligible groups that is the best way forward. We have said repeatedly that we are not relying on vaccination alone to get us to where we want to be: test and trace, testing at arrivals, testing in workforces, in workplaces and the non-pharmaceutical interventions, handwashing, masks,

ventilation, which you and others have rightly emphasised, are all part of the story. The one thing that we are still missing is therapeutic direct treatment of the virus, but people are working on that.

Deputy I. Gardiner:

A very quick question. We started this public hearing with a look at the half-term that is coming and opening international travel. For the benefit of the public can the Chief Minister reassure that you will likely not have changes introduced in the next 2 to 3 weeks and we will stick with the summer travel policy?

The Chief Minister:

Unfortunately, I cannot give you the 100 per cent certainty there. The facts are at this stage we continue to monitor what is happening both in the C.T.A. and of course in the wider context as well globally. If circumstances were to change we would have to act. The present stance is that we are retaining the plans, but we are looking at the emergency brake if we need to act on it. As I said, what we have learned all the way through this - and it will be the same in any other jurisdiction - is that things can sometimes change quite swiftly and if things were to change you would have to act accordingly.

Deputy R.J. Ward:

I am conscious we have run over. We did start a little bit late. I would like to thank you for your time and from the panel pass on our thanks to all of those people who have worked in our public services over such a challenging time and we fully recognise the work that has been undertaken there both at our borders and with the vaccine programme. I personally have had my second vaccine now. I am older than I look, so I had my second vaccine and I am very pleased to have done so. I encourage people to take the vaccine. Unless there is anything else you want to ask the panel, I know we have all got things to be getting on with and thank you to everyone for their time.

The Chief Minister:

Thank you very much. I would love to claim I only got my second jab yesterday but that would be an exaggeration, so I am not going to try to compare notes on age review, Deputy Ward. Equally, can I thank the panel? From my perspective it has been a very good hearing and thank you for all keeping to time, and we did start fractionally late. I absolutely endorse your comments that we have said on a number of occasions, that we have had a fantastic response from the entire community but also from everybody within the public sector in bringing us to this place. It is everybody across the team and we have got to a very good place and hopefully we can keep it that way. Thank you very much.

Deputy R.J. Ward:

With that, I will call the hearing to an end. Thank you very much, everyone.

[10:29]