

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY M.R. HIGGINS OF ST. HELIER
ANSWER TO BE TABLED ON MONDAY 30th NOVEMBER 2020**

Question

Will the Minister inform Members of the reasons identified for the increase in community spread of the Covid-19 virus and, in particular outline –

- (a) the role, if any, of opening the borders;
- (b) the impact from children who have returned from holidays off-Island subsequently infecting classmates; and

will he explain the nature and size of the spread, any lessons learnt and his assessment of how well the track-and-trace system has coped with the increasing numbers of people who have been infected?

Answer

In all jurisdictions, the spread of Covid-19 has followed a similar pattern – initial cases are imported into a new area via the borders (seeding) and, unless control measures are in place, the virus spreads through community transmission.

In Jersey, opening of the borders on 3 July was facilitated by the Safer Travel Policy which put in place a series of testing and isolation requirements for arriving passengers. A risk stratification process (red/amber/green rating of countries) was used to reduce the risk of importing any new cases of the Covid-19 virus into the community.

Throughout July, August and early September, there was evidence of only very low on-Island transmission. The border testing programme effectively identified the majority of new cases either on the day of arrival or on a day 5 test. For a small number of these cases, there was very limited transmission to immediate household contacts who were already in isolation.

From mid-September the number of cases in the UK, France and beyond began to rise and the likelihood that an arriving passenger would test positive increased. The Safer Travel Policy was correspondingly adjusted in order to respond to this risk, with the introduction for green arrivals of self-isolation until the result of a day 0 test and an additional day 5 test.

In October the number of cases, household groups and clusters of new cases not clearly linked to arriving passengers (unknown source) began to rise, indicating that transmission was occurring on-Island outside affected households, most likely through individuals without symptoms or with mild symptoms who were unaware they had the virus.

This trend has continued into November with the majority of new cases now no longer associated with inbound travel, although most are linked to an already known case on-Island. The table below provides a snapshot of the numbers of cases/groups/clusters with unknown sources by the end of Friday 20 Nov:

Unknown Source	Single case	Household group	Small cluster	Large cluster	Total
Sep	1				1
Oct	4		2	2	8
Nov	19	3	7	7	36
Total	24	3	9	9	45

There is very little evidence to suggest that any children who have returned from holidays off-Island have subsequently infected classmates.

Responding quickly to an evolving situation has involved preparing and planning for the most likely scenario, but then adjusting policy as required to respond accordingly. Over the past year, many lessons have been learned, leading to the development of a system that responds at pace with a flexible approach to policy development. Rapid analysis of individual cases and patterns of transmission allows agile decision making and tactical changes to operational policy as required. This has helped prevent or slow the onward transmission of the Covid-19 virus by testing, tracing and isolating all individuals likely to be affected. In addition, the introduction of backwards contact tracing to determine a source wherever possible, also provides a wider net for screening for potential positive cases.

The test, trace and isolate system has coped well, but, as the number of positive cases increase, additional resources have been required in order to continue to suppress the spread of the virus. The effectiveness of this approach continues to be reflected in the speed at which we identify and isolate positive cases and their direct contacts, and the absence of any markers of exponential growth in the number of cases on-Island.

Jersey's rate of testing per population is one of the highest in the world, and perhaps the highest in Europe. By casting the net out as wide as we do in our test, trace and isolate system, we are finding asymptomatic cases, as well as positive cases who only have mild symptoms, and isolating them in order to limit onward transmission whenever possible. The weekly rate of positives per test in Jersey remains low at only 1.2%, whereby in the UK it is 7.4% and in France it is 16.4%.