

**WRITTEN QUESTION TO THE CHAIR OF THE EMERGENCIES COUNCIL
BY DEPUTY J.H. YOUNG OF ST. BRELADE
QUESTION SUBMITTED ON MONDAY 12th JULY 2021
ANSWER TO BE TABLED ON MONDAY 19th JULY 2021**

Question

In light of the recent prevalence of Covid-19, will the Chair inform the Assembly what advice has been received by the Emergencies Council or the Competent Authorities Ministers (C.A.M.) from the Island's medical experts regarding the actions required to control the spread of the virus, stating –

- (a) whether it is the conclusion of the Council or C.A.M. that Covid-19 has been rendered relatively benign by the Island's vaccination programme;
- (b) whether the increasing local prevalence is considered likely to lead to increased hospitalisations, mortality and illness from Long Covid and to what timescale any increases are expected;
- (c) the level of infection within the community considered safe by the Council or C.A.M. (indicated as a percentage of the population);
- (d) whether 'Herd immunity' has been adopted as the primary control method as a matter of policy;
- (e) what consideration has specifically been given by C.A.M. to the implications of the increased level of infections for the Island's G.P.s, health service and schools; and
- (f) the actions C.A.M. considers need to be taken to reduce the opportunity for increasing infections to give rise to new variants and for perpetuating the spread of the virus both locally and to outside the Island?

Answer

- (a) whether it is the conclusion of the Council or C.A.M. that Covid-19 has been rendered relatively benign by the Island's vaccination programme;

The protection from severe illness and death afforded by vaccination is significant. Current vaccines deliver an estimated 80% protection against symptomatic infection, 95% protection against hospitalisation and 98% protection against death. Rates of hospitalisation as a proportion of infections are now expected to be low. Most people infected with COVID-19 will experience a mild to moderate viral illness with respiratory symptoms and recover without requiring special treatment.

- (b) whether the increasing local prevalence is considered likely to lead to increased hospitalisations, mortality and illness from Long Covid and to what timescale any increases are expected;

Increasing prevalence may lead to increased hospitalisations, mortality and long COVID, however, as set out in the answer to (a) the high levels of vaccination coverage in Jersey will provide very high levels of protection and result in low levels of severe illness and mortality.

There is a time lag between increasing prevalence and increasing hospitalisations, mortality and potential illness from Long COVID. The Office for National Statistics reports that the median delay (lag) between symptom onset and hospital admission varies between 1 and 6.7 days depending on age and whether the patient lives in a nursing home. Time between symptom onset and death from COVID-19 ranges from 2 to 8 weeks, with reported median times of 16 or 19 days¹. In the context of high vaccination coverage, the

¹ [Coronavirus \(COVID-19\) Infection Survey technical article - Office for National Statistics](#)

risk of hospitalisation and death has been considerably reduced. By definition, it would be at least 4 – 12 weeks from onset of symptoms before any impact on Long COVID would be seen.

- (c) the level of infection within the community considered safe by the Council or C.A.M. (indicated as a percentage of the population);

There is no single figure to indicate a safe level of infection as a range of other factors, such as vaccination levels, number of symptomatic cases and hospital occupancy, have a significant bearing on risk and safety. Ranges of risk based on data and evidence have been presented by the Public Health Intelligence team to both Scientific and Technical Advisory Cell (STAC) and CAM and have been considered in policy development. A balance of harms approach is needed in developing a proportionate response also considering liberty, business continuity and connectivity.

- (d) whether ‘Herd immunity’ has been adopted as the primary control method as a matter of policy;

‘Herd immunity’ has not been adopted as a matter of policy.

- (e) what consideration has specifically been given by C.A.M. to the implications of the increased level of infections for the Island’s G.P.s, health service and schools; and

Representatives from Primary Care, HCS and CYPES have been consulted during recent policy developments and have attended STAC when relevant policy positions have been considered. C.A.M and STAC give ongoing consideration to case rates in those settings.

- (f) the actions C.A.M. considers need to be taken to reduce the opportunity for increasing infections to give rise to new variants and for perpetuating the spread of the virus both locally and to outside the Island?

These actions include a continued pause to Stage 7 reconnection, strongly advising for masks to be worn in indoor public places and updated guidance in the following areas:

- Symptomatic isolation
- Positive case isolation
- Direct contact guidance
- Advice for at-risk Islanders.

The impact of these actions will be continually monitored to ensure they continue to hold down levels of severe illness, hospitalization and deaths. Further updates will be provided over the next few days.