

**Response to a Question Pursuant to Rule 14  
of The Rules of Procedure of the States of Deliberation and their Committees**

**Subject:** Civil Contingencies Authority - modelling

**States' Member:** Deputy St Pier

**Date received:** 22<sup>nd</sup> June 2021

**Date acknowledged:** 22<sup>nd</sup> June 2021

**Date of reply:** 3<sup>rd</sup> July 2021

**Question**

The Civil Contingencies Authority's ('CCA') spokespeople have said that the Bailiwick needs to 'learn to live responsibly with COVID. Consequently, as the islands continue their reconnection with the outside world on the back of mass vaccination, the CCA has announced changes to entry to the Bailiwick with effect from 1<sup>st</sup> July 2021, introducing the so-called 'blue channel'. This will permit individuals who have evidence of having been fully vaccinated more than 14 days before their arrival in the Bailiwick from elsewhere within the Common Travel Area ('CTA') (in essence, the British Isles,) entry without a requirement to be tested or to isolate, along with any unvaccinated children travelling with them. It is understood that the decision not to test this cohort on arrival is driven by the lack of testing capacity, including space at the ports, bio medics and members of the 'Welcome Team.'

It is noted that:

- the Delta variant is currently responsible for approximately 90% of the new infections in the UK;
- the Delta variant is estimated to be circa 64% more transmissible than the Alpha ('Kent') variant, which had previously dominated UK infections during the UK's second wave;
- infection rates are continuing to climb in the UK resulting the re-categorisation of the regions to require all travellers arriving from the UK before 30<sup>th</sup> June to self-isolate for 7 or 14 days;
- there is good evidence that vaccination reduces the incidence of mortality, hospitalisation and serious illness but it is accepted that vaccination does not prevent every individual from becoming infected either symptomatically or asymptotically and being capable of passing it others; and
- less than 50% of the total population in the UK or the Bailiwick will have been vaccinated by 1<sup>st</sup> July when it had previously been indicated by the CCA that it would require approximately 80% or more in order to achieve 'herd immunity'.

Consequently, it is likely that the number of active cases in the Bailiwick will increase as travel restrictions reduce. The contacts of active cases may then be required to self-isolate, whether or not themselves infected. The questions which naturally flow from this expectation, for a given period or a given number of travellers are:

- How many active cases are expected?
- How many active cases are expected to require hospitalisation?
- How many individuals are expected to be required to self-isolate as contacts?
- What are the trigger points for the reintroduction of non-pharmaceutical interventions, such as social distancing or face coverings?
- What is the trigger point, in a worst-case scenario, for a third lockdown?
- Is the CCA considering procuring more capacity to enable those coming through the blue channel to be tested on entry to the Bailiwick?
- Given lower rates of infection and lower prevalence of the Delta variant in many jurisdictions outside the CTA, why is there a distinction being drawn for fully vaccinated individuals arriving from the CTA and those from the rest of the world?
- In order for the community to be able to understand what to expect after 1<sup>st</sup> July in relation to these or similar questions and whether the Bailiwick is on, ahead of or behind expectations, would you please publish the modelling used by the CCA in reaching its decision (or, if appropriate, more up to date modelling?)

## **Response**

### **1) How many active cases are expected?**

In the event of an introduction of virus we would expect cases, clusters of cases and a third 'wave' of cases which would be expected to be concentrated in the non- or part-vaccinated groups. The number of active cases known in an outbreak is dependent on factors such as the extent to which people seek testing for symptoms, the presence of surveillance testing which can detect asymptomatic cases, and the testing strategy for contacts of cases. As such the numbers are hard to predict. The sum of non-vaccinated people in the Bailiwick is approximately 10,000, which includes all non-vaccinated children.

### **2) How many active cases are expected to require hospitalisation?**

Very few. People aged over 50 years are at greatest risk of needing hospitalisation with COVID infection and full vaccination coverage in this group is over 90%. Future positive cases are expected to be concentrated in the youngest islanders who have the lowest risk of requiring hospitalisation when infected with COVID-19. Hospitalisation is significantly more likely to occur in older islanders who chose not to be vaccinated, especially if other risk factors, such as obesity and diabetes are also present. For this reason, the Authority continues to encourage any eligible islanders who have not already done so to reconsider vaccination, in discussion with their GP.

### **3) How many individuals are expected to be required to self-isolate as contacts?**

Non-vaccinated contacts of cases (including those who are part-vaccinated, i.e. have received their first dose or have received their second dose within the preceding two

weeks) would still need to isolate after contact with a positive case from July 1<sup>st</sup>. However, any fully vaccinated contacts would, in most circumstances, not need to isolate. The number of contacts varies from case to case and cannot be predicted with accuracy.

**4) What are the trigger points for the reintroduction of non-pharmaceutical interventions, such as social distancing or face coverings?**

The trigger points for the possible reintroduction of non-pharmaceutical interventions, such as social distancing or face coverings, are likely to include sustained high case numbers over a number of days in the presence of rapid contact tracing, or a new situation (e.g. the emergence of a vaccine-resistant variant).

**5) What is the trigger point, in a worst-case scenario, for a third lockdown?**

A change in behaviour of the delta (or emerging new) variant where it results in the population not getting the very high-level protection from hospitalisation the vaccines currently offer may be a trigger for a third lockdown. Another possibility could be disruption to any booster vaccination programme with waning immunity in the population coupled with high levels of virus circulation.

**6) Is the CCA considering procuring more capacity to enable those coming through the blue channel to be tested on entry to the Bailiwick?**

No, the Authority is not currently considering procuring more testing capacity.

The States of Guernsey has invested significantly in a testing system and the necessary in-house expertise that compares very favourably with other jurisdictions. We can carry out in the region of 2,000 PCR tests a day, as well as targeted lateral flow surveillance testing, with over 8,700 of these tests being carried out in June 2021, and could apply some of the PCR capacity to testing fully vaccinated arrivals if this genuinely were a more effective use of tests. The Authority firmly believes the most effective use of the testing capability is to test unvaccinated arrivals from categories 2, 3 and 4, provide additional surveillance testing, and to test returning travellers who work in specific higher-risk settings (such as healthcare or educational settings) and to test symptomatic cases.

Further, increasing our current testing capacity presents challenges, including laboratory time, professional pathologists and other logistical issues. The 1<sup>st</sup> July 2021 travel rules have been designed around the levels of risk presented by travellers depending on their vaccination status and where they are travelling from.

The Authority acknowledges that the additional testing could be undertaken. However, given the level of risk, it does not consider this would be appropriate or proportionate. As we become more vaccinated as a population, increased testing capacity becomes increasingly less appropriate and proportionate.

**7) Given lower rates of infection and lower prevalence of the Delta variant in many jurisdictions outside the CTA, why is there a distinction being drawn for fully vaccinated individuals arriving from the CTA and those from the rest of the world?**

The Authority has set out a three-step programme for easing border restrictions, linked to a traveller's vaccination status. Step 2 is likely to include the introduction of no testing or self-isolation requirements for Bailiwick residents who are fully vaccinated and travelling from outside the CTA.

The Authority will review the introduction of Step 2, in mid-July 2021, i.e. approximately three weeks after Step 1, so that this further decision can be made against the latest local data on the impact of Step 1 and updated data from the UK as it too eases its internal and border restrictions and data from elsewhere.

The Authority has adopted this stepped approach to enable it to review and analyse the impact of each of the steps, before implementing anything that would be difficult to reverse, if an unexpected or unintended consequence was identified and further intervention may be required. The stepped approach supports the conclusion at the current time that the risk of increased pressure on the healthcare system locally and ultimately another community-wide lockdown as a result of the evolving picture, including the known impacts of the Delta Variant of Concern across the UK, are low.

**8) In order for the community to be able to understand what to expect after 1<sup>st</sup> July in relation to these or similar questions and whether the Bailiwick is on, ahead of or behind expectations, would you please publish the modelling used by the CCA in reaching its decision (or, if appropriate, more up to date modelling?)**

In line with all the modelling presented to the Authority since it was first convened to respond to the pandemic in early 2020, it is not prepared for publication but to inform and advise the various scientific and operational groups advising the Authority. It should be noted that the Scientific and Technical Advisory Cell was unanimous in recommending the current travel rules for 1<sup>st</sup> July.

The Authority has published much of the data which it has considered when making its decisions on the easing of the Bailiwick's border restrictions. It does not intend to publish the detailed scientific modelling as this is technical and requires a clear scientific explanation to be accurately and correctly understood. This approach is consistent with the Authority's previously established approach when responding to similar requests in 2020 for publication of the modelling throughout the pandemic.

**Deputy Peter Ferbrache**  
**Chair**  
**Civil Contingencies Authority**

**Date: 1<sup>st</sup> July 2021**