

The Bailiwick Blueprint Update

The Next Steps

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The Journey So Far

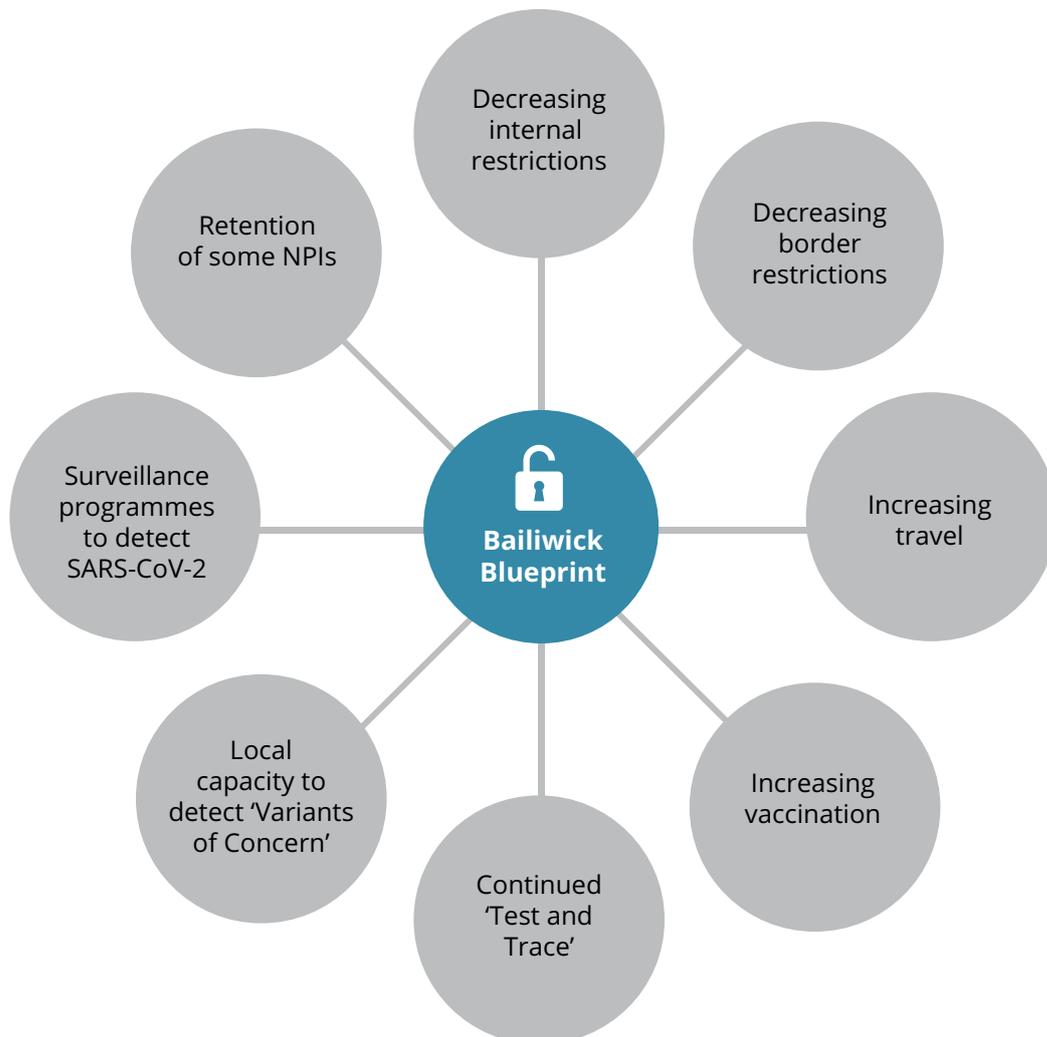
In March 2021, as we started to move out of our second lockdown towards a Bailiwick living with COVID-19 as an endemic virus¹ (rather than a pandemic virus)², Public Health asked us all as a community to consider how we would live responsibly with COVID-19. It is very likely that COVID-19 will be with us for some years to come so we need to reassess our medium/long-term approach to managing the risk it brings now that the vast majority of our adult population have had two or more vaccinations.

The Bailiwick Blueprint, published in 2021, outlined key components of progression to ever-decreasing restrictions for islanders. These remain key considerations and are illustrated in **Figure 1**.

¹ Endemic: An endemic disease may be found among particular people or in a certain area. Endemic diseases are not always present at high levels. They can be relatively rare.

² Pandemic: A pandemic is defined as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people”.

Figure 1: The Bailiwick Blueprint: Key Components



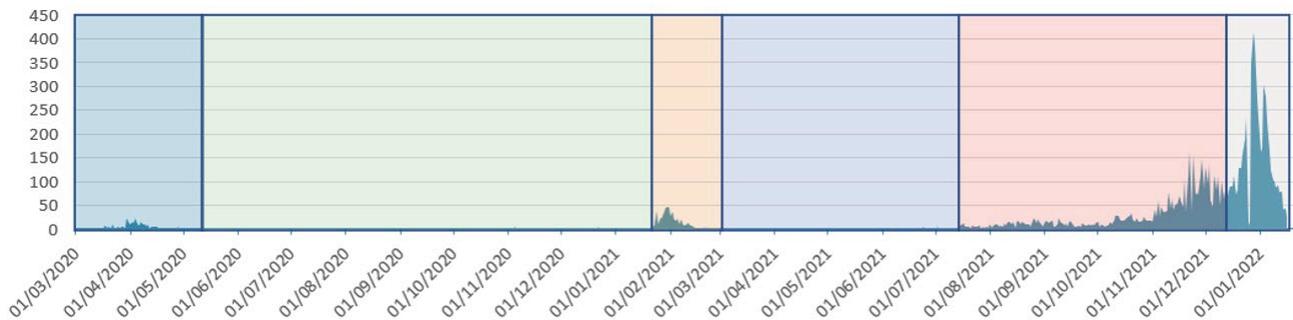
We have seen four waves of cases of COVID-19 in the Bailiwick of Guernsey. The first was in March/April 2020, the second in January/February 2021 and the third after the opening of the Bailiwick's borders on 1st July 2021 with the fourth in the latter part of December. The first wave was caused by the original SARS-CoV-2 virus (wild-type virus), the second wave by the Alpha Variant of Concern, the third by the Delta Variant of Concern and the fourth by the Omicron Variant of Concern.

Figure 2 illustrates the number of detected cases in each of the four waves of infection. Both the first and second waves of infection resulted in a Bailiwick-wide lockdown, which significantly reduced the number of cases in each of these waves. The third wave and fourth

waves resulted in the re-introduction of some community non-pharmaceutical interventions (NPIs),³ for example the wearing of face coverings wearing, together with the enhanced rollout of a community testing programme for SARS-CoV-2 using Lateral Flow Device (LFD) tests. Significant protection against severe disease and hospitalisation was provided by the successful rollout of the COVID-19 vaccination programme during 2021, meaning that a lockdown was avoided in waves three and four.

³ Non pharmaceutical interventions (NPIs) include public health interventions such as social distancing, border closure, school closure, and working from home in order to limit physical contact with others as well as hygiene messages such as hand washing.

Figure 2: The Bailiwick of Guernsey's COVID-19 Journey



Period	Date Range	Total Known Cases	Peak Active Cases	Deaths
Stage 1: Wave 1 (Wild-type)	06/03/2020 to 24/05/2020	252	161	16
Stage 2: Interwave period	25/05/2020 to 20/01/2021	58	17	0
Stage 3: Wave 2 (Alpha)	21/01/2021 to 13/03/2021	511	368	1
Stage 4: Interwave period	14/03/2021 to 14/07/2021	43	18	1
Stage 5: Border opening and Wave 3 (Delta)	15/07/2021 to 08/12/2021	4365	936	7
Stage 6: Wave 4 (Omicron)	09/12/2021 until present	5470	2405	5

To-date provisional data indicate that the Bailiwick has had the lowest incidence of deaths of the regions represented, as illustrated in **Table 1**.

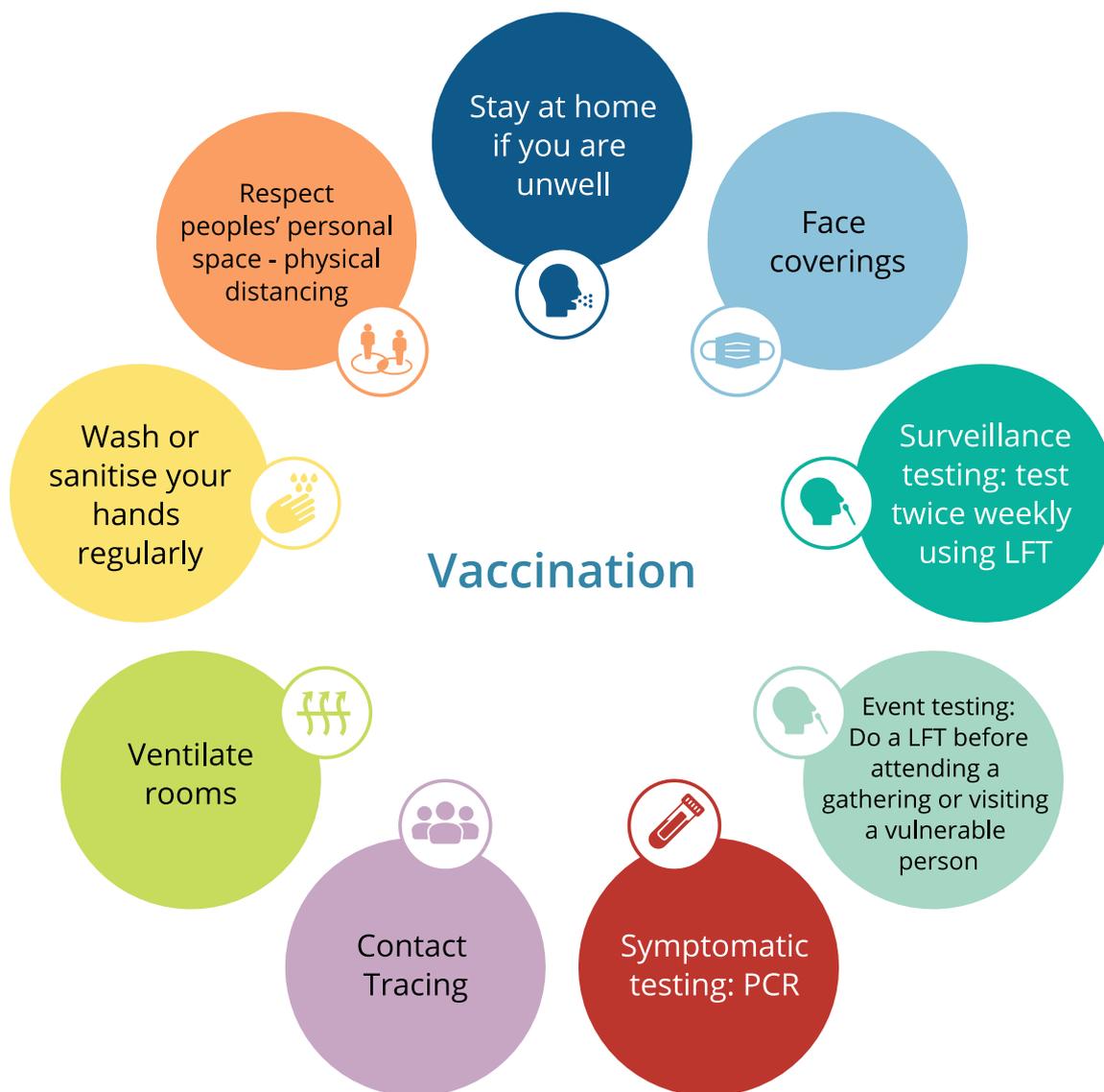
The approach to COVID-19 mitigations during the third and fourth waves of infection are outlined in **Figure 3**.

⁴ Data sources: www.gov.je; www.gov.im; Isle of Man in Numbers 2020 (gov.im); Deaths in the UK | Coronavirus in the UK (data.gov.uk); <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates#population-growth-in-england-wales-scotland-and-northern-ireland>. Counts of deaths involving COVID-19 as stated on government websites are, for some jurisdictions, provisional, pending mortality coding.

Table 1: Deaths involving COVID-19 – Comparison⁴

Country	Deaths involving COVID-19	Cumulative COVID-19 Deaths per 1,000 residents	Data as of
Guernsey	30	0.47	11/01/22
Jersey	90	0.83	10/01/22
Isle of Man	68	0.82	06/01/22
England	146,915	2.61	10/01/22

Figure 3: COVID-19 Mitigations





Moving Forward

It needs to be remembered that COVID-19 is not a harmless disease like the common cold — it may become relatively harmless in years to come but it is not there yet, and it is unlikely to become so over the next few months. We know that even in populations with very high vaccinations like ours, large outbreaks can, and do, still occur, as we have recently seen in the Bailiwick with the emergence of Omicron. Despite high numbers of infections, the introduction of community measures to slow and prevent transmissions meant that hospital capacity was not overwhelmed, though disruption was caused by extreme pressure on the “normal” (non-COVID-19) intensive care unit at a time when the “COVID-19” ICU was also in action, which necessitated, for example, the cancellation of elective surgery lists. However, we did see high daily case numbers with peak numbers significantly higher in wave four than in previous waves of infection (**Figure 2**).

COVID-19 will remain a concern whilst there is the potential to see the emergence of Variants of Concern and this means that we may need to change how we respond to it as a community. We also need to consider the potential impact of ‘Long COVID’. Long COVID is defined by the National Institute for Clinical Excellence (NICE) as ‘signs or symptoms that develop during or after an infection consistent with COVID-19 that continue for 12 weeks and are not explained by an alternative diagnosis. It includes both on-going symptomatic COVID-19 and post-COVID-19 syndrome’.⁵ The Office for National Statistics (ONS) in the UK estimated 970,000 people living in private households in the UK (1.5% of the population)

were experiencing self-reported “long COVID” (symptoms persisting for more than four weeks after the first suspected COVID-19 infection that were not explained by something else) at 1st August 2021.⁶ Guernsey is in a different position having had low absolute case numbers until the Omicron outbreak.

As COVID-19 becomes endemic in our community we expect that we will manage it alongside other infectious diseases and clinical conditions. This will include diverse measures, for example vaccination, the provision of clinical health and support to those with COVID-19 and those with health and care needs after a COVID-19 infection, and measures to prevent or limit transmission. The aim of these is to balance the health risks associated with infection with the virus that causes COVID-19 with other risks to the health and wellbeing of islanders. Uncontrolled transmission of SARS-CoV-2 could still present a strategic threat to our islands – this was seen through the impact of the Omicron Variant of Concern which, though it did not overwhelm hospital capacity, presented a threat to critical national infrastructure through staff illness. However, the key consideration for us now is how we transition out of the Bailiwick’s emergency situation and how we manage COVID-19 outside of an emergency situation.

⁵ NICE guidance: COVID-19 rapid guideline: managing the long-term effects of COVID-19

⁶ Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK - Office for National Statistics (ons.gov.uk)



Timetable of Progression to Date

Progression from 1st July 2021 has included the following:

- ▶ The continued rollout of the COVID-19 vaccination programme;
- ▶ The expansion of the community testing programme using Lateral Flow Device (LFD) Tests to detect SARS-CoV-2;
- ▶ The wider acceptance of vaccine certification from different jurisdictions;
- ▶ An evolving approach to management of COVID-19 cases and their contacts;
- ▶ The creation of a Common Travel Area (CTA) 'bubble';
- ▶ The alignment of restrictions for travel from outside of the CTA with the UK requirements;
- ▶ A focus on general measures to limit transmission of the virus;
- ▶ The availability of trigger factors to consider the re-imposition of greater restrictions, if required.
- ▶ Compulsory face coverings in public places (in response to the Delta Wave).

Specific measures in response to the emergence of the Omicron Variant of Concern included:

- ▶ Reinforcement of community LFD testing programme;
- ▶ Reinforcement of preventative messaging – 'stay at home if you are unwell', good ventilation etc.;
- ▶ Reinstatement of border testing and alignment with the UK, including the 'red list' in response to the emergence of Omicron;
- ▶ Acceleration of COVID-19 booster vaccination programme;
- ▶ Reinforcement of work from home advisory;
- ▶ Extension of the use of face coverings to cinemas, places of worship, concert venues etc. as a legal requirement;
- ▶ Early closure of schools at the end of autumn term 2021.



The Bailiwick Blueprint: The Next Steps

Looking ahead we will be transitioning from the reliance on legislation to control the spread of SARS-CoV-2 in our community to education, personal choice and working together as a community to foster healthy habits. Alongside that is the continued need to stay vigilant as the virus that causes COVID-19 has not gone away.

The question is when do we move away from the current COVID-19 restrictions, particularly in the face of a recent wave of infection with Omicron? We cannot continue with the currently emergency mitigations indefinitely and the emergence of a Variant of Concern will remain a potential risk for the foreseeable future. This needs to be considered in the decision-making process as all options are associated with risk.

However, moving towards the middle of February 2022, we will have offered vaccination to more eligible 12 to 15 years olds who want to be vaccinated, will have rolled out the booster programme and will be moving towards the spring where the weather is warmer allowing for more outdoor activities. Together these factors would be expected to mitigate against the spread of SARS-CoV-2.

Some measures to release restrictions have already occurred. These include:

17th January 2022

- ▶ Removal of classroom bubbles and replacement with enhanced testing;
- ▶ Continuation of other measures, including promotion of LFD testing, border measures, mask wearing, work from home advisory and gathering advice.

18th January 2022

- ▶ Review of testing policy in view of the declining prevalence of infection with SARS-CoV-2 in the community.

19th January 2022

- ▶ Modification of border measures to align with the UK. These include:
 - Removal of LFD testing requirements for travellers from inside the CTA;
 - Requirement for one LFD test on arrival for fully vaccinated travellers from outside of the CTA;
 - Retention of Isolation and PCR testing for unvaccinated traveller from outside of the CTA.

Continuation of other measures including promotion of LFD testing, mask wearing, work from home advisory and gathering advice.

Further progression with the Bailiwick Blueprint considers a two-step process.

Step 1: 24th January - 16th February 2022

Week starting 24th January 2022

- ▶ Move to 10-day isolation for COVID-19 cases with release if the person tests negative on Day 5 and 6, with the removal of enhanced passive follow-up;
- ▶ Remove work from home advisory;
- ▶ Removal of mandatory face coverings with a change to recommended, advisory and then optional for general public;
- ▶ Remove mandatory face coverings in class for secondary school children;
- ▶ Continuation of other measures, including LFD testing and gathering advice.

1st February - 16th February 2022

- ▶ Continued management of cases of COVID-19 and contacts of positive cases, as required;
- ▶ Continuation with the modified contact tracing programme;
- ▶ Continue with other measures, including LFD and PCR testing through the PEH site, but develop a de-escalated, simplified testing policy;
- ▶ Further review of measures in Education;
- ▶ Review of border policy for unvaccinated travellers from outside of the Common Travel Area (CTA) in the light of the UK announcement of 24th January 2022.

Step 2: 17th February and beyond

It is proposed that further de-escalation will be considered from 17th February 2022 subject to the CCA being satisfied on the risk posed and the prevailing local and external circumstances at the time. The aim will be to move the management of COVID-19 as quickly as is reasonably possible from emergency regulations to guidance from 17th February 2022. Key to this is that domestic (internal) mitigations, other than the retention of notifiable disease / agent status, become guidance and not a legal requirement.

In addition, the CCA will specifically need to be assured that any relaxation of these measures will not impact on the Bailiwick's standing within the Common Travel Area (CTA) and beyond, particularly if this could inadvertently impact on Bailiwick life through the imposition of restrictive measures on islanders by other jurisdictions who are not able to, or do not wish to, similarly de-escalate their own controls.

The goal for living responsibly with COVID-19 does not include eradication or elimination – known in some places as the “zero COVID” strategy. Here it is important to consider that neither COVID-19 vaccination nor infection with the virus appear to confer lifelong immunity. We also know that the currently available vaccines do not provide sterilising immunity against SARS-CoV-2 infection. An infectious disease cannot be eradicated (like smallpox has been) when there is limited long-term immunity following infection or vaccination. Consequently, living responsibly with COVID-19 does not mean living without COVID-19, but mitigating against serious consequences through vaccination, and other measures involving community engagement to minimise the impact of COVID-19.

It is anticipated that measures to manage COVID-19 going forward will include:

Management of cases and contacts

- ▶ Retention of SARS-CoV-2 as a notifiable infection and COVID-19 as a notifiable disease (in line with other notifiable diseases and infections);
- ▶ Removal of mandatory self-isolation with a recommendation for isolation post-diagnosis until the person is asymptomatic;
- ▶ Continued management, as required, of cases of COVID-19 in health and care facilities and the community;
- ▶ De-escalation of contact tracing with the retention of a capacity to manage outbreaks.

Testing

- ▶ Testing for SARS-CoV-2 is simplified and focused on cases and high consequence contacts / situations.

Vaccination and boosting

- ▶ The delivery of any future COVID-19 vaccination / booster programme needs to continue to be central to the Bailiwick's COVID-19 response.

Non-pharmaceutical interventions

- ▶ Masks should remain advisory and should be supported for those that wish to wear them;
- ▶ There needs to be a continued focus on preventative measures, for example good ventilation, hand hygiene and a strong 'stay at home if unwell' message.

Monitor external developments

- ▶ Public Health will continue to monitor global events to continue to inform the Bailiwick's ongoing COVID-19 response.

We need to be very clear that COVID-19 is not over. We are moving from regulation to guidance thereby allowing greater community involvement in decision making.

This means that even in the absence of mandated restrictions, we will all need to continue living responsibly with COVID-19 as the virus, and the risk it poses, has not gone away. We therefore need to continue to be vigilant. This includes following any face covering guidance, taking regular surveillance LFD tests for as long as this is required, testing if symptomatic and staying at home when unwell.

There are certain key enablers to move beyond managing COVID-19 outside of emergency regulations. These are:

- ▶ Continued high levels of vaccination, including high levels of booster doses amongst islanders;
- ▶ Continued high levels of community engagement to support policies and guidance to minimise the impact of COVID-19 on our community and allow us to transition from a reliance on emergency regulations;
- ▶ That any removal of internal (for example mandatory self-isolation) or external (for example border restrictions) measures would not mean that the free movement of islanders outside of the Bailiwick would be affected.

Furthermore, there are key factors which may signal the need for to emergency regulations to be reinstated through the Civil Contingencies Authority. These adaptive trigger factors are:

- ▶ A threat to maintaining critical, operational and emergency services due to staff absences for any reason;
- ▶ Any combination of circumstances which the Acute Hospital Cell determines threaten to overwhelm local healthcare infrastructure;
- ▶ A booster vaccination, and any other vaccination programme recommended by The Joint Committee for Vaccination and Immunisation (JCVI), which could not be delivered in the Bailiwick;
- ▶ Any other matters identified by Public Health that were causing serious concerns;
- ▶ A new variant emerges which evades the current vaccines thereby removing the protection against the most severe consequences of the virus.

As we move forward, we need to acknowledge the degree of uncertainty that we face. We do not have a crystal ball and cannot be sure what we will face during 2022 and beyond. What we do have are the assets that we have built up over the past two years and our experience in managing COVID-19 across the Bailiwick.

These include:

- ▶ A COVID-19 vaccination programme that has been successfully rolled out meaning that we have some of the highest vaccination levels in the world;
- ▶ The local availability of new antiviral treatments to manage COVID-19 in the most vulnerable or ill;
- ▶ Increasing clinical confidence in the optimal management of severe disease.

Alongside that is the exceptional community engagement that we have had during the pandemic. Measures such as the widespread rollout of surveillance testing, engagement with symptomatic testing and other measures, such as face covering wearing, have been important in slowing the spread of the virus that causes COVID-19. We need to understand these assets and their role in the management of future outbreaks or waves of infection. We also need to communicate and engage the community involving them with these plans so there is community ownership of the risks and mitigations. We need to consider what we have learned during the pandemic and look at how we can integrate this into becoming a healthier society.

As we move forward, managing risk includes how we manage levels of infection and keep our population protected through vaccination (including any future boosting programme), together with other measures, such as the promotion of ventilation and access to clean air. Also important is to keeping schools open, ensuring that we focus on the broader health and wellbeing of the population and promoting social and economic activity. All of this is important as we move to living responsibly with COVID-19.

