Professor Philip Nolan  
Chair - Irish Epidemiology Modelling Advisory Group

• Chair, members of the Special Committee, I am glad to have the opportunity to update you on the work of the Irish Epidemiological Modelling Advisory Group (IEMAG), and in particular to offer some perspectives on the recent increase in the incidence of COVID-19.

• We need to be aware at all times and that statistical analyses and mathematical models provide very useful insights, but also have important limitations; so our input has always been contextualised within the wider public health expertise available within NPHET.

• The strict public health measures put in place between March and June 2020 brought the pandemic under control; as of 18 June 2020, the date of Phase 3 reopening, we were detecting, on average, 13 cases of COVID-19 per day, and had a 14-day cumulative incidence of 5.2 per 100,000 population.

• The level of disease continued to decline for 1-2 weeks, so that on 4 July 2020 the average number of new cases per day was 10, and the 14-day cumulative incidence was 3.2 per 100,000.

• However, from late June we began to see an increase in incidence, and this appears to have had three components.

• First, an increase in viral transmission seems to have begun soon after 18 June, leading to a small, slow increase in cases over the period 7 July 2020 to 20 July 2020. This is understandable and was expected; as people increased their numbers of contacts, and perhaps began to relax a little with regard to hygiene and physical distancing measures, the virus
transmitted more easily. This was associated with an increase in reproduction number above 1.0, which was clearly flagged to the public in early July. The public seems to have responded by taking added precautions, as case numbers and reproduction number decreased again towards the end of July.

- Second, a number of large outbreaks in Kildare, Laois and Offaly developed in the week beginning 27 July 2020. These outbreaks were quite explosive, with the virus entering and spreading rapidly within specific workplace settings – this acted as an amplifying event significantly increasing the overall burden of disease in the country as a whole and in Kildare, Laois and Offaly in particular. These outbreaks were controlled, and significant community transmission prevented, by the outbreak management actions of public health teams, and population-level public health measures applied in those three counties.

- Third, since early August we have seen a wide variety of smaller outbreaks with modest levels of community transmission. The cases associated with the major outbreaks referred to earlier seeded further outbreaks in households and extended families, but separately, and much more widely within the country, sporadic cases led to household and workplace outbreaks, and these spread between households and in a variety of workplace, social and sporting settings spread more widely within the community. The most recent set of public health restrictions, to limit indoor and outdoor congregation and mixing between households, are specifically aimed at minimising this inter-household spread and keeping community prevalence and transmission to a minimum.
• It is my evaluation that these challenges were detected quickly, and that the responses were timely, specific, proportionate and, insofar as we can tell at this time, effective.

• It should be noted that similar patterns of resurgent disease have been seen in other jurisdictions in recent weeks.

• We are at an important juncture. The next few weeks will show if we, as a society, are capable of resuming the most important of our social, economic, educational, healthcare, cultural and sporting activities without spreading the virus between households and into our communities to any significant extent, will show if we are capable of, as the Acting Chief Medical Officer has put it, “protecting our priorities” while living with the threat of the virus, and keeping it at bay.

• I would like to record again my appreciation of the team of academic and public service colleagues who support the work of IEMAG of the public health colleagues who work tirelessly to protect us from this virus and at the same time provide us with the information that informs our analyses and understanding of the disease, and of the general public, whose fortitude and solidarity in the face of this crisis are inspirational.

• I am happy to answer any questions you may have.

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