



Rialtas na hÉireann Government of Ireland

Social Activity Measure June 14th – June 21st 2022





ABOUT THE RESEARCH

The Social Activity Measure (SAM) is a behavioural study that records the public response to the risk of COVID-19 infection over time. Designed by the ESRI's Behavioural Research Unit (BRU), SAM is an anonymous, interactive, online study that surveys people about their recent activity. The study offers insight into where and how risks of COVID-19 transmission arise. SAM aims to inform policy regarding the opening of parts of the economy and society, while keeping COVID-19 under control. The research was designed by the BRU in consultation with the Department of the Taoiseach, which funds the work. The survey is completely anonymous. Where comparisons between survey rounds are highlighted, they are statistically significant.

TIMING

This slide deck presents results from a nationally representative sample of 1,000 people aged 18 and over who participated in the study between 14th and 21st of June 2022. During data collection, there was increased coverage of Omicron sub-variants BA.4 and BA.5 as hospitalisations began to rise.



Overall activity





The latest waves of SAM show a significant increase in overall activity. People visited more locations, met with others and travelled more, and took fewer precautions. The proportion of the population who are classed as 'socialisers' rose to its highest level, most of home rarely or never take precautions.









There were significant increases in the number of locations people visited over the past week and the day before completing the study.





Locations visited (previous week)



The change in the number of locations visited over the last week was primarily driven by significant increases in visits to others' homes.



Locations visited (yesterday)



There were significant increases in visits to most locations, with significant rises in visits to shops, outdoor places, others' homes, hospitality venues and medical facilities.





National and international travel





There was a sharp increase in intercounty travel which reached its highest point since the beginning of SAM. Travel off the island was also at its highest level. Travel to Northern Ireland did not change.







People from other households met in past 48hrs



There was no significant increase in the number of people met in the past two days compared to the last month.







Close contact in past 24 hours



The proportion of people who had a close contact continued to increase and reached a new peak. Almost 50% said they had had a close contact.



Number of close contacts

Mean number of close contacts among those with at least one





Among those who had a close contact the previous day, the mean number of close contacts with and without masks increased.





Close contacts - locations





The increase in close contacts was mostly accounted for by an increase in close contacts at home. Close contacts outdoors and in hospitality venues have also increased significantly. Practically all close contacts occur without masks.



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There was a sharp increase in home social visits. Almost onein-five reported a closecontact social visit.









Frequency of mitigative behaviours (wearing a mask, keeping 2m, sanitising hands) when outside the home



The proportion of people who rarely or never engage in mitigative behaviours continues to rise, to 60% of the adult population.

*included in this group are those who did not leave their home or have visitors the previous day.









Following the changes in activity levels and mitigation, self-reported compliance decreased compared to previous months. Perceived compliance of others also did not change.









There was no change in worry.









There was a significant decline in worry about the healthcare system, worry about friends/family and the global COVID situation in this month of SAM. Most of the other components of worry continued to decrease but the changes were non-significant compared to the previous months.



Source: ESRI Social Activity Measure for the Department of the Taoiseach

There was no change in wellbeing.











Government's reaction to the pandemic has been...



Too extreme
Appropriate
Insufficient

The number of people stating that the Government's response to the pandemic was appropriate did not change this month.





New Measures (introduced May 31st)





Estimations of deaths without vaccine and public health measures



Estimations of increase in deaths without vaccine and pubilc health measures



Respondents were informed that there had been 7,200 COVID-related deaths in Ireland (prior to the study) and were asked the estimate the likely numbers had there been (i) no vaccine, (ii) no public health measures (social distancing, mask wearing, etc.), (iii) neither. In the first two scenarios, the median estimate was 15,000, i.e. a 100% increase, or twice as high. Despite similar median estimates, people estimated deaths to be significantly higher if no public health measures were introduced than if no vaccines were available. In the third case, the median was 30,000, i.e. a 300% increase, or four times as high.





40

35

30

25

15

10

5

0

16.1

Much

Better

≈ 20

Economy now if no public health measures during pandemic

19.1

Same

17.8

Slightly

Better

Effects of restrictions on the economy

pandemic 33.4

13.8

Slightly

Worse

Much

Worse

Around half of people believe the economy would be worse now if not for the public health measures introduced to control the spread of COVID-19 up to June 2022. A minority (34%) believe the economy would be better now.





ESR

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Perceived efficacy of public health measures



How effective have public health measures been in helping Ireland deal with the pandemic?



People judge "active" public health measures, such as wearing masks, taking vaccines and working from home, to have been more effective than "passive ones" such as hospitality restrictions and reduced event capacity.









Respondents could provide no rank for measures if they perceived them to the ineffective. The percentage of people who gave no rank to public measures aligns with the previous slide: fewer people did not rank masks, vaccines or working from home than hospitality or travel restrictions.







To test beliefs in vaccine efficacy and intuitions about waning, the last two rounds of SAM employed an experimental approach to a question about how likely vaccines are to prevent death. All participants read the below scenario but were randomly assigned to read one of four descriptions of when the people in the scenario received their vaccine. Because the versions were assigned at random to the sample of 2,000 people, any differences in their responses can be attributed to differences in belief about the effects of vaccines over time.

Please imagine the following story. There were 100 people who were exposed to COVID-19 within the past two months. They became infected and unfortunately did not survive. None of the 100 had taken a COVID-19 vaccine.

Now suppose instead that exactly the same 100 people had all taken an approved vaccine...

two weeks before they were exposed to the virus.

How many of the 100 who died do you think would instead have survived? ...three months before they were exposed to the virus. How many of the 100 who died do you think would instead have survived?

...six months before they were exposed to the virus.

How many of the 100 who died do you think would instead have survived? ...nine months before they were exposed to the virus.

How many of the 100 who died do you think would instead have survived?



Experimental Question: Vaccine efficacy

Experimental Question: Please see previous slide.

Vaccines are estimated to have 90%+ efficacy against death, particularly within the first five months after vaccination. However, people estimated that approx. 68 of the 100 people would have survived if they were vaccinated before being exposed to the virus. There was little variation between the different experimental groups in terms of when the vaccine was taken, with no difference between those who read the two week, three month or six month descriptions. However, those who read that the individuals were vaccinated nine months before exposure gave significantly *higher* estimates than those in the other three groups. This effect is in the opposite direction to what would be expected if the public factor vaccine waning effects when estimating their efficacy.

How many of 100 people would have survived if vaccinated...





Experimental Question: Recalling past experiences of restrictions



To test whether recalling previous experiences with restrictions alters willingness to comply with future public health measures, we employed another experimental question. Participants read about a hypothetical scenario in which public health measures were needed in Winter 2022 to (i) avoid high levels of hospitalisations or (ii) due to a new variant of concern. Participants were randomised to read this hypothetical scenario with neutral background context, with a prompt to recall Winter 2020 or with a prompt to recall Winter 2021. We then measured their willingness to follow public health measures and their willingness to take an additional dose of the vaccine. Any differences in responses can be attributed to the effects of the recall prompts.

<i>Like many respiratory diseases, COVID-19</i> <i>infection rates are expected to change</i>	Like many respiratory diseases, COVID-19 infection rates are expected to change between seasons. In	<i>Like many respiratory diseases, COVID-19 infection rates are expected to change between seasons. In</i>
between seasons.	early December 2020, the Government advised	early December 2021, the Government introduced
	that restaurants, gastropubs and other non-	a series of measures to limit the spread of the
	essential retail/services could re-open in the lead	Omicron variant, including closing nightclubs,
	up to the Christmas period, despite relatively high	curfews on pubs and restaurants and limits to
	case numbers.	households meeting indoors.
	The following wave of infections was severe, with	The following wave of infections was short-lived,
	high numbers of detected cases, hospitalisations	with fewer hospitalisations and deaths than
	and deaths for the following months. The public	projected. The positive public health situation
	health situation meant most restrictions remained	meant restrictions could be eased in late January
	in place until June 2021	2022.

How willing would you be to follow **any** measures that could potentially be introduced in Winter 2022/2023?

How willing would you be to take another vaccine dose (or first dose if you have not had one) in Winter 2022/2023



Prompting recall of past events has small but statistically significant effects on willingness to comply with public health measures. Prompting people to recall when public health measures have been particularly effective boosts willingness to follow guidance to avoid high levels of hospitalisations (but no effect if main reason is a new variant).

Source: ESRI Social Activity Measure for the Department of the Taoiseach





Winter 2022 - Restrictions

How much do you think the following restrictions should be introduced in Winter 2022?





The measures people think should be re-introduced if necessary closely follow those they believe have been effective in the past.





Winter 2022 - Restrictions



How much do you think the following restrictions should be introduced in Winter 2022?



Respondents could provide no rank if they thought any measure should not be introduced. The percentage of people who gave no rank to public measures aligns with the previous slide: fewer people did not rank masks, vaccines or working from home than closing schools or travel restrictions.





Winter 2022 – Age Differences



Willing to follow public health measures



Willing to vaccinate

The majority of all age groups report high willingness to follow public health measures and to take an additional vaccine dose, but there are large age differences with younger people less willing.



Coped with public health measures March 2020-Would cope with public health measures Winter June 2022? 2022? 28.5 30 30 25.6 25 25 22.3 20.1 19.7 18.3 20 20 14.4 13.2 % 15 % 15 10.2 8.3 10 10 6.4 5.4 4.2 3.4 5 5 0 0 2 6 2 3 5 6 3 4 5 7 1 4 7 1 Extremely Extremely Not at all Not at all well well well well

The majority reported they coped well with pandemic restrictions over the past two years and, to a lesser extent, believe they would cope with well with any measures introduced during winter. However, about one-in-four anticipate coping poorly with any measures that are introduced.



Age in coping with restrictions





Beliefs about coping show similar age gradients as willingness to comply with future public health measures. Almost one-in-five young people report coping poorly with previous public health measures and less than half anticipate they will cope well with future measures.





How willing to change day-to-day behaviour to tackle climate change? 28.2

Change from before pandemic?



The majority report high willingness to change their behaviour to help tackle climate change, with most reporting that they felt this way before the pandemic or that they are more motivated now.







Willing to support "similar strong action by Government to help tackle climate change"?



Respondents were asked how willing they would be support strong action by Government to help tackle climate change, similar to the restrictions on day-to-day life introduced to prevent the spread of the virus. The majority (almost 60%) gave a response above the midpoint of the scale.

