When we talk about flattening the curve, there are several interpretations of this. We may make the epidemic longer slower and much less peaked, as shown by the first of the blue curves below. Most efforts to curb COVID in Europe have certainly reduced the infectiousness to levels that will slow the peak but go nowhere near eliminating COVID.

The main message from models, including that of Imperial College and the much simpler model presented in our manuscript, is that this second curve (the left sided blue above) may lead to a much lower and later peak, but still leads to a very substantial number of cases and therefore deaths.
However, it is very hard to design a “little epidemic” as depicted in the blue curve in the right. Much better is to aim one step higher and get the reproduction number below one (aqua curves). This means that (on average) each infected person infects less than one other person. If we can succeed in that then we can stop the epidemic, anything less than this risks a large portion of the population becoming infected.

So the final interpretation of flattening the curve is stopping the cases in their tracks, we have called this squashing the curve, to distinguish it from the blue curve in the figure above.

Australia’s efforts are looking very promising that we may be able to contain the COVID-19 epidemic here. Success in doing this will raise a number of new questions. How do we make our way out of lockdown? When can we go back to work, to travel, to school? We will continue to be vulnerable as a society to new incursions of COVID-19, just as China is now.