

ALL OF GOVERNMENT PRESS CONFERENCE: WEDNESDAY, 25 MARCH 2020

Dr Ashley Bloomfield: Kia ora koutou katoa. Welcome to today's media update. So there are 50 new confirmed and probable cases of COVID-19 in New Zealand as at 9.30 this morning. Forty-seven of those are confirmed cases, and three are probable cases. A reminder that, in probable cases, this is a person who has returned a negative laboratory test result but the clinician treating the person believes that, on the basis of their exposure history and their clinical symptoms, they are very likely to be a case of COVID-19. We call those "probable cases", and we are now including them in the total. So our combined total of confirmed and probable cases in New Zealand to date is 205, and we will continue each day to report that combined total. More details of the cases, including the probable cases, will be provided on our website—that is the Ministry of Health website—shortly and updated as new details emerge.

There are 22 individuals that, we can confirm, have recovered from COVID-19 infection. We will also update this number daily. There are currently six people in hospital with COVID-19, all in a stable condition. Three are in Wellington Regional Hospital; one in Rotorua; and two in Waikato. None are in the intensive care unit. Three patients with COVID-19 infection were discharged from hospital yesterday. So our laboratories are working to process and report test results as quickly as possible. Yesterday, across the country, 1,421 tests were processed. The total number of tests processed to date is 9,780. A reminder that anyone who is awaiting a test result should be in strict self-isolation until advised of the result of their test. That includes, effectively, quarantining themselves out, off from other family and household members as well. We will continue to test people who need to be tested. The cases I'm reporting today, as with other cases, are being actively followed up by public health and Ministry of Health staff.

What we continue to see is that the majority of cases still have a direct link to overseas travel, including being in the same household as someone who has returned from overseas, or they have attended a known event or are part of a cluster where there are other cases—an example being the World Hereford Cattle Conference in Queenstown earlier this month—or they are other close contacts of a confirmed case. We now have five confirmed cases within the community in one school—the Marist College in Auckland. The school is closed, and has been closed all week, and all students and staff are being managed as close contacts. This means they are in self-isolation, monitored at home, for the next 14 days—or for the 14 days since they last had contact with each other. So this means that staff and students should not congregate with anyone outside their home. They will be in the same boat as all New Zealanders, of course, from midnight tonight, and they should keep physical distance from other people in their same household for this period. There are a number of staff members at that school who are being tested, or are about to be tested, as they have symptoms.

So we do have some community transmission in New Zealand. This has been—four cases are categorised as community transmission, and a number of cases we are investigating are also suspected to be community transmission. I would say that, even as we go into alert level 4, we will continue to see a rise in cases for at least 10 days. That is because the infections we are finding today and over the coming week to 10 days are people who have been infected before today; so the numbers will continue to increase before they turn around. That turn-round will happen if all New Zealanders do what is being asked of them—that is, to stay at home to break the chain and save lives. So I encourage all New Zealanders, as later today we officially move to alert level 4, to do just that and, in particular, also to look after yourselves and to look after other people. I'd like to hand over now to Sarah Stuart-Black, who is the director of Civil Defence & Emergency Management, to make some comments.

Sarah Stuart-Black: Thank you, Ashley. As you know, from 11.59 tonight, we will be in national alert level 4, our national elimination phase. This means everyone must stay home and all businesses must close unless they are essential services.

Today, the Prime Minister will make a statement in the House regarding the state of national emergency and the powers we need to be able to move New Zealand to alert level 4. This also includes noting the epidemic notice in the House today. A state of national emergency has been declared today, due to COVID-19, at 12:21 by the Minister of Civil Defence, the Hon Peeni Henare, under the Civil Defence Emergency Management Act 2002. The state of national emergency has been declared because of the unprecedented nature of this global pandemic and to ensure the Government has all the powers it needs to slow the spread of COVID-19 and reduce its impact. This allows me, in my statutory role as the Director of Civil Defence Emergency Management, to direct and coordinate personnel, material, and other resources to ensure they can be made available. It also provides access to powers that would not normally be available but would be needed to support the delivery and timely response to COVID-19.

We expect the Civil Defence emergency management powers to be used where necessary to slow the spread of COVID-19, reduce its impact, and manage the consequences. Some examples are: powers of requisition to manage wider consequences—for example, providing for the conservation and supply of fuel and other essential supplies—closing of roads, stopping people doing activities that may contribute to the emergency, excluding people from places, prohibiting or regulating traffic. This declaration of a state of national emergency ensures that we have all of the legislative means possible, all of the enforcement powers, all of the tools that we need at our disposal to combat the spread of COVID-19. These powers work as a complementary component to the powers that the Director-General of Health has and the notices that are going through as the epidemic notice.

This is an enhancement to the current COVID-19 response arrangements, and this is just one part of that response. The state of national emergency applies to all of New Zealand, including the Chatham Islands, Stewart Island, and other offshore islands. This sits alongside the powers under the Health Act, the Immigration Act, the Public Finance Act, and others, all of which are designed to ensure our health services, emergency services, utilities, goods transport, and other essential services' operations and staff can remain up and running. For the purposes of the response, the powers of the Director of Civil Defence Emergency Management and National Controller will reside in one person—me, the director. This does not change the existing all of Government response structure. John Ombler remains in his role as the All of Government Controller.

I'd like to reinforce the critical importance of everybody doing their part to make sure that we can save lives and beat COVID-19. Each of you has a role in helping to save a life. Self-isolation means people must stop all interactions with others outside of their households, and, as the Prime Minister said, the importance of us all being able to create that circle—and the bubble—to be able to make sure that we can stay together, self-isolated, having no contact with people outside of that. Today, we will also be issuing a nationwide emergency mobile alert to all of New Zealand, between 6 and 7 o'clock tonight. This will be issued to reinforce to New Zealanders how critical these actions are. Thank you.

Dr Ashley Bloomfield: Thank you, Sarah. Before we take questions, I'd just like to invite Paul Stocks from the Ministry of Business, Innovation and Employment to join us on the stage. He has particular expertise and knowledge on essential services, if any of your questions are around that. So, we're open to questions.

Media: Can you tell me how many of those powers that you now get under the state of emergency—how many of those you are expecting to use in terms of requisitioning of facilities, etc.?

Sarah Stuart-Black: Look, it would be great if I didn't have to use any. In the first instance, the powers that are available through the epidemic notice will be used first, and under the

Health Act, and it's where there is something required that can't be provided through those measures that the Civil Defence Emergency Management Act powers will be utilised.

Media: And how long do you expect that state of emergency to last?

Sarah Stuart-Black: The legislation allows for it to be in place for seven days. It can be renewed, as long as that is done prior to the exact time that it came into force. So it's in place now for seven days.

Media: Should people start to expect to see those roadblocks in the street and things like that, or are you really hoping that it won't come to that?

Sarah Stuart-Black: Look, I think that we're really hoping that, actually, people have heard the messages and understand how horrendous this could get. We don't want thousands of people to die—it is that plain and simple. So if we're asking for people to stay home and really plead that message about self-isolation, this is for the good of everyone. If we can each imagine that we want to keep ourselves and those around us safe, let's act in that ability, but what I would say is there will equally be no tolerance for people who do not comply with the requirement to self-isolate to keep New Zealand safe.

Media: [*Inaudible*] say the point that people shouldn't enforce it, that the Government and authorities will enforce it. But with such clear messages, if people still are out on the streets, there's going to be a degree of vigilantism, isn't there?

Sarah Stuart-Black: We would certainly hope not. We have emergency services that are available now, and, of course, in any emergency situation, you dial 111. So we would hope not to see anything like that, but the police would then have the powers necessary in order to make sure that people are able to comply with this if they don't do so willingly.

Media: How will it be enforced? Will there be fines? Will people be arrested?

Sarah Stuart-Black: So I think we'll be looking to the police to provide a statement on this separately. That's being worked through, about the escalation that would occur. I think in the first instance, the really important message is helping people understand why this is important and the actions they need to take. They need to be deliberate about any trips they're doing away from home—they're going out to get something from the supermarket; they're not just going out for a bit of a mooch. This is the time where, actually, stay home unless you've got a purposeful reason to be out.

Media: There have to be consequences, though.

Sarah Stuart-Black: Of course—of course.

Media: Should they be fined or should they be arrested if they break the rules?

Sarah Stuart-Black: I think that'll be for the police to work through, those compliance issues, directly.

Media: When will we know that?

Sarah Stuart-Black: I think quite soon.

Dr Ashley Bloomfield: Yes, either later today or tomorrow morning.

Media: Ashley, how many strains of this COVID-19 are there, and which is the most dangerous of them?

Dr Ashley Bloomfield: Well, I saw a paper a few weeks back that talked about two possible strains. I'm not aware of any further research that suggests that the virus has mutated into further strains. We're worried about the virus as it is. Whatever the strain, we know that the way to beat it is the same, and that's doing what we are doing.

Media: Is the rate of community transmission that you have identified at the moment—is that a conservative estimate, and is it likely to be much greater?

Dr Ashley Bloomfield: What we're seeing, of course, is a handful of cases—four that we can't identify where the person got the infection from—and we're also seeing at least

two clusters of cases, one in a school and one associated with the conference. So, yes, that is a concern, and that's why we have proactively and very early moved to alert level 4, to try and break that chain of community transmission.

Media: What is your assessment of the risk with health workers at the moment, if they don't have the proper protective equipment, dealing with people when they may be asymptomatic?

Dr Ashley Bloomfield: Health workers in a situation where they're assessing someone who might be a possible case are using, of course, the same precautions everybody else is using. If someone is not symptomatic, the risk is very low, whether it's a health worker or someone else, especially if the contact is brief—or the close contact is brief—and if the person is not symptomatic. The use of PPE is required where there is someone who has clear symptoms, and in the treatment of that person and in the diagnosis.

Media: How many [*Inaudible*] have been tested at Marist girls' college, and how many test results are you expecting back?

Dr Ashley Bloomfield: I don't have the exact numbers, but what we're wanting to do now is—we have these two clusters, and, if there are others, we want to put some information up on our website to complement the individual case descriptions, just to talk about those clusters, and so that will have that information.

Media: Do you know how many other probable cases of community transmission there are?

Dr Ashley Bloomfield: No, I don't have any further information at this time.

Media: As there are more cases, obviously the contact tracing task becomes more difficult. Can you speak to how many people you've got working on that task, whether it's still manageable, the rest of it?

Dr Ashley Bloomfield: We've been anticipating a big increase in the need for contact tracing. The first thing I would say is that the public health units themselves have some capacity, and we have increased that significantly by setting up a dedicated team in the Ministry of Health. We're now going to complement that so that the team in the Ministry of Health does that initial discussion with a close contact, but then the follow-up, which currently is happening by Healthline, will be done by another call centre, so that will boost capacity. The other thing is that as we go into alert level 4 and people are isolating at home, then the number of close contacts for each of our cases will be smaller. So that is a huge help for us and will help us manage and really be able to do that rapid close contact tracing.

Media: Of the two strains, which is the most dangerous and what's the one that is predominantly being seen in New Zealand?

Dr Ashley Bloomfield: I'm sorry, I don't have any further information on those two strains. I've only seen one report, and it was several weeks ago. I've seen no further research on that topic.

Media: There's issues with hospital staff saying that they've been told not to wear masks because it's scaring the patients, and there's also a petition about staff in hospitals—getting more masks for staff in hospitals. Are you aware of those concerns?

Dr Ashley Bloomfield: What I'm aware of is that we have a lot of masks in the country, and that they are in all our hospitals and in the other parts of our healthcare system. If there are supplies running low, then we replenish them, because we have a lot in stock. I think the message to hospital staff is that—the same as any other time—they don't routinely need to wear masks, particularly if there's no risk of them coming in contact with someone who may have a COVID-19 infection. Remember, when people present at hospital with COVID-19—and we've only had a small number actually require hospital care—then there are very intensive precautions taken, right through their journey in the hospital, to protect the staff and others in the hospital.

Media: Can you give us a rough idea of the geographic spread of the new cases?

Dr Ashley Bloomfield: No. I think with the 50 new cases, they're all around the country, and it won't be very easy for me to, each day, provide the geographic spread. However, what we are doing also is we will have a map that will show the number of cases in each region.

Media: When you talk about the exposure, you have several times mentioned there's limited people that are presenting at hospital, but when we talk about health workers, we're talking about GPs, nurses—these other people that a lot of the population will be exposing. Is there a greater risk for them when they then go home and are in their bubble at home, because they are being potentially exposed, aren't they?

Dr Ashley Bloomfield: They are potentially being exposed, as they are being exposed every day in the course of their work, to people with infectious diseases. But there are two things different here. First of all, general practices have moved to doing as many consultations as possible remotely, so either by phone or by video conference, and that's really taking off this week. They will be able to and should be doing more of that once we go into alert level 4. The second thing is that in every centre, there are special clinics being established for assessment and swabbing of people with COVID-19 symptoms, so that greatly reduces the risk to others working in general practice or in pharmacy or elsewhere in the community.

Media: So what about emergency housing and the homeless? Have you got any information about how those situations are going to be dealt with, and, for example, if someone homeless is found out, with nowhere to go, how would that situation be handled?

Sarah Stuart-Black: So I think that what we are doing at the moment is trying to work through all of these issues at pace to make sure that we're thinking about every kind of scenario that might play out. As soon as we have that information, we'll make it available, but we're also updating the COVID-19 website regularly.

Media: Where should advocates and that sort of thing go—would it be to the normal agency, to MSD?

Sarah Stuart-Black: Yes.

Media: Their advice—because they'd probably be the middle people, dealing with it, I imagine.

Sarah Stuart-Black: Agencies are continuing to fulfil their normal roles, right across Government, and that includes with local government as well. So, really important that those connections would happen where they would logically normally happen with business as usual, otherwise there might be the challenge around inconsistency of information or misunderstandings.

Media: Could you please explain whether it's the Ministry of Health or DHBs that are responsible for distributing that PPE to people like homecare workers? Because we're hearing that they're being told it's not the Ministry, talk to the DHBs; DHBs say it's not their place, and thousands aren't able to get the gear they need when they're visiting vulnerable people.

Dr Ashley Bloomfield: Yes. So this is not something that's usually done in the normal situation. So we're working with DHBs, and what our intention is to do is to bring that into a national process. Of course, we will work with the DHBs, because they are the organisations on the ground that have that PPE, and/or we will arrange for direct distribution to a whole range of others, like home and community support workers, pharmacies, and so on. Separately, there will be a process for distributing masks to essential workers who have contact with people—for example, in supermarkets or other places.

Media: For the four cases of community transmission where there isn't a noticeable source of the virus, why were they tested?

Dr Ashley Bloomfield: Because they were symptomatic and the clinician exercised their judgment, and that's a key part of the definition.

Media: Does it illustrate that the criteria is now being broadened, that you're now testing people in the community with no relationship to travel?

Dr Ashley Bloomfield: In fact, we have been doing that for a couple of weeks, because there has been this opportunity for clinicians to test people, even without that history of overseas travel, if they were concerned. What that's given us, of course, is a very good picture. It's only in recent days that we've seen cases where there hasn't been an overseas travel link, but prior to that, remember, there were thousands of tests done that were negative. Some were people who had travelled back from overseas, and some were people who hadn't, but that was ruling out, until recently, the likelihood of community transmission.

Media: Just to give people an idea of the gravity of the situation if they're not getting it, how likely is it that we could see military patrols, roadblocks, in every community?

Sarah Stuart-Black: I think it's reasonable to say that we would use the powers to their fullest extent if required.

Media: That sounds like a yes. Are we likely to see military patrols in regular communities then?

Sarah Stuart-Black: We could see a range of agencies performing roles differently, in terms of the fact that they'll be using powers that are not normally available to them, and if the police needed to access additional support through the military, then they would be able to do that.

Media: How likely is that? Because that's something that does—it causes concern in a community, doesn't it, when you start seeing the military roll into town. How likely is that?

Sarah Stuart-Black: So, again, I'm hoping it's not going to be necessary. We're going with the basis that this is actually a set of really clear messages that is being provided to the country over recent days and weeks around the way that things are changing. The move to level 4 is significant, and we really need for people to be taking heed of that advice. But I think something that we need to acknowledge is that this will be, I know, adding a huge amount of anxiety to people about trying to organise their home situations, their bubbles for people who have got complex arrangements. So it's also just taking a bit of a breath—that we're just talking about hanging out at home. You've still got a TV and you've still got access to the water out of the tap and you've got the things in your cupboard. Actually, we can just work through this, step by step, and I think there's a reassurance here that, yes, those powers are there if we need them, but for most New Zealanders they're going to stay at home, because that's the safest place to be.

If I can make the point that over recent years—and I think you've all seen me on this stage probably too many times—we have had a range of emergencies where New Zealanders have listened to that advice and taken the right action to keep themselves and their families safe. And whilst this might be the first time we're talking about it in a pandemic, we've seen it through earthquakes and tsunami risk and fires and where we've had the mosque shootings. This is another challenge for us, but what we're doing is trying to provide the right information so that people can take that action to keep themselves and their families safe.

Media: If they do defy the lockdown and end up going hunting or tramping and find themselves in need of rescue, what would happen in that situation, and could they end up footing the bill for any rescue if it does go ahead?

Sarah Stuart-Black: Do you want to answer that about the—they should be purposefully on their own, but what they do should be for the right reasons too.

Dr Ashley Bloomfield: That's right, and I think people need to act responsibly here. As you've pointed out, if they're going off hunting somewhere, or intending to, where they

may require search and rescue, there's no provision for them to pay for that, but rest assured that would be taking people out of the front line who might otherwise be needed to help us in our overall national response. So it's a matter of people behaving responsibly, and I think most people—yeah. So perhaps one more question, and then I'll invite Paul to pop over just for any last questions about essential services.

Media: On the probable testing numbers, that infers that there's a problem with the test if people are presenting negative but then you're treating as with COVID anyway. Do you have a query over the legitimacy of the tests, or what's happening?

Dr Ashley Bloomfield: No, the test is very sensitive, and it's also very specific to COVID-19. It's just a matter of timing, and that's one of the reasons that, for the most part, we don't test asymptomatic people, because they might still have the virus brewing but test negative. Likewise, people who are no longer symptomatic, the virus will be cleared from their body and they may not test positive, and those are the probable cases. Paul, did you want to come over? If there are any questions about essential services?

Media: I just had a couple of questions about wage subsidies. Are you monitoring employers, making sure that any wage subsidy received from the Government is being passed on fully, in a way, to their employees; and second one, if workers can't get the subsidy through their employers, can they get access to like leave, stay-at-home-sick payment or any other payments without going through their employer?

Paul Stocks: So firstly, the expectation is absolutely that where a wage subsidy is paid to an employer, it is passed on to the employee. If there are cases where that is not happening, we would like to know. In terms of the specifics of your second question, I think that's something I can't answer on the spot right now.

Media: So the message to employees, then, who maybe feel concerned that they're not getting the wage subsidy or that they're struggling because they have to rely on the employer—contact the MBIE directly, is that the message? Who should they go to?

Paul Stocks: Or MSD.

Media: Why exactly is Tiwai Point classified as an essential service?

Paul Stocks: So we considered carefully Tiwai Point, and the primary reason for that is the nature of the aluminium pots that the smelter runs. The turning off of smelter pots is a long and complicated process, and the restart of them is an equally long and complicated process. Given that, the decision was made that the cost of turning it off exceeded the benefits of the shutdown. So it was a very careful decision.

Media: The CTU came out today and said they were concerned some employers were making employees take annual leave or sick leave—they didn't give them a choice: you have to take this during the shut-down period. Is that acceptable?

Paul Stocks: So if people are sick, then they should be taking sick leave. If people are unable to come to their place of work, then that is, in my view, not acceptable.

Media: I'm unsure exactly who this is for, but Kiwi woman Raewyn Schultz, who has terminal cancer and is stuck on the *Norwegian Jewel* without a flight home to New Zealand, says that she'll die on board. What action is being taken to try and get her home?

Sarah Stuart-Black: We don't have information currently on that. We'll need to come back to you.

Media: So there were four cases on one flight—Emirates EK448—on 18 March. Given that number of cases, is it possible that people caught it while on the plane?

Dr Ashley Bloomfield: Very unlikely, remembering that the average time from exposure to developing symptoms is about six to seven days. So it's very unlikely they caught it on the flight. However, it's sort of—we have seen more people symptomatic arriving in New Zealand. Yesterday at Auckland Airport, over 100 people were assessed: 35 were tested, and eight of those people tested positive. So there are many people coming

into the country who are symptomatic, and because the virus is now widespread in a number of countries around the world, we will expect to see that the infections that people have brought back from overseas will continue to increase. The alert level 4 allows us to prevent any further community transmission.

Media: So have any decisions been made then around what the Prime Minister was talking about yesterday in terms of requisitioning facilities to, perhaps, take people from buses into quarantines when they arrive from overseas?

Dr Ashley Bloomfield: The Prime Minister will talk about that a little bit later this afternoon.

Media: On essential services, some people in the South Island are concerned that firewood delivery doesn't seem to be classified as an essential service. As we head into winter, obviously temperatures are going to drop. Is that something you're reviewing or looking into?

Paul Stocks: So, yes, we will look into that. Obviously, keeping warm and safe during winter is an essential service. If the fuel for that is wood, and that's already an accepted fuel, then we would consider that to be an essential service in that context.

Media: Paul Stocks, can I just ask you what your expectations are of Government departments in terms of making sure that everyone that should be working from home is working from home, and that people aren't being required to stay at work when they might think that it's inappropriate, and are you hearing anything that would suggest that that's happening?

Paul Stocks: So the Public Service has an extraordinarily important role in supporting other New Zealanders through this time, and whether that's in the health system, whether that's in transport, whether it's utilities, education. That's our job: to support New Zealanders. All non-essential, business as usual staff have been required to work from home. Essential and COVID response staff are working from home where at all possible. Where that is not possible, we are observing the physical distancing and we are, where necessary, providing PPE.

Media: Where [*Inaudible*] on a decision around businesses that deliver non-food products, and could you just give us an example of what sort of businesses those are? Are we talking about books from Whitcoulls?

Paul Stocks: Sure. So, again, the primary purpose here is to support safe and effective self-isolation. So there will be some instances that we're considering. For example, where essential whiteware like a fridge or a washing machine needs to be replaced, we want to find a way to ensure that people have access to that. Books don't fall into that category, but we are working that through now. Anything that we do in that instance will be done in a way where, if at all possible, we have contactless delivery, and, as I say, we're just working through that this afternoon.

Media: Are there any guidelines available for people who are trying to arrange funerals in level 4. Obviously, it's already made it difficult when the mass gathering provisions came into place. What are the guidelines for funerals under level 4?

Paul Stocks: There are some initial guidelines, and funeral directors themselves have actually worked on a process and protocol for doing that, to have very, very limited numbers of people actually at a ceremony, but there will be further guidance around that as well. Thank you very much. We do appreciate your ongoing interest.