

**ALL OF GOVERNMENT PRESS CONFERENCE: THURSDAY, 26 MARCH 2020**

**Dr Ashley Bloomfield:** Kia ora koutou katoa, and welcome to today's update on COVID-19. There are 78 new cases of COVID-19 in New Zealand being reported today, and this is comprised of 73 new confirmed cases and five new probable cases. That is as at 9.30 a.m. this morning. More details or information on these cases, including the probable cases, will be provided via our website shortly and updated as new details emerge. We will also be moving to provide information about the age and gender and geographical distribution of these cases, the latter as a map, on either our website and/or the COVID-19 website. There are 27 individuals that we can confirm have recovered from COVID-19 infection. Currently, there are seven people in hospital, and all are in a stable condition. Three are in Wellington Regional Hospital, two in Nelson Hospital, and one each in Waikato and Northland Base Hospital. None are in intensive care.

Our laboratories are continuing to work hard to process and report test results quickly. Yesterday, 2,417 tests were processed around the country, and so the total number of tests processed to date is 12,683. The average number of tests over the last seven days is around 1,400. A reminder that anyone who has been tested is expected to remain in strict self-isolation—that is, isolating themselves even from those people in their own household—until the test result is available. Public health staff and Ministry of Health staff are actively following up all close contacts of each case. In terms of our new cases today, the majority still have a link to overseas travel, including being in the same household as someone who has returned from overseas, or they are a close contact of an existing confirmed case, or they are part of a known cluster of other cases.

At the moment, we are investigating several possible clusters. As yesterday, there is the Marist College in Auckland and the World Hereford Conference that was in Queenstown earlier this month. There are also a number of people who were at a wedding in Wellington recently, a group of people who were part of a trip to the United States. There is also a group that appear to be associated with contact from someone who was on the *Ruby Princess* cruise ship, and that group is in Hawke's Bay, and there will be messaging out from the district health board around that—the local public health unit—about people who may have been in places where they may have been exposed to that person, because we want to identify them and ensure they are taking appropriate measures, and also a rest home in Hamilton. I don't have any further details about those clusters, but we will be providing information on them on our website. So in summary, the combined total of confirmed and probable cases in New Zealand today is 283.

On the topic of personal protective equipment, it's important that our health workers and also people working in essential services—at least some of them—are able to access PPE, so we have a number of measures in place to ensure that PPE equipment is available for those people. It is already available for a range of health workers, and we have a separate stream of work to ensure there is a supply to essential workers—for example, staff in supermarkets—and that that supply is continuous for the period that we are in the current arrangements. An example for the DHBs: we're releasing 600 masks later today to district health boards from our pandemic stock. We know that we have good production of masks on shore, at a rate of more than 200,000 to be produced each day, so we are making sure that there is a steady flow of that equipment—both masks and other PPE—to our district health boards.

I also want to just announce, on behalf of Pharmac, a change to the pharmaceutical schedule effective from 11.59 p.m. this evening. This relates to ensuring that all people can access the pharmaceuticals that they need over the coming month. We have seen some stockpiling, unfortunately, by people. There is no problem with the supply chain at the

moment, but we do not want to get into a position where some people are unable to get the pharmaceuticals they need because others have them stockpiled at home.

So from later tonight, pharmacists will be required to limit dispensing of all funded pharmaceuticals to one month's supply or three month's supply for oral contraceptives. Pharmacists may use their discretion in implementing this more immediately today. There is no change to the way prescriptions will be written, and people won't need to visit their prescriber more frequently; it is simply a change to the amount that is dispensed at each visit to the pharmacy. And this is indeed to manage medicine stocks and ensure our supply chains are robust. There is no significant shortage in any area at the moment.

Once again, as with the current arrangements that Pharmac announced a few weeks ago, pharmacists will still be able to make exceptions on a case by case basis—for example, where people live remotely and it's harder for them to access the pharmacy or where they have mobility issues so it's a challenge for them to get out. And many pharmacies are now in the process of, if they haven't already, organising home delivery of pharmaceuticals.

So my final message, before I hand over to Mike Bush to update you on some matters, is just to reiterate some key messages. These are unprecedented times for both this country and, indeed, people around the globe. We are all in this together, and we will expect the number of COVID-19 cases in New Zealand to continue to increase over coming days and for at least 10 days. If we all do our bit and help to break the chain of transmission, that number will start to decline and we will be able to get on top of this. So I just urge all New Zealanders to continue to do their bit, and, of course, as ever, look after yourself, and look after your friends, your family, and your community. Kia ora. Mike, over to you.

**Mike Bush:** Kia ora koutou. Three things I'd like to cover off today. The first one is in relation to the milestone event at the High Court this morning in Christchurch. I want to acknowledge the courage but also the grief of the victims, and I have no doubt this plea will have an impact on all of you, and it will ensure that you don't have to relive this through a court trial. I'd also like to make mention of the very large prosecution team and all those involved in getting this to this particular point. I can't talk any more about this, obviously, because the next milestone event will be a sentencing matter, so I'll leave that there. If there are questions later, I'll do my best to answer them, but, really, I'll be very limited in what I can say.

Secondly, what I want to talk about is this is day one of how we go about responding to level 4 of the COVID-19 response. What we're seeing out there today is no surprise to you—you've already reported on it. The majority of New Zealanders are already ahead of that compliance. They're doing a great job. Our job is to ensure that New Zealand and New Zealanders are safe, that they're well, and that we ensure that our country is sustainable. So let's just think about that most high level principle. Stay home to stay safe. Respect others. If we don't comply, the consequence of that is that people will die.

Our job is to ensure that we keep those people safe and well. How we're approaching this is by being very visible out there in the community. Our approach is that initially we're all about engagement, we're all about encouragement, and we're all about education. What we'll do next is engage with people to ensure that they know what's required of them. We'll take a discretionary approach in the first instance. People will be warned. People will be challenged about whether or not they're an essential service or they're going about essential things. But we will ensure that people will need to comply, and I'm happy to talk about how that might look. But I know that people, everywhere across New Zealand, are very, very keen with their friends and for everyone else to do their best to keep each other safe, and we'll do everything we can to ensure that happens.

The third thing I'd like to talk about is how we're greeting and welcoming and looking after people returning to New Zealand. In very quick time we set up a process at Auckland Airport first, but at any other international airport, to manage those people in this new environment. Everyone who arrives in the country from the early hours of this morning has

been greeted by Customs officials, by Immigration officials, by other officials, including police, and then triaged.

The process works like this. If you have any symptoms, you will be then taken by health people to a place of quarantine. We have a number of hotel locations proximate to Auckland Airport. You will be taken there. Everyone that lands here will also be taken to nearby locations and triaged there. If you have a plan, if you have a place to go, we will help you get there. If you have friends coming to pick you up, only one person in your bubble will be allowed to pick you up and take you to that place. Otherwise we'll facilitate it for you, because it is, again, ensuring that we keep everyone else safe.

We've had 360 people through Auckland Airport this morning. That process has been managed well—a few speed bumps as you'd anticipate—but we'll do everything we can to be compassionate and caring to all of those people, but, again, making sure that we all comply with that process. I'm happy to answer any questions in relation to those matters.

**Media:** What do you make of the timing in relation to the change of plea? How difficult does that make it for the families of the victims of the mosque shootings?

**Mike Bush:** Yeah, that was a very fast moving piece. As you know, two of the Iman were there on behalf of the other victims. We absolutely have empathy for all of the victims involved and the considerations, and it's more for the justice system to talk to this, but, in terms of the sentencing, I do understand that will occur at a time when those victims or their representatives can be present.

**Media:** Do you have any indication as to why he changed his plea?

**Mike Bush:** That's not a matter for me to talk to.

**Media:** Has it taken any stress or pressure off police—and you mentioned the prosecution team and that sort of thing—in terms of resourcing? Does it help as well?

**Mike Bush:** We've had a very large prosecution team, both police and Crown, working extremely hard on this since 15 March. It means that they can now focus all their attention on the victims. I think the most important thing out of this is the impact on those victims—that they don't have to relive this through a court trial.

**Media:** Will things be freed up, though, in terms of resources potentially, you know, to be able to respond to COVID-19? Is there any impact there?

**Mike Bush:** Yes, there is. Some of that team will then be able to be diverted on to other matters. Some of that team will stay to prepare for sentencing.

**Media:** Of that 600 or so people who were processed at Auckland Airport this morning, were any quarantined?

**Mike Bush:** So it was 360 people. Did I say 600?

**Media:** No.

**Mike Bush:** No, thank you. No, it was 360 people processed this morning. Eight of those had symptoms that needed to be looked at, so those eight have been put into quarantine; 160 of those people didn't have plans, so we're triaging that for them and helping them manage that, but they will stay in those hotels until that can be looked after.

**Media:** Has there been any thought—who makes the decision as to when to delay the sentencing to why to delay because of COVID-19?

**Mike Bush:** The judge.

**Media:** Has there been any thought given to actually expediting that, holding it in some manner so that you could actually put a full stop on this case?

**Mike Bush:** That's a matter for the judiciary.

**Media:** Do you have a view on it?

**Mike Bush:** That's a matter for the judiciary.

**Media:** Can you outline the extra steps that you said the police would take when they're interacting with people? You said that first would be education; could you just give a bit more detail about what that might look like?

**Mike Bush:** Sure. So right around New Zealand, you will see the very friendly face of the New Zealand Police as we engage with people and educate people. We did have people overnight who claimed they knew nothing about this-knew nothing about the requirement to stay home; so, very much an education. If people breach the requirements, they will be warned, and we'll keep a record of those people. If people do not comply, the very next step is, if there's no other way of doing this-because we do want to take a very caring and compassionate approach to this-but if people won't comply, we do have the authority to then detain them, take them to our place, and put them somewhere that will allow them to contemplate the impact of their decisions.

**Media:** Do you believe people who say they weren't aware of the lockdown?

**Mike Bush:** We always take people at their word.

**Media:** At what threshold would you prosecute?

**Mike Bush:** We will prosecute people, again, because the justice system will continue, but, of course, we want to be very particular about what we put into the justice system. So serious breaches and prolific breaches will be prosecuted.

**Media:** Have you had to arrest or warn anyone yet?

**Mike Bush:** I'm not aware of that. We've spent a lot of time engaging with people. We are stopping people as they go to work. We are stopping people on the street, just to engage, as we do. It's in a very professional and calm and friendly manner. But we have had to provide quite a bit of education.

**Media:** What are the specific charges and how long could a person be detained for?

**Mike Bush:** So the major legislation that we rely upon is one of Ashley's, so it's the Health Act, through Ashley and medical officers of health, and we need them in this for people to comply with quarantine and other directions. The other one is the Civil Defence Emergency Management Act. That authority is delegated to police officers. We can stop people. We can detain people. We can enter premises. But there's also the Summary Offences Act. So under the other authorities, if people obstruct or don't comply, they can be arrested.

**Media:** So how would this look like? Is it an endless detainment? Do you determine it yourself?

**Mike Bush:** No. We'll take the approach that we always take if there's any type of offence; we'll use our discretion. We often take people into custody for offences; once they've contemplated life and the impact of their decision, we often let them go without charge.

**Media:** If they are charged, though, what's the maximum fine or sentence they might face?

**Mike Bush:** Well, it might be-just obstructing police, for example, that's only three months or six months.

**Media:** The extended deadline for people to domestically travel to their homes throughout the country ends tomorrow night; what will happen if people are still making their way home after 11:59 tomorrow? Will they be quarantined by authorities wherever they happen to be at that time?

**Mike Bush:** One of the things we're doing at the moment with people who are returning is we are getting them home under some supervision.

**Media:** What about the people that, say, have been at the bottom of the South Island and they're still trying to travel up North in their car or that sort of thing?

**Mike Bush:** That's why the extension's been given to allow that to happen. There's already been one extension. I think I'll leave it at that.

**Media:** Doctor, can you clarify, with the—is it 360 who have come into Auckland Airport? Eight were quarantined because they had symptoms and 160 were quarantined?

**Mike Bush:** Because they didn't have a—so, in order for them to be facilitated to their home, they must have a proper place to go and they must have some form of planning as to get there, and we'll help with that. So those 160 are still being facilitated. We have to be assured that they have a place that's fit for self-isolation.

**Media:** And 168 in total are in quarantine at the moment, and some of them for-

**Mike Bush:** That was this morning. So those are being processed quite quickly.

**Media:** Will police be conducting any spot checks on people's homes? And what about the people who are driving around or taking a tiki tour on empty streets, what will you do in those instances?

**Mike Bush:** So I'll take that first one first. Those people that do go into self-isolation—the ones that arrive back in New Zealand—our intention is, within three days, they would have had a knock on the door from a police officer just to ensure they're complying. There will be a consequence if they don't.

**Media:** And for the people that are driving around the streets?

**Mike Bush:** Look, we absolutely discourage that. There should be no driving around the streets unless you have a very good reason. So if you need medical assistance, or if you're an essential worker, or you need food, that's where you go.

**Media:** Businesses staying open—like the Mad Butchers stayed open today. What are the consequences for businesses that flout the rules?

**Mike Bush:** Yeah, we'll take those one at a time, but we'll take that quite seriously. Those powers do allow us to go on to premises. Of course we'll warn people immediately—there was a premises not far from where we are that thought they were allowed to remain open. They are no longer suffering under that illusion.

**Media:** Can we have a very straight and direct clarification about people driving, for example, to a local park or driving for their recreation, because we have clear messages from you, but we're getting some messages from MPs or other people saying "If you want to drive to the park in your local community, that's OK." Is that OK?

**Mike Bush:** You've heard the Prime Minister say "Keep it local", absolutely. Don't be driving willy-nilly all over town—for me, it's about if it's nearby, if it's for exercise, that's OK.

**Media:** So not taking an hour-long drive up the coast just to get to that beach, but to the nearest park, to the nearest facility, or whatever, local and limited.

**Mike Bush:** Absolutely—nearby, very local, but for the right reason. But let's not forget, this is about staying home so you stay alive; that's the principle. And you would have heard the Prime Minister say also, "Behave in a way as if you had it yourself." And that's a really good message.

**Media:** When people are exercising, should they basically stay in their suburb as well? I mean in Wellington you could run across two or three suburbs pretty easily.

**Mike Bush:** Well, you might be able to. But no, keep it local.

**Media:** Te Whānau-ā-Apanui have set up safety zones outside their community—

**Mike Bush:** Sorry, where's that?

**Media:** Te Whānau-ā-Apanui, a tribe, has set up safety zones around their community. Are they legally allowed to do that?

**Mike Bush:** Look, as long as you operate within the law. There are a lot of communities who are trying to make sure their communities stay safe—talk to us about what that might look like. So we're in discussions with a lot of local communities—get some advice from us about how to do that. Stay within the law.

**Media:** Dr Bloomfield, could I just ask you about those new clusters that you're in the process of identifying. Have all of the people at the wedding, for example, been contacted by the ministry so far? Have you contacted everyone that you think might have been a close contact?

**Dr Ashley Bloomfield:** Yes, I should say in each of these cases—sorry, in most of these cases—for example, where there's an event like a wedding, or a location like a residential care facility, we can easily identify all the close contacts and take appropriate action. The one that I'm particularly interested in, and wanted to publicise, was the *Ruby Princess* visit in Hawke's Bay, and there will be information coming out about the exact locations and times where people may have been at risk, and that information will come out shortly.

**Media:** They might have visited shops and things, is that why the move—?

**Dr Ashley Bloomfield:** Yes, my understanding is actually it was a winery.

**Media:** A winery. How many people were exposed?

**Dr Ashley Bloomfield:** I don't have the detail about that, but obviously we want to identify anyone who may have been there at that point in time. Remembering, of course, we're doing this now at a point where we're at alert level 4, so people will be self-isolating anyway, but if they're currently essential workers and are out and about, then they would have to go into self-isolation. And, likewise, if there's a risk they're a close contact, even within their home arrangements, they should be distancing from family members and, if they become symptomatic, would then be tested.

**Media:** The Prime Minister said yesterday we could see thousands of cases before the effects of the lockdown become apparent. Is that your expectation? How many cases—what's the peak that you're expecting?

**Dr Ashley Bloomfield:** Well, it's hard to predict, but, yes, it may get up into the thousands. And the key thing here is that we want the turnaround point to be as quick as possible, as soon as possible. So that could be in around 10 days' time, if we are doing what we need to do now.

**Media:** Can I ask you about PPE please, and we're getting a lot of concern from nurses, midwives, people on the ground, that they do not have the gear that they need, that they feel to protect themselves. So is there a disconnect between what's happening at DHB or ministry level and, actually, what people are getting? And what can you say to those health professionals in terms of what they will get, or what protection they will have?

**Dr Ashley Bloomfield:** Well, the first thing is just to reiterate: we have really good supplies of PPE. And the second thing is we are working hard over today to make sure it is out with everybody who needs it, and in whatever clinical situation they're in; whether that's in a pharmacy, a midwife out in the community—obviously in primary care, they already have good supplies—and within DHB settings.

I should emphasise that it's also important we use the PPE appropriately; so it doesn't mean that everybody working in a hospital needs to at all times to be wearing a mask or be in PPE. The important thing is that we're using the PPE to reduce risk to our health workforce.

**Media:** We had one example where—and this is anecdotal, I know—a medical professional was told off for wearing a mask by their employer in a medical facility. I mean, is that something—how does that—

**Dr Ashley Bloomfield:** I can't comment on a particular case, but I'm sure that as we both make sure there are good supplies of PPE where they need to be and we have good advice for health professionals when they do and don't need to wear PPE, that will help provide clarity for everyone.

**Media:** Is it supply or is it distribution? Do we have enough and is it just not quite getting there, or are you holding back for the reasons that you talked about, about future response?

**Dr Ashley Bloomfield:** We're making sure that the distribution is rock solid. So we're bringing that into a national process and overseeing that from a national level, partly because usually we don't supply PPE out into community-based organisations and facilities, and that includes, for example, workers going into homes who are home and community support workers, or people working in aged residential care facilities. We're considering them as one workforce, and so we're making sure we've got the supply chains there to ensure it's supplied to them.

**Media:** Some nurses in the North Shore are saying they've been told not to wear masks because it could scare patients. Is that appropriate?

**Dr Ashley Bloomfield:** I think clinicians and district health boards will make the right decisions on that; however, I will say we will provide guidance on that.

**Media:** How difficult are the wide number of symptoms that people can face? I guess we're hearing anecdotally quite a lot of people having very mild symptoms and thinking they don't have COVID, but are ending up testing positive. Does that make it harder for authorities?

**Dr Ashley Bloomfield:** Well, of course, there's always the challenge that there is a whole range of symptoms that different people can exhibit, and across different ages. We talk about the older folk being more prone to serious infection; but many older people—most people over 65—will only have mild or moderate symptoms, and likewise we know that some people will have such mild symptoms they may not even know they have been unwell. And that is part of the reason why we have gone very early to alert level 4 and gone for the isolation, because that will help us, particularly if people have got mild infection and may be infectious towards others. If we don't have them mingling with other people, then they won't be able to pass the infection on.

**Media:** On the objections to the modelling, both you and the Prime Minister have referred to both the possibility for several thousands of people to be infected and the possibility of it trending the curve at about 10 to 12 days. So you're clearly working on modelling, unless you're getting it from thin air. Will you release that modelling?

**Dr Ashley Bloomfield:** So on the 10 to 12 days, that's based on looking at what has happened in other countries that have put in place the measures that New Zealand has—although we have done it earlier than similar countries. Yes, we have got some modelling, and I think that someone at the University of Auckland might have released some modelling this morning as well. And, if you look at the international modelling, which has been guiding a lot of our actions to date, that is why we have taken the actions we have. We have several modelling exercises done by Professor Michael Baker here recently over several days, and updated for the different measures we are putting in place. And we're putting an overview across those, and we intend to release those once that has been seen by Ministers, so they're able to understand it as well.

**Media:** What is it telling you about the number of deaths? Because we haven't had anybody, to my knowledge, go into ICU yet, and so is it feasible that New Zealand could get away with this without any deaths—a single number of deaths?

**Dr Ashley Bloomfield:** That would be ideal, and that's why we have moved really quickly. So what I can say about the modelling—and you would have heard me a week ago talking about the paper from Imperial College London. The value of that modelling was it showed not just what happens if you do nothing, or what happens if you do something; it showed what happens if you do a lot. And so we have used that to inform our actions, and we have updated our local modelling regularly to show if you implement these actions then what is the impact on when your peak might be, and how high it is, and the impact it would have on hospitalisations, ICU admissions, and deaths. So you will see all that in the papers when we release them.

**Media:** What's the rationale for not having an enforced quarantine of all New Zealanders who are returning to the country or coming through the borders?

**Dr Ashley Bloomfield:** Well, there's a set of principles. If they are not symptomatic, and if they have clear, safe arrangements to get into a place where they can self-isolate, and with a clear understanding of the expectation on them, with a follow-up visit from the police, then that is as good as keeping them, really, in a facility where they might be supervised. So it didn't seem appropriate to keep people in a quarantine-type facility where, in fact, they were low-risk at the point they arrived, and they had a really clear, safe arrangement to go into.

**Media:** Now in this stage, if people are returning, they're more likely to be infected with COVID than earlier on, and, I guess, they may not show any symptoms at all at the border.

**Dr Ashley Bloomfield:** Correct—correct. And that's why we have been, for over a week now, health screening everyone at the border with a series of questions. And anyone who has any symptoms has had a health assessment, a temperature check, and some have been tested, and that continues today. As Mike said, there were eight people who had symptoms. They go straight into quarantine, so a different arrangement from people who just don't have any travel arrangements at that point, or who are being worked through, and they are tested. There was a question over here.

**Media:** Where did the 360 who came in this morning come from?

**Dr Ashley Bloomfield:** I don't have the details. Do you, Mike? I think there were flights from a range of places. I think that was three or four flights that came in this morning to Auckland.

**Media:** How much higher is the risk of spread within our prisons, and has there been any consideration of releasing low-risk prisoners, or prisoners who are near their release date anyway, to reduce the risk of transmission?

**Dr Ashley Bloomfield:** I can't speak to the latter issue, but what I can say is that I've been working with my counterpart who heads Corrections for a couple of weeks now about putting in place measures to reduce the risk of COVID-19 infection getting into any of our prisons. And I know they have got mechanisms in place to assess any person who is coming into a prison setting now. No face-to-face visiting is allowed, for example, at the moment, and hasn't been for some days. But even anyone coming in is given a health assessment to check for symptoms, and to assess whether they might have any risk of having been exposed, and to put in place isolation arrangements to prevent any potential transmission inside that setting. We want to avoid that.

**Media:** Do you see prisons as being potentially higher risk because of a lot of people being in one place?

**Dr Ashley Bloomfield:** Yes. Any institutional setting, like a prison or an aged residential care facility, a school—of course, they're closed now—military barracks and so



on, and I know that Defence has also got key arrangements in place to reduce the risk there.

**Media:** Talking about the modelling, and last week you were talking about a series of spikes instead of flattening the curve. When you say that in 10 days' time we might see a decline, will this be the first of a series of spikes, and therefore the first of possibly a series of some form of lockdown?

**Dr Ashley Bloomfield:** Our hope is that, certainly, this is the first in, rather than a spike, a rolling hill, I think I've described it as. And one of the things we'll be watching carefully is what will be the triggers for us to then be able to move down alert levels, to alert level 3, and potentially 2, and then what residual things we need in place, particularly at the border, to help reduce the likelihood that we get another increase again after that. So we're doing a lot of work looking ahead at that situation now.

**Media:** Do you anticipate we might need to re-enter a similar lockdown state in the future?

**Dr Ashley Bloomfield:** It's possible, and that's why we're looking to see what we might need to do to come out of the current arrangements. And then we're also looking to countries like China to see—as they come out of what appears to be a successful lockdown arrangement—what things they put in place to prevent getting a further increase again. Perhaps one more question.

**Media:** The *Ruby Princess* infection—that's been known for quite a while. Why is that visit to the winery in Hawke's Bay only now being identified as a potential cluster?

**Dr Ashley Bloomfield:** So the reason is that the person who had the original infection was identified, but it's only now been identified that someone in that location has tested positive, and the connection has been made with the earlier infection. So it wasn't a close contact of the person who had the original infection, and so now that location is being treated as if it was a cluster, and a process is being undertaken to identify anyone who might be at risk.

**Media:** Is that a clear case of community transmission, then? Is that the person in the Hawke's Bay linked to the *Ruby Princess* who then went to the rest home?

**Dr Ashley Bloomfield:** No. The rest home's separate. The rest home is separate, yes. It could be community transmission. I'm sorry, we have gone over time, so if I could just call things—one more.

**Media:** Why don't you test everyone coming out of the airport, coming into New Zealand?

**Dr Ashley Bloomfield:** A couple of reasons there. One is it could use up all our testing capacity on any one day, and stop us identifying, quickly, other high risk and positive cases in the community. And secondly, a negative test doesn't rule out that someone might have the infection, but be harbouring it. So it doesn't change what we do with people. Everybody is expected to go into 14 days strict self-isolation when they come into the country. If they develop symptoms, and it's felt that it could be COVID-19, then they will be tested. Thank you very much, once again, and we will look forward to tomorrow's briefing. Thank you.

### **conclusion of press conference**