

**PRIME MINISTER AND DIRECTOR-GENERAL OF HEALTH PRESS CONFERENCE:
MONDAY, 13 APRIL 2020**

PM: Kia ora koutou. Today is day number 10 of alert level 4 lockdown, and I'll start, as I usually do, by handing over to the Director-General of Health to give us an update on today's cases. Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Tēnā koutou katoa. So today we can report 19 new cases of COVID-19, and this comprises 15 confirmed cases and four new probable cases. There are now 546 people who have had COVID-19 infection who have now recovered. This is an increase of 75 on yesterday's number. The new combined total of confirmed and probable cases in New Zealand is therefore 1,349. Today, there are 15 people in hospital. This is an increase of one from yesterday. This total includes four people in ICU in Wellington, Middlemore, Dunedin, and North Shore hospitals. One of these ICU patients in Dunedin remains in a critical condition.

Yesterday, there were just 1,660 tests processed in our laboratories around the country, so the total tests to date is 62,827. Now, we were expecting a drop off in testing over the Easter period. This is a pattern we see in terms of people seeking healthcare on public holidays in usual circumstances, and therefore we've seen that happen over Easter. There has been testing available for people through CBACs and, of course, through general practice or after-hours clinics.

The other thing that I think is happening here—and I checked this with our chief science adviser Dr Ian Town, who is a respiratory physician—is, of course, with the alert level four measures we have got in place, we will see much less opportunity for the whole range of respiratory illnesses to be transmitted between people. This would include influenza and also common colds. So we would expect less people with respiratory symptoms that might be suggestive of COVID-19 seeking care and therefore testing as a result of those symptoms.

So the CBACs, as I say—the community-based assessment centres—are widely open, and around the country we now have 77 active and 54 designated general practices, swabbing centres, and mobile clinics.

I am also saddened to report today there has been a fifth death linked to COVID-19, and this is also associated with the Rosewood rest home cluster—the third death associated with that cluster. It is a death of a man in his 80s. He was one of the residents who was being cared for at Burwood Hospital in Christchurch. His family are of course in our thoughts, and we offer sympathy and support to them at this time. I do ask that the privacy of both this family and other families who have had deaths associated with COVID-19—that their privacy continues to be respected.

We know that because of the underlying vulnerabilities of members of this group, we need to be prepared for further serious illness and possible deaths. The care that this group of people, who were transferred from Rosewood aged residential care centre to Burwood, is a high level of psychogeriatric support and care, and this is the same care they would have received at the facility they were at, including, where appropriate, end of life or palliative care.

Overall, there are now 33 COVID-19 cases associated with the Rosewood aged residential care cluster. Of those, 17 are confirmed and 16 are probable cases. All three people that have died were confirmed cases. We're also aware that 13 of the 33 cases of the facility were—13 were residents and 18 are staff, with two connected through close contact or through family transmission. Of the 18 staff cases, seven are confirmed positive and 11 are probable.

And one of the new cases is a staff member who is actually working at Burwood Hospital, and the DHB is investigating the root of transmission that led to this person getting infected with COVID-19. What I can say is that all staff involved in the care and transfer of those people from the rest home were using appropriate PPE.

What it does show is that even with PPE, this does not automatically prevent people from becoming infected. PPE needs to be used appropriately, and, likewise, it is not a fail-safe, so there is a very low threshold for investigating staff with any symptoms, and/or testing. And I've just spoken with the medical officer of health down there, and they will be doing wide testing of staff and others who may be involved in this cluster over coming days to check that there are no further people that might have an infection and be pre-symptomatic.

Finally, in terms of clusters, we now have 15 clusters that are above the threshold. The additional two have just reached that threshold of 10 cases. One of these is in an aged residential care facility in Auckland, and the other is a small outbreak in Christchurch, and we're just getting further information on the nature of that outbreak.

Finally, just to let you know, I'll be doing a Facebook Live session today at 2.15, with a focus on answering as many questions as I can, within the time allowed, that New Zealanders may have about COVID-19, and this will be done through the Ministry of Health's Facebook page. Thank you all for your ongoing support. Prime Minister.

PM: Thank you, Dr Bloomfield. I hope, despite the obvious restrictions, that you have still been able to observe and acknowledge Easter in a way that is meaningful to all of you, be it the online church congregations, backyard Easter egg hunts, or simply coming together for a special meal either within your bubble or with others virtually. From what I've seen, New Zealanders have been pretty creative in the way they have marked Easter, in spite of the circumstances.

But as you have just heard from the director-general, we have been reminded yet again these past few days why we are doing what we are doing, as we share news of another death in New Zealand as a result of COVID-19. It is a timely reminder that our battle with this virus is far from over. While overall case numbers have continued to fall, even one case can become many—our clusters have shown that. The simple act of coming together for a social occasion, something that previously would've been considered normal, can lead to more than 80 cases, as we have seen. And even more deadly is if the virus reaches people in vulnerable communities like rest homes and aged care facilities, where three of our five deaths have occurred.

We've been lucky to date that the virus is not evident in some of our communities where people often live in close quarters and in larger numbers, but that too poses a risk if lockdown is lifted before we have firm evidence the virus is under control and that there isn't silent community transmission. Our number of cases may be small, but that doesn't mean we have yet been successful in hunting this virus down. One positive can be indicative of other cases in the community, and that is why we must keep going, and that's something I wanted to remind everyone of today.

As I've said before, we are definitely not in a position to move out of level 4 early, and nor can we afford to change anything that we are doing while we are here. I say, then, to those who broke the rules this weekend: it could take one case amongst you to have an outbreak that could lead to dozens of infections and, possibly, death. New Zealand does not take this challenge lightly, and nor should you.

Secondly, while we all want to lift the restrictions as soon as we are in the position to do so, that decision will not be taken until 20 April. We need to use the most up-to-date live data that we have, and we will.

Thirdly, if and when we do move, level 3 will have significant restrictions also. We should consider it a waiting room, a place we move to that allows a bit more activity to occur, but not so much that we risk losing all the gains that we have made. This is the place we go while we check that we have genuinely got things under control and that we are on track to

stamp out the virus. That then allows us to make decisions around whether we are ready to move to level 2. As I've said recently, while our focus this week remains on shutting down the pathways for the virus to spread, through testing and rigorous contact tracing, we will also this week be setting out details for each of the alert levels.

So let me run through what this week looks like—especially what you can expect in that regard. Tomorrow, Treasury will release a series of economic scenarios of the potential impact of COVID-19 on unemployment, GDP, and the ability for the economy to recover. In addition, Treasury's weekly economic update will now be expanded to include additional indicators of economic activity in order for there to be regular and up-to-date data on what is happening in the economy. On Wednesday, the finance Minister will deliver an online speech to BusinessNZ, setting out the next steps in our plan to cushion the impact of lockdown, including further measures to assist businesses. He will also set out our revised approach to Budget 2020. On Thursday, I will release further details on what level 3 and level 2 will look like beyond the framework we set out some weeks ago—and everyone will remember the alert table that we have been using to date, but we want to put more detail yet again behind that. That detail will include for businesses, for transport, for health, for recreation, for education. I understand the importance of this information for businesses and others to plan, and even though we'll be releasing that detail on Thursday, in between times, in the lead up, we will be talking to sector leaders as we finalise some of the details around these different alert levels, beyond what's already in the public domain.

We are very aware of the need to get more of our economy running as soon as possible, and I know level 4 will be getting harder and repetitive for everyone. I do not underestimate the stresses and strains many of you will be experiencing at home the longer this goes on. Week three may, in fact, feel the hardest. We're coming around the bend but we can't quite see the finish line, but our job this week remains the same and as important as ever. As I said last week, New Zealanders' efforts have been huge. Because of your work, we are in the position that many other countries are not. But now is not the time to deviate. As the Minister for sport recently said to me, "We can't squander a strong half-time lead by letting up or getting overly confident." Please stay home. Please stay in your bubble. Please help to break the train of transmission to save lives.

One last word of note, this morning, like many of you, I saw the reports of nurse Jenny from Invercargill being credited by Prime Minister Boris Johnson for his recovery. We have thanked our front-line health workers in New Zealand many times, and rightly so, but I wanted to add an acknowledgment that many, many Kiwis work in healthcare around the world. They show the same commitment, same care, same work ethic that they do here, and we're all very proud of them—especially you, nurse Jenny. I'm happy now to take questions.

Media: Prime Minister, have you reached out to nurse Jenny?

PM: Yes, using the informal tactic of finding her on Facebook and sending a Facebook message.

Media: Any reply yet?

PM: No, but nor would I expect to hear back from her necessarily at all. She's obviously on the front line and, I imagine, will be very focused on her job.

Media: On the numbers—that 19 today—how much can we read into that and feel good about it, and how much do we have to say, "Look, the testing numbers were down."?

PM: Well, again, we always look at what those cases look like relative to the number of tests that we've been doing. And so that positivity rate still tells us that, actually, even with that lower testing, we can feel like we are still on track but we cannot be complacent, and this continues to be our strong message. We're seeing those cases come down, but behind one case can sit others, and we just can't be complacent.

Dr Ashley Bloomfield: Yes, I think the Prime Minister's alluded to this: the positivity rate is just over 1 percent, even with those lower number of tests. So that's encouraging. However, we will be—and I think you're aware; I've talked about this—looking at the testing happening in each region and looking to see if we can up that testing over this coming week, just to be sure we're not missing cases and possible community transmission across the country in different regions.

Media: Prime Minister, can you confirm whether border controls, including mandatory quarantine, will remain in place until there is a vaccine?

PM: We have no end date at this point for lifting what are very, very strong border control measures. And as you know, that means anyone returning home going into a Government-provided facility, and there is no end date for that at this point. That doesn't mean that we aren't looking into how we can create the smartest borders in the world. If we want to be in a position where we can allow others to come into New Zealand, we need to be reassured that that can happen safely. At the moment, we can't, which is why we are using those facilities for everyone.

Media: What is the latest advice that you've had in terms of when a vaccine might be available?

PM: Still, it continues to be the estimates that you will have seen. Many predict 12 months, maybe more. And as I say, our focus has to be on putting New Zealand in the best position as possible for New Zealanders to live as ordinary a life as possible whilst we continue to tackle COVID-19, and that means border restrictions will be a very strong part of our ongoing response to getting rid of this virus in our country.

Media: And just on those smarter border controls, what could that look like? Could that look like a new form of, sort of, foreign affairs, trade-type deals with country, I guess, who have done as good as we have on keeping COVID-19 contained?

PM: Less that and more using whatever the most up-to-date testing and science and technology may be as we go forward. It's not present now, but we have to continue to explore what might be possible, to reassure ourselves that anyone coming into New Zealand does not pose or present a risk to New Zealanders and to our nation's economy. At the moment, there is no way to do that other than the quarantine measures that we've undertaken, but we will keep investigating alternatives. Till then, there will be no lift to the restrictions we have. This is something I discussed with Prime Minister Lee of Singapore, and it's something that we're keen to work together on—what might borders of the future look like? We're not there yet, but let's keep working together on what options may look like.

Media: Prime Minister, Australia has said they don't believe they'll have any international travel there until the end of this year, at the very least. Can we expect to see that here?

PM: As I've said, we've created no end point for the border restrictions that we have. I think if you asked New Zealanders to place in order of priority what it is they want New Zealand to return to, I would say it would be everyday life—trying to be able to have social contact with one another again—and the fastest way that we can do that is through things like maintaining the border restrictions we have. So we will have to restrict and live with a very different ability to move globally while we continue to try and give back freedoms to New Zealanders locally.

Media: Do you think that could be extended to the end of the year, though?

PM: We have no end point at this present point in time. All we know is that our borders represent one of the biggest risks, so we will keep those controls in place.

Media: If we eliminate it, is our biggest threat overseas travellers?

PM: That will then present the biggest risk to us, yes. As I've said many times before, I think New Zealanders should expect for us, for a long time to come, to have border restrictions and controls.

Media: With regard to the borders, though, given that Australia and New Zealand are amongst the countries doing the best—knock on wood—in regard to flattening the curve and whatnot, do you foresee some sort of two-tier system where travel between Australia and New Zealand may be more possible than other places?

PM: I think that will come down to our ability to reassure ourselves that someone travelling between countries or anywhere is risk free. With a strategy like ours, we can have no tolerance for someone potentially bringing in COVID-19 and setting off a chain of events that could be devastating for health and the economy. And so it is about what measures we can put in place to eliminate that risk.

Media: Are you in regular contact with Scott Morrison? Has he demonstrated an appetite for that sort of thing?

PM: I think neither of us see that we're in the position to even be having that conversation yet. Both of us are using forms of quarantine at the border now for everyone travelling into our countries, and so I imagine that that conversation between us will be some way off.

Media: Is surveillance testing under way yet, Dr Bloomfield, with the likes of testing supermarket workers, nurses, doctors, etc., to get a better idea of that community spread?

Dr Ashley Bloomfield: Not specifically. However, as I've said in earlier updates, the extent of the testing we have got, particularly where we're getting positivity rates around 1 or 2 percent—it's not just giving us a picture of whether we have clinical cases; it is giving us quite a good picture of whether there is wider infection in the community. And one thing that's encouraging is we've got quite good spread, quite good coverage by ethnicity and by region. We've had advice in the last couple of days on what other testing we might need to do over the next week or two that might specifically be surveillance testing. The important thing there is to work out what's the best way to sample people and therefore get testing that's going to add to the picture we've already got.

Media: Have you met a crunch point on that, though, where randomised testing becomes necessary, or, because we're seeing the numbers drop away, does that mean that that point may never come?

Dr Ashley Bloomfield: That's exactly why we've sought the advice, and certainly where we are now, when we're wanting to get a really clear picture to inform the decision about potentially stepping down from, or when we step down from, alert level 4—and, indeed, when we're in alert level 3—we'll still be wanting to do testing to make sure we haven't got cases still out there in the community.

Media: You mentioned those two new clusters—

PM: I'll just pan around and then come back to you, Jessica. We'll start in the front row.

Media: With respect to level 3, can you give us a sense of what you're thinking about? Are we going to get a prescriptive list of what we can do, or a prescriptive list of what we can't do?

PM: So we'll do what we've done in the past, and that is provide the principles of what we expect to see within different environments and what can and cannot occur, and then examples underneath. So we will be providing as much detail as possible for businesses to know and understand, whether that means they can or cannot open, and, if they can, what is expected of them. So it will be a very clear guide. People will know, at that point, what it will mean for them. That will give them time to prepare before we even make the decision some days later about whether or not we'll be moving alert levels.

Media: Prime Minister, we're hearing from a lot of Kiwis—

PM: I'll just come into the front, if I can.

Media: For you, Dr Bloomfield, Māori figures for total confirmed cases remains low—it's about 8.2 percent, much lower than the percentage of the population for Māori. Could you give some reasoning as to why it might be so low, and what do Māori need to do to continue to keep that figure low?

Dr Ashley Bloomfield: Well, on the latter point, what do Māori need to do to keep that figure low is exactly what other New Zealanders are doing—so, abide by the measures that we've got in place under alert level 4. And I think what this suggests is that that is what's happening amongst Māori communities, which is good. The other figure is, of course, the level of laboratory testing happening amongst Māori, and that is much higher and more aligned with their proportion in the population. And I think this also reflects the lower number of cases we have seen in areas outside of Auckland, for example Northland, Tai Rāwhiti, and other parts of the country where there are higher Māori populations. So that's—Māori are a group that we are specifically looking at whether we need to do some supplementary testing as part of the, sort of, surveillance testing over the next week or two.

PM: I'll just come to Jason, then I'll come—what did you say?

Media: Oh, are you doing me or Jess first?

PM: You go ahead, Jason.

Media: Oh, thank you. Just—I've forgotten my question actually.

Media: Shall I follow up—

Media: No, I've got it now. Just on the Treasury figures coming out tomorrow, Grant Robertson says he expects it to be a quantum worse than the GFC. Can you give us a little bit of detail around how bad it actually is and what it's going to be looking like?

PM: No, what I've given you today is just setting out the points at which Treasury will be presenting further information. I think it is fair to say—and I think everyone will appreciate this—this is a situation that, of course, is very hard to forecast what the future will look like, particularly when we're right in the middle of it and so much will depend, for instance, on the length of time that we spend at different levels. But we are putting out as much information as we can, but with the disclaimer that it is going to be very hard to foreshadow exactly what the impact of COVID will be for us. One thing I think I'll also just foreshadow is that we are, of course, part of a global pandemic, and therefore we are going to be a part of a global economy that is going to take a significant hit from COVID. So regardless of how we might do domestically, there will be that knock-on effect that we will only ever be able to do as well as the rest of the world, given our status as a trading nation.

Media: I wanted to ask about the tracking app. Has there been any update from your conversation with the Singaporean Prime Minister?

PM: Yes. So I spoke with Prime Minister Lee on Thursday, and I think he pointed out what we have been very clear on from the beginning: that no tracking app provides a silver bullet. The best thing that any nation can do is have an incredibly robust contact tracing system, which New Zealand does and which we are working to improve every single day. The point that he also made is that even their app did have issues with it that can't necessarily be resolved, and that there are difficulties within, for instance, the operability on different devices. And so, again, I think he just reinforced for me that the systems we have with our people will always be our best protection when it comes to contact tracing.

Media: We're hearing from a lot of Kiwis who are stuck in South Africa who want to come home. Australia's sending a Qantas flight over to pick up Australians and take them back. Is there any way that we can get Kiwis on that flight, or if New Zealand can send its own mercy flight to bring them home?

PM: We, as a general rule of thumb, have been working very closely with Australia in different repatriation situations, but where, for instance, Australia has a larger number of citizens or we have a large number, then often we've worked out some of our own plans. I would need to go away and look at that specific scenario, but you'll be aware of other cases, Uruguay for instance, where we have worked together with Australia, and that tends to be our position, if it works for both countries.

Media: Can you give some of those Kiwis any hope?

PM: At this point, I simply—I can tell you about what we're doing, what we've done on Uruguay, I can give you an update with Peru, or, indeed, with India, but I can't tell you specifics on South Africa. But happy to provide you with some detail.

Media: Can you update on Peru?

PM: Sorry?

Media: Can you update on Peru, please?

PM: So the flight departed—it was due to depart Lima at 11.30 a.m. It's expected in on Wednesday morning, and 69 people were registered for the flight—66 New Zealanders and three Australians.

Media: Prime Minister, do you know how many overseas arrivals have been placed into quarantine or managed isolation since border measures were tightened on Thursday night, and have you received any feedback on compliance?

PM: I would need to give you a breakdown. So the total figure at the moment is that we have 1,067 in managed isolation or in quarantine. We're expecting roughly 130-ish—137—today, but, of course, sometimes the passenger manifests aren't always accurate. But I'd need to give you a breakdown on what that looks like from the day that we brought in the requirement that everyone go into managed isolation into one of our facilities.

Media: Just on a different matter, a week ago you said you were open, or you wouldn't rule out taking a pay cut. Have you given it any further consideration, or is it a conversation you've had with any of your colleagues?

PM: Again, I maintain that same position, but I have no announcement to make on that today. OK, we'll come to Ben and then we'll come back.

Media: It's two weeks since Bauer went under, so I've got a couple of questions regarding the media industry, if that's all right. With regard to tailored assistance that might be offered to bigger industries here, have there been any discussions with media companies? And secondarily, I know that the finance Minister promised reforms in the medium term were coming, but can you report any progress working towards the reforms that everyone's waiting for?

PM: Conversations have been ongoing, and I can say that we do see this as an issue that we need to treat with some urgency. But what I will ask is that it's likely tomorrow, I believe—either tomorrow or Wednesday—that I will be sharing the podium with the Minister of Finance, and so it's wise to seek an update at that point, but it is something they're working on in earnest.

Media: Dr Bloomfield, are you aware some DHBs are only giving PPE to care workers as per clinical guidelines, rather than the promise you made on 31 March that any care worker who felt they needed it would be able to access it?

Dr Ashley Bloomfield: Well, I think it would be difficult for DHBs to distribute it on the basis of the guidelines per se. What they will be doing is ensuring that organisations that care workers are working for have sufficient PPE for the care workers to use. They wouldn't be saying "How are you going to use that?" and "We'll only give you enough for this."

Media: So what if they were asking to have it but it wasn't as per clinical guidelines, so they didn't have access to it?

Dr Ashley Bloomfield: Well, we've corresponded again in the last couple of days with district health boards. They understand what the expectations are on them, and we're expecting them to come back to us and say how they are ensuring PPE—

PM: Do you want to give us DHBs' names? We'll follow it up.

Media: Is the Ministry planning to update the guidelines to reflect the care workers' concerns so that they're able to access the PPE?

Dr Ashley Bloomfield: So I want to distinguish between the guidelines, which are very clear, expert-based advice on the situations where workers need to use PPE, and where it's appropriate to use PPE in a range of different circumstances. That is separate from the discussions we've had with workers, unions, and organisations about access to PPE and circumstances where workers feel they might want to use, for example, a mask. That doesn't change what the guidance is.

PM: I'll just let you finish that line of questioning. I'll come to you in a second, Jessica.

Media: Is the Ministry looking at a centralised distribution centre to take out DHBs as the middlemen?

Dr Ashley Bloomfield: Yes, we're definitely looking at that, and we've done that for some things, for example—well, actually, we're distributing things out to DHBs at the moment, and we have assurances from them about how they are distributing it in their regions. If that's not working over coming days, we will grip it up and do it all nationally, but we've got—what we do have now that we didn't have previously was national distribution out from the centre to DHBs. Previously, they all had their own arrangements. Then we may take it a step further to distribute directly to providers. At this stage, DHBs have asked, because they have the relationships and arrangements with their local providers, they want to continue to do that. We're watching closely. If that's not working, we'll distribute directly out to providers.

Media: Why not just change the guidelines, though? Because we've heard these warnings that it's going to impact on rest homes. Why not just say, "Look, use PPE." Make it compulsory. Wouldn't that make more sense?

Dr Ashley Bloomfield: I just want to go back to the comments I made earlier on. PPE is one part of the picture and we see, even when it's used in situations where staff are used to using it and they are trained in using it, it's not fail-safe. So it's not simply about access to PPE; it's ensuring that all our workers have access for when it is needed—and the guidance is clear about that—also that they know how to use it safely, and also that we can resupply them appropriately, and that's part of a broad suite of infection prevention and control measures, which includes, of course, hand hygiene and so on, and cleaning protocols.

PM: The Director-General and I were discussing before the press conference today just the expectations that do exist for aged care facilities in particular. We can see the vulnerability of these facilities around the world, and I know the director-general has sought that DHBs themselves are out checking that those aged care facilities are fulfilling the expectations that we have in this particular time. These are some of our most vulnerable members of our community. There are clear expectations on how people should be managing their facilities while we are battling COVID-19, and the director-general has asked that these specifically be checked to ensure that they are meeting our expectations.

Media: Dr Bloomfield, you mentioned two new clusters—one in Christchurch you said you couldn't get more details, but can you give us some more details about that Auckland one? Is it a rest home there as well?

Dr Ashley Bloomfield: Yes, that's in an aged residential care facility. The first case was identified some days ago, and it's just now reached that threshold of 10 cases. It includes both residents and, as we've seen with other clusters like this, staff members. I know the district health board is very active in there and ensuring that appropriate

procedures and protocols are in place to identify any cases, isolate appropriate use of PPE, and so on to ring-fence that cluster quickly.

Media: Can you say which part of Auckland?

Dr Ashley Bloomfield: I'm sorry, I don't have the detail.

Media: Can you say anything more at all about Christchurch—

Dr Ashley Bloomfield: No.

Media: —what it may have been a function of—anything?

Dr Ashley Bloomfield: Not at this stage. I'm just looking for more information about whether it's, sort of, a community-based group, whether it involves a workplace or another place or a facility of some kind. As soon as we know that, we'll make that clear.

Media: Is it contained, though, within a suburb or anything within Christchurch? Can you—

Dr Ashley Bloomfield: I don't have the detail. It's only just reached the size of 10 threshold.

Media: Just on the Bluff cluster, how many people exactly were at the wedding and had arrived from overseas in the preceding days?

Dr Ashley Bloomfield: My understanding is that there was a handful of people there at the wedding who had arrived from overseas in the preceding days. And one of the things I've asked for information on and am looking at is, if they did arrive—given the timing of it, if they arrived within the few days before the actual event, what were the expectations on people arriving from overseas at that point in time, and whether or not this cluster could've been prevented if those expectations had been met.

Media: Prime Minister, is recreational fishing allowed under the current lockdown rules?

PM: Yeah, there's, obviously, been much discussion about this. The Coastguard, of course, have been very clear—and as we have with many other types of recreation—that anything that bears risk to those who patrol in these areas is not to occur at level 4. And, for instance, boating is an area where Coastguard is frequently called out to respond to issues, and that's been one of the reasons that we've classified a whole group of activities—jet boating, jet skiing, and others—as being high risk and unable to occur.

Media: The Deputy Prime Minister's just tweeted a picture of himself fishing at his home. I mean, is that bending the rules, or is that within the rules?

PM: Again, as I've said, we've set out the expectations around people using boats to go out and undertake certain activities because of the risk that it poses. I can't give you a specific response on what you've just put to me, because, again, I'm giving you the general rules at this time, and Coastguard in particular have been very clear and for good reason.

Media: Prime Minister, last week you said you were cautiously optimistic. We've now seen some death but we've also seen, sort of, that curve flatten even more. How are you feeling today?

PM: Yeah, and as I said in my opening remarks, you know, the reason I continue to exercise that caution is because we have seen some, what I'd call, lumpy numbers. We haven't seen something that is consistent at this point. So it's heading in the right direction, but even one case can tell us that we have an issue if we can't trace its origin and if we can't tell a story as to how it came to be present. So what we need at the moment is everyone just to stick with the plan—stick with the rules—because my concern is, if people just look at the numbers without the story it tells us, we may lose the half-time advantage that we currently have.

Media: Are we flattening the curve, in your opinion—and yours, Dr Bloomfield? Is New Zealand doing enough to flatten the curve?

PM: We need to keep going if we are to be genuinely successful, because you know, of course, that our goal has been to go beyond that, and at this point in time, that is going to require extra effort from New Zealanders.

Media: Dr Bloomfield, a lot of the cases we're seeing, obviously, a big concentration in Auckland but also a massive concentration in the regions, where there aren't a lot of people. Is that quite concerning, that it seems to have spread into every corner of New Zealand, and in terms of how we do fight this going forward, how are we going to allocate health resource to some of the parts of the country that don't have as much compared to the main centres?

Dr Ashley Bloomfield: So a couple of comments there. Your first point was, actually, yes, we have in New Zealand seen quite wide distribution of cases around the country, and I think this reflects that many of the people coming back into the country from overseas were New Zealanders from around the country; we travel widely as Kiwis. However, what we are seeing now is—and I did just get some information this morning on the cases that have been reported in the last 24 hours, and we know even this early that only three of those we can't immediately link to an existing cluster or outbreak or a close contact or overseas travel, and I fully expect that those ones we haven't been to immediately link we will be able to. That will be very important over coming days, that we can link every new case to an existing case, and that's something we are looking for. What I can also say is that if you think about the regions where there are quite a lot of cases reported, for example, outside of Auckland, Waikato, and the southern area, Southern District Health Board, in the latter case they're very much associated with those events in Queenstown and in Bluff, and, likewise, Waikato has got several of the clusters—in particular, the one at Matamata—and so on. So that's where we've tended to see higher numbers of cases.

PM: I'll just take—last two questions.

Media: Prime Minister, on the work visas, there are still a lot of New Zealanders living overseas or have been overseas who live here and would like to come back once the level 4 has lifted. If they were to follow the quarantine rules, obviously, is that something that you would consider?

PM: At this point, we have no plans to change the border restrictions that we have, and that includes limiting travel to those who are citizens or residents. And that is simply because overseas travel is still one of our most significant risks and vulnerabilities, so no plans to change there at this point. Last question.

Media: Dr Bloomfield, some Kiwis have petitioned for you to be New Zealander of the Year. What are your thoughts about that?

Dr Ashley Bloomfield: Well, the only comment I would make is that leadership is an invitation to collective action. I'm lucky to be part of a fantastic team of people at the Ministry of Health and right across the Public Service, and a fantastic country of New Zealanders who have accepted that invitation to collective action, so this is a joint effort.

PM: I can tell you he's very humble if you play the song about him, too, as well. All right, thanks everyone.

conclusion of press conference